

PROVIDER GUIDE

# TurningPoint authorizations

Learn how to submit authorization requests for cardiac and musculoskeletal (MSK) surgical procedures.



The new authorizations submission process described in this guide will go into place on Aug. 20, 2024 for dates of service on / after Sept. 1, 2024.

# What's inside this guide

This guide includes an overview of the scope, features and operational process of the cardiac and musculoskeletal (MSK) managed care programs.

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# Background

Priority Health has partnered with TurningPoint Healthcare Solutions, LLC (“TurningPoint”) to manage cardiac and musculoskeletal (MSK) surgical care for our members.

Through this partnership, we seek to:

- ✓ **Optimize health outcomes** for our members
- ✓ **Work more closely with you**, our provider partners, to ensure our members receive evidence-based, value-driven care

## About TurningPoint

TurningPoint is an independent specialty condition management company with 120+ clinical experts focused on sub-specialties in high-complexity, high-cost categories. Their process aligns with our clinical approach by reviewing requested care and using evidence-based guidelines to support care plan decisions.

## Program highlights

- 1 **Efficient, user-friendly request process** for obtaining authorizations
- 2 **Peer-to-peer engagement** with a TurningPoint cardiac or MSK specialist
- 3 **Clinical support tools** to assist in the tracking and monitoring of patient outcomes
- 4 **Reporting and analytics** that give physicians and practice administrators greater visibility and transparency into their performance
- 5 **FDA recall tracking** and monitoring to facilitate timely and consistent notification when a member has received or needs a revision surgery due to a Class I or II FDA device recall

## TurningPoint contacts

Your contacts for questions about the portal and submitting authorization requests:

[myturningpoint-healthcare.com](http://myturningpoint-healthcare.com)  
313.221.5553 | [providersupport@tpshealth.com](mailto:providersupport@tpshealth.com)

### Portal support

[Submit a ticket online](#) or email  
[portalsupport@tpshealth.com](mailto:portalsupport@tpshealth.com)

### Sarah Jasinski

Director, Provider Strategy  
239.208.6223 | [sjasinski@tpshealth.com](mailto:sjasinski@tpshealth.com)

## Priority Health contacts

Your contacts for questions about this authorization program, billing, appeals and more:

### Accountable Care Networks

Contact your Provider Strategy & Solutions Consultant.

### Practitioners & provider groups

Contact our Provider Helpline  
800.942.4765 | Mon.-Thurs. 7:30-5; Fri. 9-5

## Program overview

These programs start with an authorization process that uses nationally recognized, evidence-based criteria to guide decisions on high-cost cardiac and MSK services.

You'll submit authorization requests to TurningPoint for a select set of procedures. Our provider portal, **prism**, will automatically redirect you to TurningPoint for the appropriate procedures.

Once your request is submitted, TurningPoint's team will review and determine whether the procedure is approved, partially approved or denied. You'll receive a determination letter with details on the decision and any available next steps, including peer-to-peer discussions and appeals, as appropriate.

### Included procedures: Cardiology

The following procedures are included in this program (including revision surgeries):

- ✓ Coronary angioplasty / stenting
- ✓ Coronary artery bypass grafting
- ✓ Implantable cardioverter defibrillator
- ✓ Internal cardiac monitoring
- ✓ Leadless pacemaker
- ✓ Non-coronary angioplasty / stenting
- ✓ Pacemaker
- ✓ Percutaneous left atrial appendage occluder
- ✓ Peripheral revascularization
- ✓ Revision / replacement of implanted cardiac devices
- ✓ Valve replacement
- ✓ Wearable cardiac defibrillator (WCD)

### Included procedures: MSK

The following procedures are included in this program (including all associated partial, total and revision surgeries):

#### Orthopedic surgical procedures

- ✓ 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

- ✓ Disc replacement
- ✓ Kyphoplasty/vertebroplasty
- ✓ Laminectomy/discectomy
- ✓ Sacroiliac joint fusion
- ✓ Spinal fusion surgeries including - cervical, lumbar, sacral, scoliosis, thoracic
- ✓ Spinal decompression

## Device recall & safety management

Because of the volume and complexity of cardiac and MSK implant recalls, we use a consistent safety management process, across all providers and specialties, to help ensure patient safety.

1. **Providers submit member-specific device information** post-procedure to TurningPoint to support a device recall database. This is done via the TurningPoint provider portal, by uploading implant records with procedure notes.
2. **TurningPoint monitors the FDA website daily**, updating the device recall database in real time.
3. **TurningPoint analyzes device recalls weekly**, issuing reports to Priority Health on any members who may need revisions due to device recall.

## Customer service & ongoing support

TurningPoint's provider relations and utilization management teams are dedicated to your staff's continued support. TurningPoint offers:

1. **Clinical discussions** regarding evidence-based treatment plans. These discussions include key medical directors from both Priority Health and TurningPoint's clinical teams to engage with the identified key clinical representatives from each physician group.

The goal: Offer transparency into the criteria and the opportunity for physicians to give clinical input regarding best practices.

2. **Ongoing provider staff training and support** including frequent and regular communication from TurningPoint's provider relations team – over the phone and on-site, if desired.

The goal: Continue to help you with any additional training needs or specific issues (technical or otherwise) that need to be resolved.

Schedule a training, in-person or virtual, by contacting TurningPoint's provider relations team at [providersupport@tpshealth.com](mailto:providersupport@tpshealth.com).

3. **Language assistance programs** are available to providers (and members) upon request. To arrange for oral or written translation services, contact TurningPoint at 313.221.5553 or 855.511.0840.

# Operational guide

Follow the steps below to submit an authorization request to TurningPoint.

**This authorization submission process went into effect on Aug. 20, 2024, for dates of service on / after Sept. 1, 2024.**

You don't need to create an account with TurningPoint to submit authorization requests. You'll be able to initiate requests and access the TurningPoint portal through your existing Priority Health **prism** provider account.

