



Partnership with TurningPoint to Manage Prior Authorization for Surgical Procedures Related to Musculoskeletal Conditions

Over the past few months, we told you that prior authorization requirements for certain surgical procedures related to musculoskeletal conditions are coming soon. We're pleased to announce that we are partnering with TurningPoint Healthcare Solutions to manage this prior authorization process through their Surgical Quality and Safety Management Program.

Procedures requiring prior authorization

On May 15, 2024, providers can begin submitting prior authorization requests for the procedures below for dates of service June 1, 2024 and forward.

Orthopedic Surgical Procedures	Spinal Surgical Procedures
<ul style="list-style-type: none"> • Acromioplasty and Rotator Cuff Repair • Ankle Arthroplasty • Ankle Fusion • Anterior Cruciate Ligament Repair • Elbow Arthroplasty • Femoroacetabular Arthroscopy • Hip Arthroplasty • Hip Arthroscopy • Hip Resurfacing • Knee Arthroplasty • Knee Arthroscopy • Meniscal Repair • Osteochondral Defect Repair • Shoulder Arthroplasty • Shoulder Fusion • Unicompartmental/Bicompartmental Knee Replacement • Wrist Arthroplasty • Wrist Fusion 	<ul style="list-style-type: none"> • Disc replacement • Kyphoplasty/Vertebroplasty • Laminectomy/Discectomy • Sacroiliac Joint Fusion • Spinal fusion surgeries including: <ul style="list-style-type: none"> - Cervical - Lumbar - Sacral - Scoliosis - Thoracic • Spinal decompression
Including all associated partial, total, and revision surgeries.	

Informational webinars

TurningPoint is hosting informational webinars this spring. You will learn more about the program and our partnership. The dates are listed below. Each session is 30 minutes. To register, please select this link:

<https://us06web.zoom.us/meeting/register/tZ0udO-tqDsoH9GAORpBxM-sK8BA5eNhi0zR>.

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|--------------------|-------------------|-------------------|-------------------|
| • April 30 2:00 pm | • May 7 11:00 am | • May 15 3:00 pm | • May 23 4:00 pm |
| • May 1 10:30 am | • May 9 3:00 pm | • May 17 1:00 pm | • May 24 11:00 am |
| • May 2 1:00 pm | • May 13 11:00 am | • May 20 10:00 am | |

For more information, please refer to the attached frequently asked questions.

For questions about the program please email providersupport@tpshealth.com.



**Partnership with TurningPoint
For Surgical Procedures Related to Musculoskeletal Conditions
Frequently Asked Questions**

Partnership, Scope, and Contact Information

1. Who is TurningPoint Healthcare Solutions, LLC?

TurningPoint Healthcare Solutions, LLC (TurningPoint) provides a **Surgical Quality and Safety Management Program** which empowers the collaboration of patients, payers, and providers to improve the quality and affordability of healthcare services. Our comprehensive solution integrates evidence-based utilization management guidelines with clinical best practices, site of service optimization, specialized Peer to Peer engagement, claims review and management, innovative quality programs, and advanced reporting and analytics to promote the overall health management of each member.

2. What is the relationship between HAP and TurningPoint?

HAP has contracted with and has delegated its utilization management function to TurningPoint for a limited scope of procedures. (See prior authorization requirements section for a detailed listing of procedures included in the scope of the program).

3. Will TurningPoint be processing claims for HAP?

No. Providers should continue to submit claims as they do currently. Claims submitted without the approved authorization may be denied for payment.

4. Does obtaining a prior authorization number guarantee payment?

No. The authorization number is not a guarantee of payment. Claims submitted for these services will also be subject, but not limited to the following:

- Member eligibility at the time services were provided
- Benefit limitations and/or exclusions
- Appropriateness of codes billed
- Medical Necessity review if prior authorization does not occur

5. What medical providers will be affected by this agreement?

All Musculoskeletal (Orthopedic and Spine) providers whose members fall under the enrolled plan names will be affected.

