TurningPoint to manage prior authorization for musculoskeletal surgical procedures

For dates of services on or after May 1, 2025, TurningPoint Healthcare Solutions, LLC (TurningPoint) will manage prior authorization requests for inpatient and outpatient musculoskeletal surgical procedures. This applies to members who reside in Florida and have fully insured or ASO UnitedHealthcare commercial plans. **Note, we aren't adding any new prior authorization requirements.**

You can also refer to the **Network News article**.

Frequently asked questions

How can I submit prior authorization requests for these procedures to TurningPoint?

For dates of service on or after May 1, 2025, providers performing these procedures should use the TurningPoint portal to submit prior authorization requests. To submit a request, please first **register for access**.

If you need assistance or would like to submit your request another way, please contact TurningPoint at:

- Phone: 904-895-4007
- Fax: 904-544-8025

What else do I need to know about submitting these prior authorization requests?

You may begin submitting prior authorization requests to TurningPoint on April 1, 2025, for dates of services on or after May 1, 2025. If you have requests for dates of service before May 1, 2025, please continue to submit them to UnitedHealthcare.

It is the responsibility of the ordering physician to obtain prior authorization.

How do these changes differ from current UnitedHealthcare processes?

TurningPoint will manage the prior authorization review process up to the decision. All appeals and claims processes will be completed by UnitedHealthcare as per current practice.

Which providers does this new requirement apply to?

This applies to members who reside in Florida and have fully insured or ASO UnitedHealthcare commercial plans.

Which plans does the new requirement not apply to?

- Commercial plans of members who reside in the U.S. Virgin Islands
- Optum Care®
- Surest®
- UMR™
- UnitedHealthcare Individual Exchange plans (also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans)
- WellMed®

How will TurningPoint review requests for prior authorization?

TurningPoint will review prior authorization requests using UnitedHealthcare clinical policies. Clinical reviews are conducted by appropriately licensed subspecialty medical professionals.

What happens if TurningPoint receives a request that isn't within the scope of musculoskeletal procedures?

When TurningPoint receives a prior authorization request, they validate the procedure and medical codes with the scope of musculoskeletal procedures. If they determine that the request is out-of-scope, TurningPoint will redirect providers to UnitedHealthcare.

Will TurningPoint be processing claims for UnitedHealthcare?

No, TurningPoint is not delegated to process claims. Providers should continue to submit claims as they do currently. We may be required to deny claims submitted without the approved prior authorization.

Do emergency room visits require prior authorization from TurningPoint?

No, emergency room surgeries do not require prior authorization.

What information will TurningPoint require as part of the prior authorization request for these procedures?

The information you submit to TurningPoint will not change from the current process. It includes:

- Provider name, tax ID number (TIN) and National Provider Identifier (NPI) number
- Facility name, TIN and NPI
- Anticipated surgery date
- UnitedHealthcare member ID and patient demographics
- Requested procedure(s) and diagnosis code(s)
- Relevant member clinical information

How long will the prior authorization process take?

For standard non-urgent prior authorization requests, the process may take up to 3 days. For expedited/urgent requests, the process may take up to 24 hours.

Does receipt of prior authorization guarantee the claim will be paid?

The prior 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

Who is responsible for requesting the prior authorization?

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

How are providers and members notified of the prior authorization request outcome?

Providers will be notified of the request status regardless of outcome. The provider, facility and member will receive a notification determination letter regarding the status of the request along with supporting information.

If a provider wishes to modify a request or if there's a change in the surgical plan during the procedure, does the office need to notify TurningPoint to update the prior authorization?

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

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

If TurningPoint renders an adverse determination, TurningPoint will contact the facility, member and requesting provider office to explain the denial rationale. When communicating with the provider's office, TurningPoint offers the physician the opportunity to schedule a peer-to-peer conversation with a TurningPoint reviewer.

Are any trainings available?

TurningPoint is offering trainings that cover overviews of their program, how to use the portal, and additional tools for success. **Register** for a training.

Questions?

If you have questions, please contact TurningPoint using their **portal**, or by phone or fax.

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