## Submit an authorization request

### Step 1: Enter basic details into prism

1. [Log into your prism account.](#)
2. Click **Authorizations** in the main menu, then **Request an Authorization**.
3. Enter the **Requesting provider, Primary procedure** and **Facility information** required.
4. Click the **Go to TurningPoint** button that appears.

### Request an authorization

through eviCore or GuidingCare

*Return to this page to select a different procedure or facility.*

**Requesting provider**

Hospital / Inpatient  Practitioner / Outpatient

**Primary procedure**

*Type in or select a primary procedure or code, others can be selected later*

start typing or select... ▼

**Facility**

start typing or select... ▼

[Go to GuidingCare](#)

**Need to check authorization status?**

[Check authorizations](#)

[Back to Provider Center](#)

Need help? Go to our [Auth Request help page](#).

Not sure if a procedure needs an auth? [Check the Auth reference list](#).

*Note: This authorization request tool will be updated to include TurningPoint by the program's launch.*

## Step 2: Familiarize yourself with TurningPoint's provider portal homepage.

**TurningPoint**      HOME    ADD REQUEST    REQUESTS    POLICIES    HELP      TU

**Announcements**  
ALERT! System Downtime Planned for Routine Maintenance Friday Evenings from 8:00PM - 12:00AM EST  
The TurningPoint Provider Portal will be unavailable during the maintenance period listed above. Direct access and single sign on to the portal will be affected. Thank you for your patience.

### Request Summary

Awaiting Review	Under Review	Information Required	Approved	Partially Approved	Denied
1	1	1	2	1	1

### Action Required

Cases in a Draft status have 10 days to be submitted or will be considered incomplete.  
Cases in an Information Required status should be reviewed and actioned as appropriate.

Status	Request	Patient	DOB	Procedure	Date Started	
Draft	TP1201665	JOHN SMITH	12/31/2000	Knee Replacement (Partial)	9/19/2023	VIEW EDIT UPLOAD DISCARD
Information Required	TP1201313	JOHN SMITH	12/31/2000	Ankle Fusion	7/12/2023	VIEW UPLOAD

### Requests

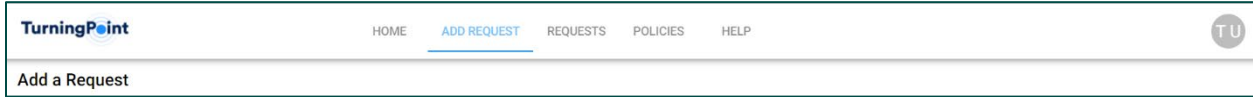
Status	Request	Patient	DOB	Procedure	Date Started	
Awaiting Review	TP1201664	JOHN SMITH	12/31/2000	ACL Repair	9/19/2023	VIEW EDIT UPLOAD
Under Review	TP1201634	JOHN SMITH	12/31/2000	ACL Repair	9/12/2023	VIEW UPLOAD

1. **Menu navigation bar:** Helps you navigate to the different pages within the provider portal.
2. **Your login information:** Allows you to change your password, select the portal's display language and log out.
3. **Announcements:** Shows important information regarding upcoming engagement opportunities, system maintenance and any updates for your provider group.
4. **Request summary:** Shows a snapshot of all requests related to your group. These tiles are also shortcuts to the Requests page and will automatically set a view filter to show only those requests counted within that tile.
5. **Action required:** Shows all items requiring action, specific to your provider group, and can include incomplete drafts and any additional information requests.
6. **Requests:** Allows you to see all requests related to your provider group.



### Step 3: Submit a request for authorization.

1. Click **Add Request** in the top menu to open the submission form.



2. **Add physician information:**

- Enter the **Specialty, Provider** and **Practice** information.
- Click **Save & Continue**.

A screenshot of the 'Add a Request' form in the TurningPoint application. The top navigation bar is identical to the previous screenshot. Below it, the page title 'Add a Request' is displayed. On the left side, there is a 'STEPS' menu with the following items: Physician (highlighted in blue), Member Verification, Procedure, Diagnosis, Clinical Documents, Facility, and Summary. The main content area is titled 'Physician' and includes the instruction: 'Select the physician and corresponding practice information. All data is required.' Below this instruction are four dropdown menus:

- Specialty \***: Musculoskeletal
- Physician \***: ALEX ALEXANDER (1234567890)
- Practice \***: TurningPoint Orthopedics
- Practice Location \***: 123 MEDICAL DRIVE, CA, 902123

A blue button labeled 'SAVE & CONTINUE' is located at the bottom right of the form.

*Note: The Steps menu on the left side of the screen shows all steps in the authorization request process and highlights which step is active.*

### 3. Add member verification information:

- Enter the **Estimated Date of Procedure**.
- **Search** for the member using their Priority Health member ID number or their name and date of birth. Click **Search** after entering details.
- **Select** the blue circular button to the left of the appropriate member.
- Enter the member's **Height** and **Weight** or select the BMI radio button to enter the BMI instead.

TP1201665 - JOHN SMITH 1/1/2001

STEPS

- Physician  
ALEX ALEXANDER
- Member Verification**
- Procedure
- Diagnosis
- Clinical Documents
- Facility
- Summary

### Member Verification

To confirm the patient's eligibility for this program, please provide the anticipated procedure date along with the member's subscriber ID or first name, last name, and date of birth. Click the "Search" button and select a patient from the results available.