6. Which HAP members are impacted?

HAP Commercial HMO and PPO – Fully insured and ASO
HAP Medicare Advantage
HAP Medicare Complete Duals (HMO D-SNP)

7. Who do I contact with questions, or any support needs regarding the program?

For	TurningPoint Contact
Questions regarding this program	(313) 736-5230
Set up an in-service training	
Utilization Management & Precertification	Web: http://www.myturningpoint-healthcare.com Phone: (313) 736-5230 Fax: (313) 524-2355

Prior Authorization Requirements

1. What procedures require prior authorization:

Orthopedic Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Acromioplasty and rotator cuff repair
- ✓ Ankle arthroplasty
- ✓ Ankle fusion
- ✓ Anterior cruciate ligament repair
- ✓ Elbow arthroplasty
- ✓ Femoroacetabular arthroscopy
- ✓ Hip arthroplasty
- ✓ Hip arthroscopy
- ✓ Hip resurfacing
- ✓ Knee arthroplasty
- ✓ Knee arthroscopy
- ✓ Meniscal repair
- ✓ Osteochondral defect repair
- ✓ Shoulder arthroplasty
- ✓ Shoulder fusion
- ✓ Unicompartamental/bicompartamental knee replacement
- ✓ Wrist arthroplasty
- ✓ Wrist fusion

Spinal Surgical Procedures

Including all associated partial, total, and revision surgeries

- ✓ Disc replacement
- ✓ Kyphoplasty/vertebroplasty
- ✓ Laminectomy/discectomy
- ✓ Sacroiliac joint fusion
- ✓ Spinal decompression
- ✓ Spinal fusion surgeries:
 - ✓ Cervical
 - ✓ Lumbar
 - ✓ Sacral
 - ✓ Scoliosis
 - ✓ Thoracic

Prior Authorization is required for the above procedures in these settings: inpatient, outpatient and doctor's office.

You can find specific codes on the HAP prior authorization list. Simply log in at hap.org and select *Procedure Reference Lists* under *Quick Links*.

2. Do emergency room visits require a prior authorization from TurningPoint?

No, emergent surgeries do not require a prior authorization from TurningPoint.

3. What are TurningPoint's hours and days of operation?

TurningPoint is available 8:00 a.m. to 5:00 p.m., Monday - Friday in each time zone where the TurningPoint conducts its review activities.

For prior authorization after hours or on weekends, TurningPoint has medical professionals on-call 24 hours a day, 7 days a week.

Prior Authorizations - Submitting Requests

1. How do I obtain a prior authorization from TurningPoint?

- Preferred method – online at <https://myturningpoint-healthcare.com>
- Providers can also submit requests by:
 - Fax: (313) 524-2355
 - Phone: (313) 736-5230

2. Who is responsible for requesting the prior authorization?

The physician's/provider's office who requests the procedure should request the prior authorization.

3. What information is required to obtain a prior authorization?

Prior authorization requests submitted via fax, phone, or online must include the following information:

- Provider Name, Tax ID, & NPI
- Facility Name, Tax ID, & NPI
- Anticipated surgery date
- HAP member ID and patient demographics
- Requested procedure(s) and diagnosis code(s)
- Relevant clinical information for the member

4. What happens if TurningPoint receives a request that is not within the musculoskeletal scope of procedures outlined above?

TurningPoint validates prior authorization requests against the scope of services agreed upon with HAP. If the request is determined to be out of scope, TurningPoint will redirect the provider to HAP.

Prior Authorizations – Approval Process

1. How long will the prior authorization process take?

Turnaround times will adhere to CMS and State requirements.

2. How are providers/members notified of the outcome of the prior authorization request?

TurningPoint notifies providers of the status of the request regardless of the outcome. They send the provider, facility, and member a notification determination letter regarding the status of the request along with supporting information.

3. Can prior authorization requests be modified? Or if there is a change in the surgical plan during the procedure, does the office need to notify TurningPoint to update the authorization?

Yes. Providers should call TurningPoint to notify them of any modification to request. Modifications to a preauthorization request must be communicated immediately following the date of service for the surgical procedure.

4. What happens if the TurningPoint medical review team denies the procedure?

Once an adverse determination is rendered, TurningPoint notifies the requesting provider office, facility, and the member to explain the rationale for the denial. TurningPoint offers the physician the opportunity to schedule a Peer-to-Peer conversation with a TurningPoint reviewer.

5. What qualifications do the TurningPoint physicians have to review prior authorization requests?

TurningPoint employs musculoskeletal physicians who have all held positions within the various associations related to their specialties:

- ✓ Six former presidents of the American Academy of Orthopedic Surgeons (AAOS)
- ✓ The former Chairman of the Louisiana State University Medical Center's Orthopedic Department and University of Colorado's Orthopedic Department
- ✓ Two of AAOS's former Board representatives to CMS for all Spine related billing and coding changes
- ✓ The former president and a current Director of the American Board of Orthopedic Surgery
- ✓ Multiple past regional and state orthopedic association presidents, including the former President of the New Jersey Orthopedic Association
- ✓ Former Chief of Staff for the Houston Shriners' Children Hospital

6. How long will the authorization approval be valid?

Prior authorizations are valid for 60 calendar days for outpatient procedures and for the initial day of planned admission.