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 orthopedic, pain management and spinal procedures. Prior authorization requirements apply as follows:

- Orthopedic and spinal procedures:
  - Blue Cross commercial — All fully insured groups, select self-funded groups* and all members with individual coverage
  - BCN commercial
  - Medicare Plus Blue℠ and BCN Advantage℠
- Pain management procedures:
  - Blue Cross commercial — All fully insured groups, select self-funded groups* and all members with individual coverage
  - BCN commercial

  Note: Medicare Plus Blue and BCN Advantage members require prior authorization for pain management procedures only for dates of service on or before April 30, 2025. For dates of service on or after May 1, 2025, prior authorization isn't required.

*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 — required for commercial members:** Blue Cross and BCN's provider portal (availity.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 Procedure codes for which providers must request prior authorization 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
- 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 the Musculoskeletal Services page of the **authorizations.bcbsm.com** website.

Expected determination turnaround time frames

Medicare Advantage time frames

- **Standard (non-urgent) requests for orthopedic and spine procedures:** 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

- **Standard (non-urgent) requests for orthopedic and spine procedures:** Five calendar days after TurningPoint receives complete information
- **Standard (non-urgent) requests for pain management procedures:** Three calendar days after TurningPoint receives complete information; not to exceed 15 calendar days from receipt of request
- **Expedited (urgent):** 72 hours from receipt of request
- **Retrospective:** 15 calendar days from receipt of request

See the Musculoskeletal procedure authorizations FAQ for additional information.

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. Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.