**Estimated Date of Procedure**

Search by MEMBER ID, FIRST NAME, LAST NAME, & DOB

**Search**

Member ID	First Name	Last Name	Birth Date	
<input checked="" type="radio"/>	9867654321	JOHN	SMITH	01/01/2001

Height/Weight  BMI

**Height/Weight or BMI**

Height <input type="text" value="68"/>	Height Units <input type="text" value="Inches"/>	Weight <input type="text" value="150"/>	Weight Units <input type="text" value="Pounds"/>
--	--	---	--

#### 4. Add procedure information:

- Enter the **Procedure Name** by typing in the search bar in plain language (i.e., pacemaker or hip arthroscopy) and selecting the appropriate procedure from the dropdown menu.
- Search for and select the appropriate **Procedure Codes** (CPT® codes) associated with the procedure. Your search can be filtered by the previously entered procedure name or select the **Search all** circular button to work with an unfiltered list. Select the appropriate code(s) from the dropdown menu and enter the quantity in the text box.
- Select **Yes or No** to answer the following question: Will an implant (prosthetic, medical device, instrumentation and/or graft) be used for this procedure?
- Enter applicable **Implant Information** if you selected Yes to the above question. This section won't appear if you selected No.
- Click **Continue**.

TP1201665 - John Smith 1/1/2001

STEPS

- ✓ Physician  
ALEX ALEXANDER
- ✓ Member Verification  
DOS: 12/1/2023  
Smith, John  
DOB: 01/01/2001  
ID: 987654321
- Procedure**
- Diagnosis
- Clinical Documents
- Facility
- Summary

### Procedure

Select the procedure name. Search filtered or all procedure codes. Click the 'Add' button to add a procedure code to the procedure code list. Click 'Remove' button to remove a procedure code from the procedure code list. Update the quantities in the procedure code list as necessary. All data is required.

Procedure Name

Search filtered (by procedure name)  Search all (3 character minimum)

Select Code

Code	Quantity	
33282 - IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER	<input type="text" value="1"/>	<input type="button" value="REMOVE"/>

Will an implant (prosthetic, medical device, instrumentation and/or graft) be used for this procedure?  Yes  No

### Implant Information

For surgical procedures utilizing an implant (prosthetic, medical device, instrumentation, and/or graft), please provide the product type, manufacturer, and product line. For spine grafts, the amount/size to be used must also be included.

Prosthetics

Medical Devices

Instrumentation

Grafts

## 5. Add diagnosis information:

- Search for the **Primary Diagnosis**. Enter the procedure code in the text box to generate a list of options to select from. If applicable, do the same for a **Secondary Diagnosis**.
- Click **Continue**.

TP1201665 - John Smith 1/1/2001

STEPS

- Physician  
ALEX ALEXANDER
- Member Verification  
DOS: 12/1/2023  
Smith, John  
DOB: 01/01/2001  
ID: 987654321
- Procedure  
Internal Cardiac Monitoring
- Diagnosis**
- Clinical Documents
- Facility
- Summary

### Diagnosis

Enter the name or first three digits of the diagnosis codes you wish to enter, this will prompt a search of all ICD coding. Please make your selection from the available list.

Procedure Name Internal Cardiac Monitoring

Primary Diagnosis \*  
R00.2 - Palpitations

Secondary Diagnosis  
Secondary Diagnosis

PREVIOUS CONTINUE

- ## 6. Drag and drop or click to upload **Clinical Documents** supporting your authorization request. Click **Continue**.

TP1201665 - John Smith 1/1/2001

STEPS

- Physician  
ALEX ALEXANDER
- Member Verification  
DOS: 12/1/2023  
Smith, John  
DOB: 01/01/2001  
ID: 987654321
- Procedure  
Internal Cardiac Monitoring
- Diagnosis  
R00.2 - Palpitations
- Clinical Documents**
- Facility
- Summary

### Clinical Documents

To complete your authorization request please include the following clinical documentation:

- **Office visit notes:** history of present illness, physical exam, past medical history, surgical or procedure history, and a procedure plan from the performing physician including Risk and Benefits
- **Imaging and test results:** all official reports of advanced imaging, laboratory or test results, and any prior procedure/surgery
- **Conservative treatments:** all alternative treatments the patient has attempted and their response to each

PDF and Microsoft Word documents are allowed (.pdf, .doc, and .docx file types)  
Document sizes are limited to 50MB

Drag & Drop your files or Click to Browse

Test Document.docx  
13 KB

Upload complete  
tap to undo

UPLOAD

PREVIOUS CONTINUE

## 7. Select the facility:

- Select the **Site of Service Type, Network Affiliation** and **Facility Name** search parameters.
- Type the facility search information in the search bar and click **Search**.
- Select the button to the left of the appropriate facility.
- Click **Save & Continue**.

TP1201665 - John Smith 1/1/2001

STEPS

- ✓ Physician  
ALEX ALEXANDER
- ✓ Member Verification  
DOS: 12/1/2023  
Smith, John  
DOB: 01/01/2001  
ID: 987654321
- ✓ Procedure  
Internal Cardiac Monitoring
- ✓ Diagnosis  
R00.2 - Palpitations
- ✓ Clinical Documents  
Files uploaded: 1

Facility

Summary

**Facility**

Select the site of service type and facility where the procedure will be performed. All data is required.

Site of Service Type \*

- Doctors Office
- Home
- Inpatient Hospital
- Observation Outpatient
- On-Campus Outpatient Hospital

Facility Name

- Search by TIN
- Search by NPI
- Search by Facility Name (3 character minimum)

TP ORTHOPEDICS

TIN	NPI	Facility Name	Facility Address	
<input checked="" type="radio"/>	123456789	1234567891	TP ORTHOPEDICS	1234 ANYWHERE USA NASHVILLE, TN 12345

## 8. Review & submit your request

- Review the summary of your request details on the page that populates. Here you may click:
  - **Submit Request** or **Submit** to submit it to TurningPoint for review
  - **Download (PDF)** to download the summary
  - **Previous** to review or edit request details

**To manually submit an authorization, fill out and submit the Authorization Request Form (found under the Help tab in TurningPoint's portal). Please allow additional time if submitting outside the portal.**

TP1201665 - John Smith 1/1/2001

STEPS

- Physician  
ALEX ALEXANDER
- Member Verification  
DOS: 12/1/2023  
Smith, John  
DOB: 01/01/2001  
ID: 987654321
- Procedure  
Internal Cardiac Monitoring
- Diagnosis  
R00.2 - Palpitations
- Clinical Documents  
Files uploaded: 1
- Facility  
On-Campus Outpatient Hospital
- [Summary](#)

### Summary

Your request summary is shown below. Please review the information and make any changes by clicking on a link to edit the request data, or click 'Submit Request' if the data is accurate.

