

Musculoskeletal Surgical Quality & Safety Management Program

Program details

Blue Cross Blue Shield of Michigan and Blue Care Network have contracted with TurningPoint Healthcare Solutions LLC to manage authorizations for surgical procedures related to musculoskeletal conditions, including joint replacement surgeries and other related arthroscopic procedures, pain management procedures and spinal procedures.

Prior authorization requirements for the above procedures apply to the following members:

- Blue Cross commercial — all fully insured groups, select self-funded groups* and all members with individual coverage
- Medicare Plus BlueSM
- BCN commercial
- BCN AdvantageSM

*To determine whether you need to submit prior authorization requests for Blue Cross commercial members, see the document titled [Determining whether procedure codes require prior authorization for a member](#).

Authorization information

- **Web intake:** Blue Cross and BCN's provider portal (availability.com*) or myturningpoint-healthcare.com*
- **Phone intake:** 313-908-6040 | 1-833-217-9670
- **Fax intake forms**
 - [Joint and spine procedures](#)
 - [Pain management: Epidural steroid injections](#)
 - [Pain management: Facet joint injections](#)
 - [Pain management: Neuroablation procedures](#)
 - [Pain management: Sacroiliac joint injections](#)

Fax completed forms to the utilization management fax number at the top of each form.

Business Hours:** 8 a.m. – 8 p.m. Eastern time
| Monday – Friday

Provider Relations Support Team:

Email: BCBSMProviderRelations@tpshealth.com
Phone: 313-908-6041

Technical Support Team:

Email: BCBSMTechSupport@tpshealth.com
Phone: 313-908-6041

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

**During non-business hours, TurningPoint medical professionals are on-call 24 hours a day, seven days a week. On-call staff members are available (with access to a physician, if necessary) for emergent after-hours requests.

Surgical procedures

For a list of the orthopedic surgical procedures, pain management procedures and spinal surgical procedures for which TurningPoint manages authorizations, see "Which procedures require authorization through TurningPoint?" in the [Musculoskeletal procedure authorizations: Frequently asked questions for providers](#) document.

Clinical coding

You can access clinical coding specific to the procedures included in the program in the [Musculoskeletal procedure codes that require authorization by TurningPoint](#) document.

Coding is subject to changes as CPT and HCPCS codes are added or deleted.

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Additional program details

Q: What information do I need to provide when I submit an authorization request?

A: Provide the following minimum information:

- Provider information
- Facility information and anticipated surgery date
- Health plan information
- Member information
- Requested procedures/diagnosis
- Clinical information — See the [TurningPoint Documentation Guideline](#)
- Device manufacturer and product type (if known)

Q: How do I update procedure codes on an authorization prior to the date of service?

A: Call TurningPoint to update the coding. If medical necessity review is required for the new coding, you may have to submit additional clinical documentation.

Q: How do I update procedure codes after a surgery has taken place but before submitting a claim?

A: If the procedure that was performed was different from the procedure TurningPoint authorized, complete the [Postservice change request](#) form and fax it to TurningPoint or call TurningPoint to update the procedure coding. You may have to submit additional clinical documentation.

Q: How long will the authorization approval be valid?

A: Authorizations are valid for six months from the planned date of service.

Q: Does TurningPoint process claims for Blue Cross and BCN?

A: No. Submit claims to Blue Cross or BCN. Note that Blue Cross or BCN may deny claims for procedures that weren't authorized.

Q: What happens if the TurningPoint medical review team denies an authorization request?

A: TurningPoint calls the requesting provider's office to explain the rationale for the denial and offer the physician the opportunity to schedule a peer-to-peer conversation with the TurningPoint reviewer. Following this call, TurningPoint will send notification letters to the provider, member and facility (where appropriate), detailing the rationale for the denial and the next steps.

Q: Where can I find more information about the TurningPoint program?

A: You can find more information on these pages of the [ereferrals.bcbsm.com](#) website:

- [Blue Cross Musculoskeletal Services](#)
- [BCN Musculoskeletal Services](#)

Expected determination turnaround time frames

Medicare Advantage time frames

For Medicare Plus Blue and BCN Advantage members:

- **Standard (non-urgent):** Five calendar days after TurningPoint receives complete information; not to exceed 14 calendar days from receipt of request
- **Expedited (urgent):** 72 hours from receipt of request
- **Retrospective:** 14 calendar days from receipt of request

Commercial time frames

For Blue Cross commercial and BCN commercial members:

- **Standard (non-urgent):** Five calendar days after TurningPoint receives complete information*
- **Expedited (urgent):** 72 hours from receipt of request
- **Retrospective:** 30 calendar days from receipt of request

*TurningPoint will make a determination based on the information they've received by the end of five calendar days. For denied authorizations, you can request that TurningPoint reconsider their decision.

TurningPoint Healthcare Solutions LLC is an independent company that manages authorizations for musculoskeletal surgical and related procedures for Blue Cross Blue Shield of Michigan and Blue Care Network.