

UTILIZATION MANAGEMENT



Blue Cross and BCN provide utilization management programs.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by contracted vendors.

Utilization management programs focus on ensuring that patients get the right care at the right time in the right location through the authorization process.

These programs are provided by the vendor listed below.

Utilization management

[TurningPoint Healthcare Solutions LLC](#)

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. Access this document via ereferrals.bcbsm.com to ensure you're viewing the most up-to-date information.

UTILIZATION MANAGEMENT

TurningPoint Healthcare Solutions LLC

Makes authorization determinations for surgical procedures related to musculoskeletal conditions. This includes orthopedic surgical procedures, pain management procedures and spinal surgical procedures.

TurningPoint provides service for the following groups and individual members:

- Blue Cross commercial
 - All fully insured groups
 - Select self-funded groups* — Includes UAW Retiree Medical Benefits Trust non-Medicare members
 - All members with individual coverage
- Medicare Plus BlueSM — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN AdvantageSM — All groups and all members with individual coverage

Resources

- tpshealth.com**
- [Musculoskeletal procedure codes that require authorization by TurningPoint](#)
- [Musculoskeletal procedure authorizations: Frequently asked questions for providers](#)

For Blue Cross commercial

- See the [Blue Cross Musculoskeletal Services](#) page of the ereferrals.bcbsm.com website.
- See the “Prior authorization for pain management” section of the Hospital Services chapter or the Medical-Surgical Services chapter of the *Blue Cross PPO Provider Manual*.

For Medicare Plus Blue

- See the [Blue Cross Musculoskeletal Services](#) page of the ereferrals.bcbsm.com website.
- See the “Authorization of musculoskeletal surgical procedures, including orthopedic, pain management and spinal procedures – TurningPoint” subsection within the Utilization management section of the [Medicare Plus Blue PPO Manual](#).

For BCN commercial and BCN Advantage

- See the [BCN Musculoskeletal Services](#) page of the ereferrals.bcbsm.com website.
- See the “Procedures reviewed by TurningPoint Healthcare Solutions for BCN” section of the [Utilization Management](#) chapter in the *BCN Provider Manual*.

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also provides links to additional resources, some of which may be in provider manuals that aren't publicly available.

- To access chapters of the *Blue Cross PPO Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *Blue Cross PPO Provider Manual* link.
- To access chapters of the *BCN Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *BCN Provider Manual* link.

Information for out-of-state providers

See the following documents for referral and authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Provider Preauthorization and Precertification Requirements](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: Referral and authorization requirements](#)

You can view these documents and our medical policies through the [Medical Policy & Pre-Cert/Pre-Auth Router](#). To access the router, go to bcbsm.com/providers, click *Quick Links*, click *Out-of-state providers* and then click *Medical policy, precertification and preauthorization router*.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for authorization through web-DENIS, Benefit Explainer or Provider Inquiry and for contacting vendors and obtaining authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.

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