[SUBMIT REQUEST](#)

Procedure Name	Internal Cardiac Monitoring
Anticipated Procedure Date	12/01/2023
End Date of Service	N/A
Practice Name	ORTHOPEDIC ASSOCIATES
Practice Location	123 MEDICAL DRIVE, CA, 902123 (TIN: 123456789)
Practice Contact	Test Contact
Practice Phone Number	123-456-7890
Practice Email	puser1@testemail.com
Practice Fax	098-765-4321
Physician	ALEX ALEXANDER (NPI: 1234567890) (TIN: 123456789)
Payer	Default Payer
Payer plan name	Default Payer Plan
Patient Name	John Smith
Patient DOB	01/01/2001
Patient Id	987654321
Eligibility Span	01/01/1901 - 01/01/1901
BMI	25
Facility	TP ORTHOPEDICS

Facility Address	1234 ANYWHERE USA NASHVILLE, TN 12345 (NPI: 1234567891) (TIN: 123456789)		
Primary Diagnosis	R00.2 - Palpitations		
Procedures	Procedure	Requested Quantity	Reviewed Quantity
	33282 - IMPLANTATION PFACTIVATED CARDIAC EVENT RECORDER	1	
Last Denial Rationale	N/A		
Guidelines Used	No guidelines		
Notifications	Date	Subject	File Name
	04/23/2024	Clinicals - uploaded document from provider portal	TP1201665 - Test Document.docx

[DOWNLOAD \(PDF\)](#) [PREVIOUS](#) [SUBMIT](#)

## Updating a procedure code

### Pre-procedure

Before the date of service, call TurningPoint at 313.221.5553 or 855.511.0840. If medical necessity review is required for the new coding, a new request will be created, and you may need to submit additional clinical documentation.

### Post-procedure

If a change was made to the procedure that was originally authorized and the procedure has already taken place, fax the Post Service Change Review form (found under the Help tab in TurningPoint's portal) to TurningPoint at 313.261.7199 or 833.374.0036 to update the authorization before submitting the claim to Priority Health. Procedure notes will be required, and supplemental supporting clinical documentation may also be necessary.

## See authorization status

1. Log into your **prism** account.
2. Under the **Authorizations** menu, click **Authorization Inquiry**.
3. Click the **TurningPoint link**. This will take you directly into the TurningPoint portal.
4. In the TurningPoint portal, click **Requests** in the menu.
5. Filter by Request ID, Patient, Physician or Status.
6. Review the **Status column** for the request in question.

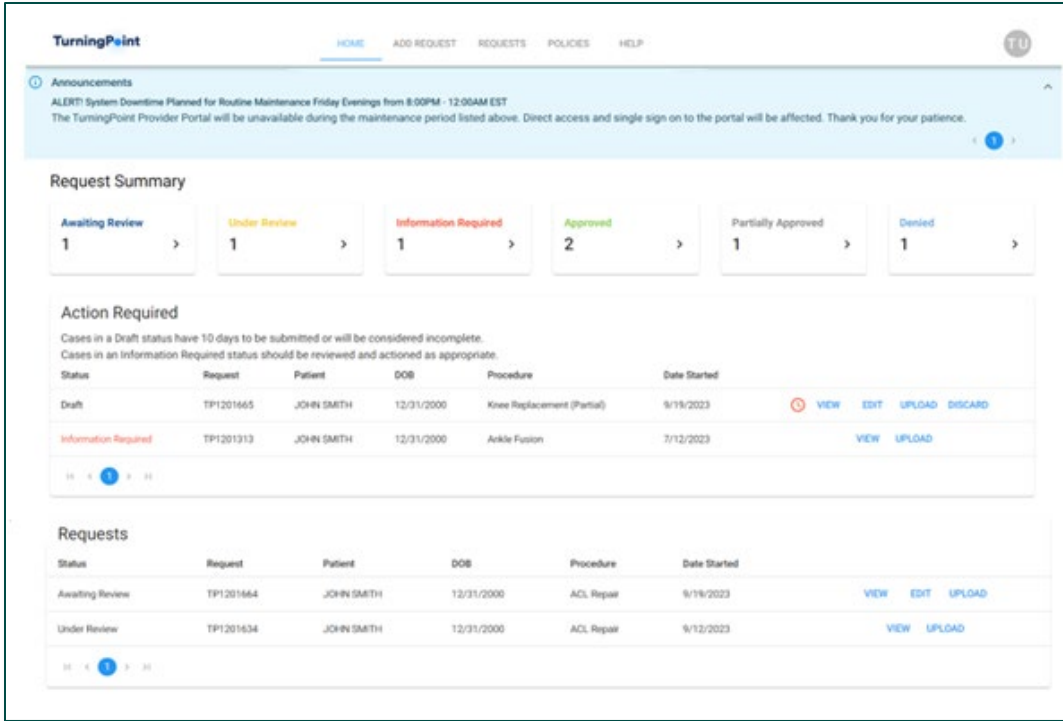
## Additional helpful tips

Below are helpful tips on navigating the rest of the TurningPoint provider portal.

### Home tab

On the Home tab, you'll be able to see:

- **Announcements**, including any TurningPoint system alerts
- **Request summary**, which organizes your organization's requests into categories: awaiting review, under review, with information required, approved, partially approved and denied
- **Actions required** on your part regarding current requests

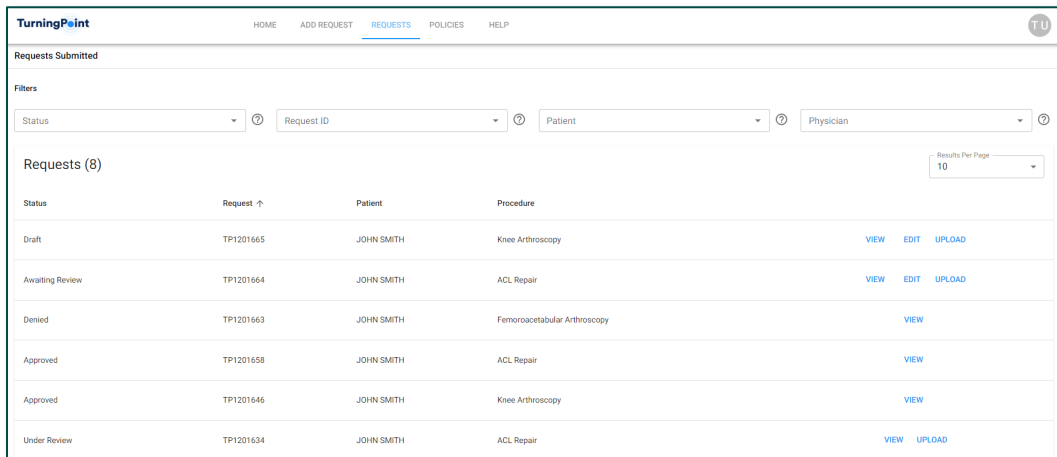


## Requests tab

In the **Requests** tab, you'll see all requests related to your provider group, including those submitted by other users affiliated with your group's TIN.

There you can use the **Filters** section to search these requests by status, request ID, patient name or ID and physician name or NPI. Along the right side of each request, you'll see a set of possible actions. These will allow you to view, edit or upload a request, depending on the request's status.

Request status	Possible actions
Draft or Awaiting Review	View, edit or upload clinical documents
Under Review	View or upload clinical documents
Determined (approved, partially approved or denied)	View only





When viewing a request, you can review the request summary, including the following information:

- **Procedure codes:** Quantity approved / denied
- **Guidelines used:** Medical policies and clinical guidelines used to review the request
- **Documents:** Clinical documents uploaded for the request and the determination letters sent to the provider and member

TP1000433 - JOHN SMITH (01/01/2001) | Partially Approved ✕

	Procedure	Requested Quantity	Reviewed Quantity
Procedures	33284 - RMVL IMPLANTABLE PT-ACTIVATED CAR EVENT RECORDER	1	1 Approved
	33282 - IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER	1	1 Denied

Last Denial Rationale: Test

Activity	Guidelines Used
Initial Review - TP1000433	<a href="#">GN-1002 - Medical Record Documentation</a> <a href="#">CA-1008 - Internal Cardiac Monitoring</a>
Reconsideration - TP1000433	<a href="#">GN-1002 - Medical Record Documentation</a> <a href="#">CA-1008 - Internal Cardiac Monitoring</a>

Date	Subject	File Name
04/24/2024	<a href="#">Notification of Partial Authorization</a>	<a href="#">TP1000433 Partial Approval.docx</a>
04/24/2024	<a href="#">Member Notification of Authorization</a>	<a href="#">Member Letter.docx</a>
04/24/2024	<a href="#">Clinical Information</a>	<a href="#">Clinical Information.docx</a>

CLOSE DOWNLOAD (PDF)

## Policies tab

The Policies section allows you to select and review all medical policies and clinical guidelines relevant to this authorization program.

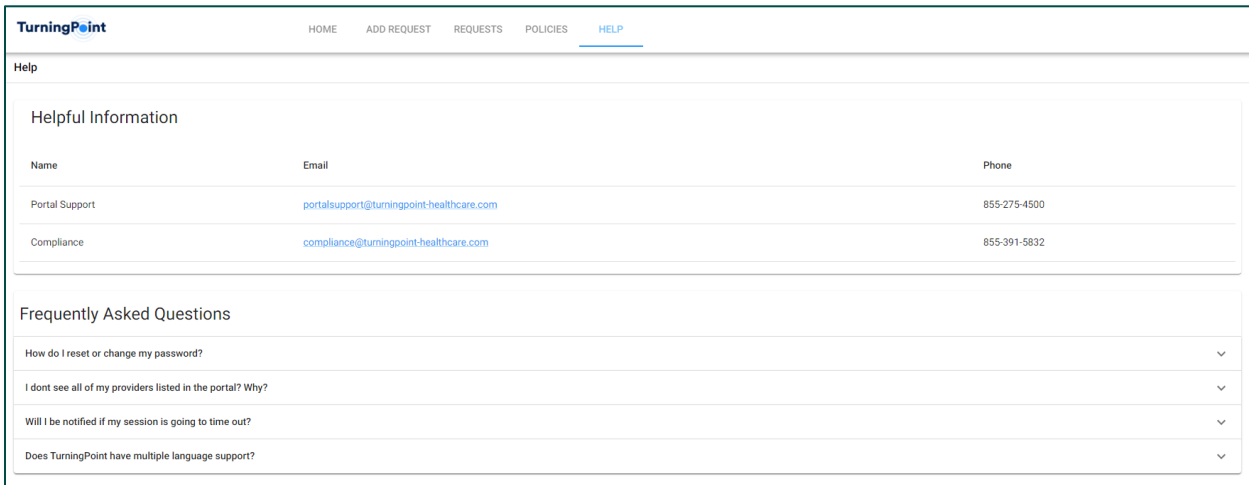
**TurningPoint** HOME   ADD REQUEST   REQUESTS   POLICIES   HELP

GN-1002 - Medical Record Documentation	<a href="#">VIEW</a>
GN-1004 - Site of Service	<a href="#">VIEW</a>

## Help tab

The Help section offers the TurningPoint team's provider support contact information. Reach out if you need support or to resolve any issues.

This section may also include helpful articles and information (i.e., training information, FAQs, Priority Health website links) to support your practice. Directions for oral and written translations are also found here.



The screenshot shows the 'Help' page of the TurningPoint portal. At the top, there is a navigation bar with the TurningPoint logo and links for HOME, ADD REQUEST, REQUESTS, POLICIES, and HELP (which is highlighted). Below the navigation bar, the page is titled 'Help'. Underneath, there is a section titled 'Helpful Information' which contains a table with contact details for Portal Support and Compliance. Below this table is a section titled 'Frequently Asked Questions' with four expandable items.

Name	Email	Phone
Portal Support	<a href="mailto:portalsupport@turningpoint-healthcare.com">portalsupport@turningpoint-healthcare.com</a>	855-275-4500
Compliance	<a href="mailto:compliance@turningpoint-healthcare.com">compliance@turningpoint-healthcare.com</a>	855-391-5832

**Frequently Asked Questions**

- How do I reset or change my password? ▾
- I dont see all of my providers listed in the portal? Why? ▾
- Will I be notified if my session is going to time out? ▾
- Does TurningPoint have multiple language support? ▾

# Turnaround times

## Authorization request turnaround times

Request type	Medicare	Medicaid	Commercial
Standard (non-urgent) requests	14 days	14 days	7 days
Expedited (urgent) requests	72 hours	72 hours	72 hours
Retrospective requests	N/A* – Retrospective requests aren't allowed for Medicare	30 days	30 days

*\* Note: Retrospective submissions are allowed for the following procedures: Non-coronary Angioplasty/Stenting, Coronary Angioplasty/Stenting, and Peripheral Revascularization and must be requested by the provider within 90 calendar days from date of service (DOS). If submitted outside of the allotted timeframe the case will deny for "failure to notify".*

## Appeal turnaround times

Request type	Medicare (Handled by Priority Health)	Medicaid (Handled by TurningPoint)	Commercial (Handled by TurningPoint)
Level 1 pre-service (UM) clinical appeals	<a href="#">See the process in our Provider Manual.</a>	<b>Appeal submission:</b> 60 days from the denial date <b>Decision notification:</b> 30 days from the appeal submission	<b>Appeal submission:</b> 60 days from the denial date <b>Decision notification:</b> 30 days from the appeal submission
Level 1 pre-service (UM) expedited appeals	<a href="#">See the process in our Provider Manual.</a>	<b>Appeal submission:</b> 60 days from the denial date <b>Decision notification:</b> 72 hours from the appeal submission	<b>Appeal submission:</b> 60 days from the denial date <b>Decision notification:</b> 72 hours from the appeal submission
Level 1 post-service (UM) clinical appeals	<a href="#">See the process in our Provider Manual.</a>	<b>Appeal submission:</b> 60 days from the denial date <b>Decision notification:</b> 60 days from the appeal submission	<b>Appeal submission:</b> 60 days from the denial date <b>Decision notification:</b> 60 days from the appeal submission

# Additional information requests

If additional information is required to make a determination on your authorization request, TurningPoint will conduct the following outreach:

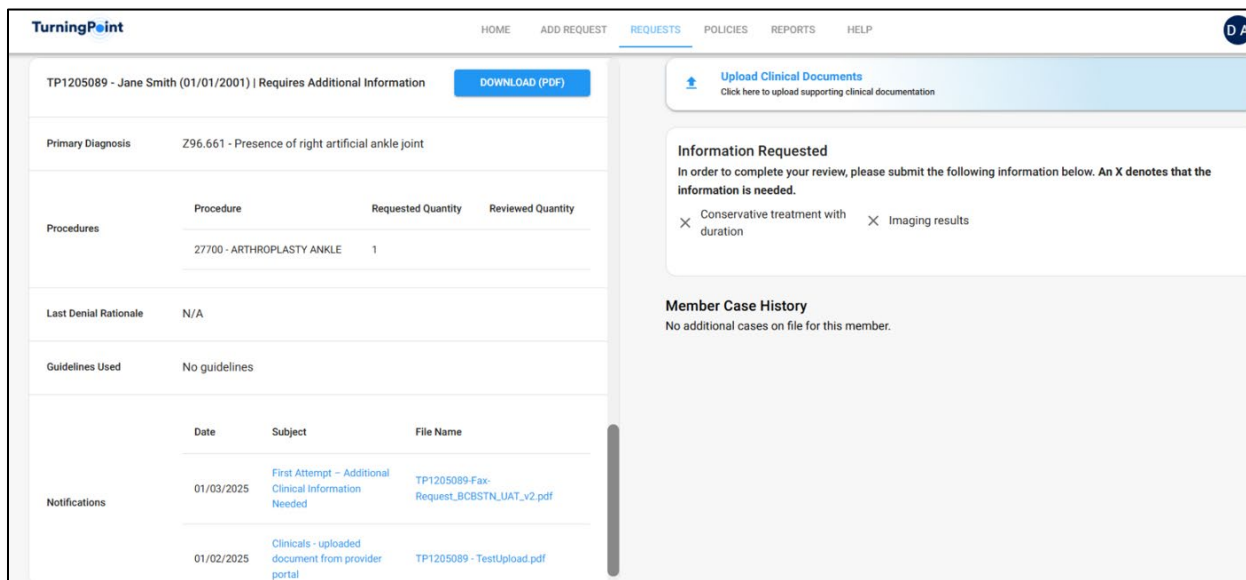
Commercial & Medicaid plans	Medicare plans
<ul style="list-style-type: none"> <li>Up to 3 attempts for additional information</li> </ul>	<ul style="list-style-type: none"> <li>Up to 3 attempts for additional information</li> <li>1 Intent to Deny (ITD) call</li> </ul>

## Attempts for additional information

TurningPoint sends up to three requests for additional information, via a combination of phone and fax outreach.

Additionally, in the TurningPoint portal, navigate to the **Home tab** to view any actions required for your current requests. Under the **Status column**, you'll see **Information Required** noted in red if additional information is needed.

Download a copy of the faxed request, including a list of the information required and instructions to submit it, in the Requests tab of the TurningPoint portal:



## Medicare Intent to Deny (ITD) calls

Once an authorization request for a Medicare case has been denied, there isn't an option for a reconsideration or a peer-to-peer review that could overturn the denial (see below) – appeal is the only avenue. Because of this, TurningPoint makes an Intent to Deny (ITD) ahead of a potential denial for Medicare cases.

ITD calls are an extra step to give providers the opportunity to prevent an adverse determination by letting the contact your practice's designated contact know that additional medical information is required to make a determination on a case.

During the ITD call, TurningPoint will help the practice take appropriate action to avoid an adverse decision by sharing:

- Rationale for the potential adverse determination
- Information about the option to [schedule a peer-to-peer discussion](#) **before** the final determination
- When the case is set to deny if additional information isn't received, or a [pre-denial peer-to-peer](#) isn't scheduled

**Note: We're unable to keep a case open beyond the Medicare authorization request turnaround times. In the event requested information isn't received or the case isn't resolved through a pre-denial peer-to-peer by the deadline, the case will move through the final determination process.**

## Denials management

### Reconsideration process

For commercial and Medicaid cases that have been denied – partially or fully – you may request a reconsideration before filing an appeal. Reconsiderations take additional information / documentation into account, **return a decision within 5 calendar days** and may result in a revised determination without the need to proceed to an appeal.

A peer-to-peer (P2P) isn't required for a reconsideration but can be a helpful step following a post-denial peer-to-peer review (P2P) for commercial and Medicaid plans.

Requirements for a case to be eligible for a reconsideration:

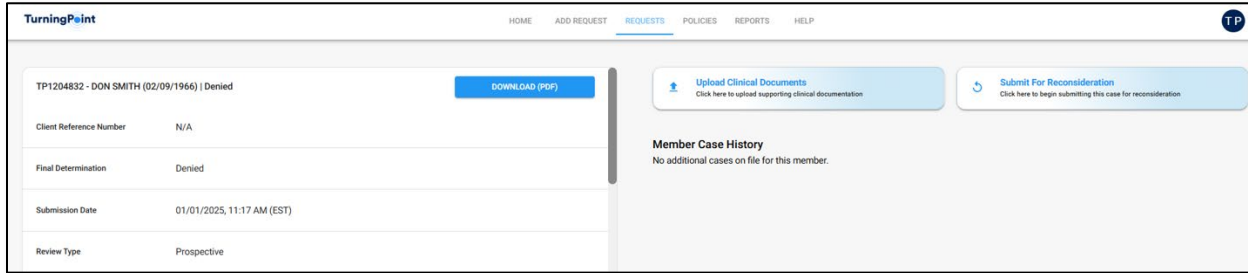
- Member's primary health plan is commercial or Medicaid\*
- Adverse determination (partial or full) on the case in question has been issued
- Procedure hasn't occurred
- No claims have been submitted for payment by the provider / facility for the procedure
- Request with necessary documentation is submitted by the requesting provider **within 15 business days** of the initial adverse determination
- A reconsideration has been requested either via the portal, fax or phone

Note: A P2P isn't required to submit a reconsideration request, and reconsiderations don't always result in an approval.

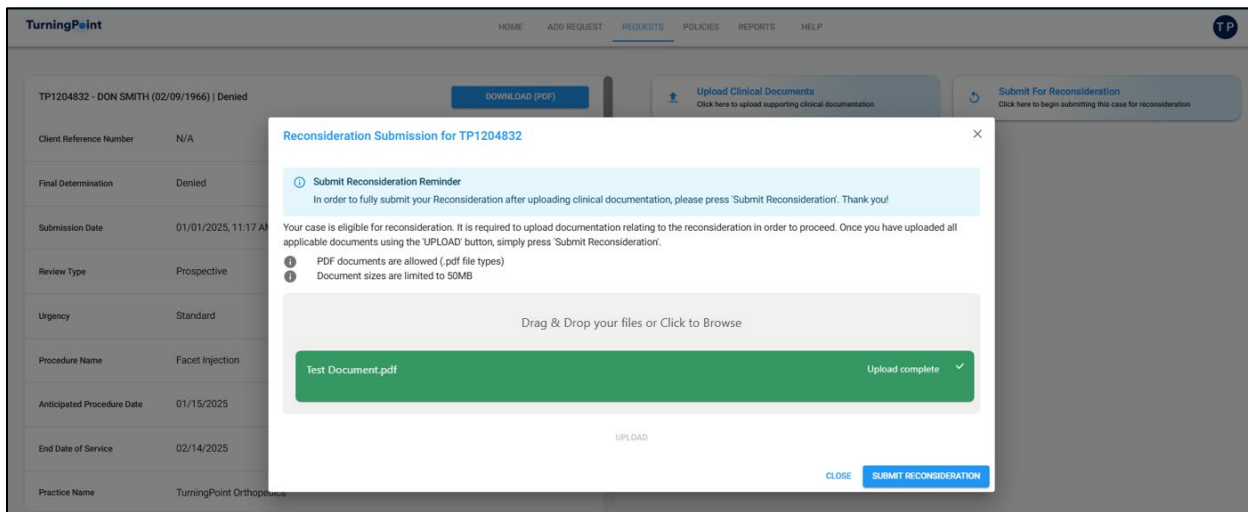
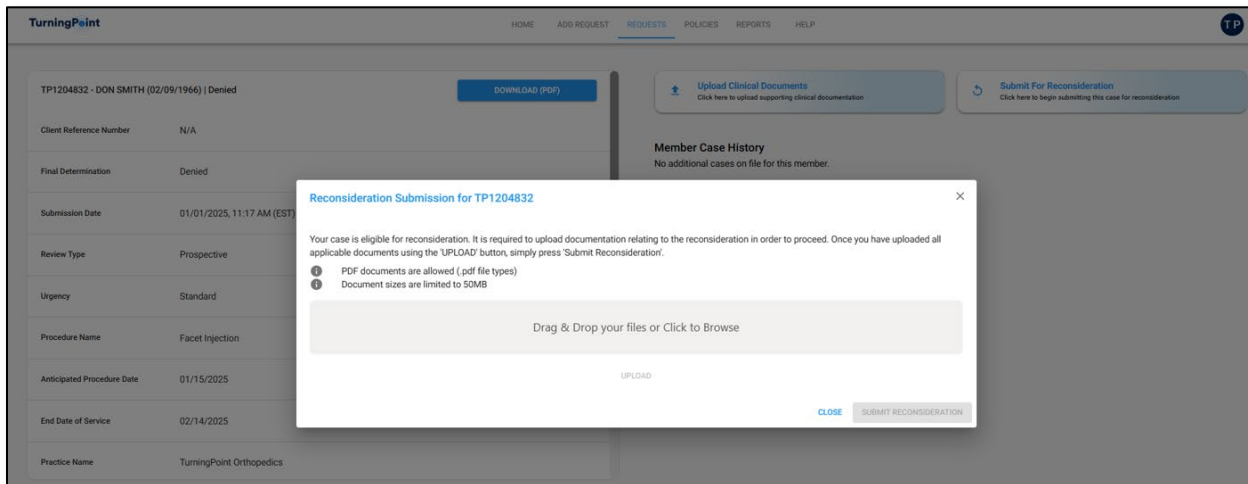
*\*If the member has Medicare as their primary coverage, TurningPoint can only complete an educational peer-to-peer for authorizations post-determination. This educational peer-to-peer won't change the outcome of the authorization – only an appeal can do that.*

## How to submit a reconsideration request

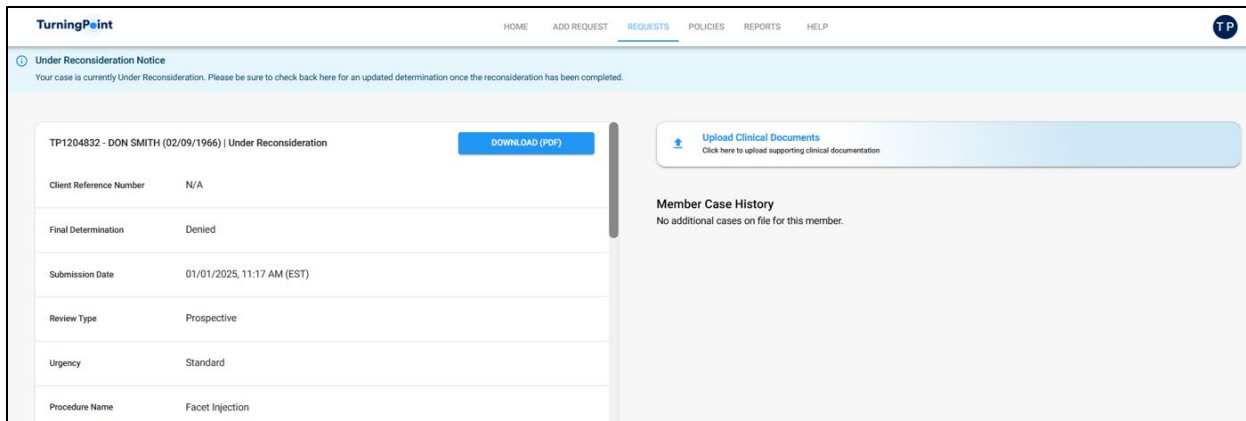
If a case is eligible for a reconsideration (per the requirements listed above), you'll see the following button on the Case Details page:



Click the **Submit For Reconsideration** button. Upload the necessary documentation showing additional information, codes or clarifications, then click **Submit Reconsideration**.



Once submitted, the case will be automatically updated to "Under Reconsideration."



## Peer-to-peer process

Peer-to-peer reviews are unique in that they are conducted by specialized physicians in accordance with the procedure. TurningPoint offers peer-to-peers during denial notification, however provider offices may also request them. TurningPoint will request three dates and times for scheduling to help navigate physician schedules.

### Requesting a peer-to-peer

Call TurningPoint at 800.581.3920 to submit your request.

Once your request is submitted, the TurningPoint peer-to-peer coordination team will request three separate dates with at least a 2-hour timeframe that the requesting physician will be available. This availability is then matched to a TurningPoint Medical Director of the same specialty.

A peer-to-peer coordinator will contact the provider's office to confirm the exact date and time that the call will take place. TurningPoint will make a confirmation call to the provider's office to finalize the scheduled date and time. On the date and time of the scheduled peer-to-peer call, the coordinator will contact the requesting provider and connect them with the TurningPoint Medical Director.

### Commercial and Medicaid members

Providers have 15 calendar days to request a peer-to-peer. Information obtained in a pre- or post-denial peer-to-peer may impact the determination of an authorization case.

The peer-to-peer must take place before an appeal is submitted.

### Medicare Advantage members

- **Pre-denial peer-to-peer:** Information obtained in a pre-denial peer-to-peer may impact the determination of an authorization case
- **Post-denial peer-to-peer:** TurningPoint cannot reverse the denial if the peer-to-peer review occurs post-denial. In such cases, an [appeal](#) is required to change the decision, and the post-denial peer-to-peer review is for educational purposes only.

## Appeals process

### Commercial and Medicaid members

- **Level 1 appeal:** To initiate a level 1 appeal for **Medicaid** and **commercial** programs, submit the request to TurningPoint via fax to 313.261.7199 or over the phone at 313.221.5553. If requesting an appeal by phone, you may need to submit additional clinical documentation.
- **Level 2 appeal:** For level 2 appeals, refer to the [Priority Health appeal process](#).

### Medicare Advantage members

To initiate a medical necessity appeal for **Medicare** programs, refer to the [Priority Health Medicare appeals process](#).