



**Surgical and Implantable Device Management Program  
for Cardiac Surgeries  
Frequently Asked Questions  
Updated: October 2, 2019**

Horizon Blue Cross Blue Shield of New Jersey collaborates with TurningPoint Healthcare Solutions, LLC (TurningPoint) for the utilization management of certain services requiring the use of an implantable device, including specialized cardiac surgeries (defined below; see question 4).

Through Horizon BCBSNJ's Surgical and Implantable Device Management Program, TurningPoint conducts Prior Authorization & Medical Necessity Determination (PA/MND) reviews for certain specialized cardiac surgeries that are requested by participating and nonparticipating physicians rendered in the following settings:

- Ambulatory Surgical Center
- Inpatient
- Outpatient
- Physician's Office

TurningPoint will not perform PA/MND for services administered in an observation setting or Emergency Room (ER).

The Surgical and Implantable Device Management Program for cardiac surgery services applied to members enrolled in Horizon BCBSNJ fully insured plans as of **July 15, 2019**.

Beginning **January 20, 2020**, this program will expand to include State Health Benefit Program (SHBP)/School Employees' Health Benefit Program (SEHBP) plan members.

TurningPoint conducts PA/MND reviews of services to be provided by providers both within and outside of Horizon BCBSNJ's local service area (i.e., all New Jersey counties, the counties in Delaware, New York and Pennsylvania that are contiguous to New Jersey, as well as Lehigh County, Pennsylvania).

TurningPoint also conducts PA/MND reviews of services to be provided outside our local service area by health care professionals that participate with another Blue Cross and/or Blue Shield Plan. This applies to members enrolled in Horizon BCBSNJ fully insured plans/products that include BlueCard® benefits or SHBP/SEHBP plans/products who receive services outside our local service area.

Below are answers to questions you may have about cardiac services as part of this program.

**General**

**Q1. What is the Surgical and Implantable Device Management Program?**

A1. Horizon BCBSNJ's Surgical and Implantable Device Management Program, managed in coordination with TurningPoint, integrates evidence-based utilization management guidelines with clinical best practices, specialized peer-to-peer engagement, claims review and management, and advanced reporting and analytics to promote the overall health management of impacted members.

**Q2. What is the relationship between Horizon BCBSNJ and TurningPoint?**

A2. Horizon BCBSNJ has contracted TurningPoint for PA/MND reviews of select surgeries, many of which may require the use of an implantable device, requested by physicians. TurningPoint's reviews aim to help reduce surgical treatment variability, promote safety, improve the quality of care and outcomes and encourage patient support.

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**Q3. What services does TurningPoint perform as part of the Surgical and Implantable Device Management Program?**

A3. TurningPoint provides utilization management (UM) reviews, First Level UM appeals processing, claim reviews and UM-related customer service support for certain specialized cardiac surgeries (for specific cardiac service types, see **question 4**).

**Q4. For what cardiac procedures/services does TurningPoint perform PA/MNDs as part of this program?**

A4. TurningPoint performs PA/MND reviews for medical necessity and appropriate length of stay (when applicable) for:

Implantable Cardioverter Defibrillators
Pacemaker (Single Chamber)
Pacemaker (Dual Chamber)
Pacemaker (Leadless)
Stent (Angioplasty & Endovascular)
Stent (Drug Eluting)

A list of the specific procedure codes included as part of this program may be accessed at **HorizonBlue.com/turningpoint**. Coding is subject to regular updates/changes as CPT®/HCPCS coding is added or deleted.

**Q5. How will TurningPoint manage the specialized cardiac surgeries included with this program?**

A5. TurningPoint reviews PA/MND requests in accordance with the clinical medical necessity criteria and guidelines adopted by Horizon BCBSNJ. An approved PA/MND does not supersede member benefits, and as such, is not a guarantee of payment for services provided.

**Q6. What Horizon BCBSNJ plans/products ARE included in the cardiac services scope of this program?**

A6. Members enrolled in the following plans/products ARE included in the cardiac program:

- Advantage EPO
- Direct Access
- EPO
- HMO
- Indemnity
- OMNIA<sup>SM</sup> Health Plans
- PPO
- POS

As of **January 20, 2020**, SHBP/SEHBP plans are also included.

**Q7. What Horizon BCBSNJ plans/products are NOT included for cardiac services?**

A7. Members enrolled in the following plans/products are NOT included:

- Federal Employee Program® (FEP®)
- Medicare Advantage
- Medicare Supplemental
- Horizon NJ Health plans
- Horizon NJ TotalCare (HMO SNP)
- Self-Insured ASO (Administrative Services Only) employer groups

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You can determine if a patient is enrolled in a self-insured Administrative Services Only (ASO) plan by looking at the back of the member ID card. A self-insured ASO member ID card will include the statement, “Horizon BCBSNJ provides administrative services only and does not assume any financial risk for claims.” A fully insured member’s ID card will not include that statement. Please always verify member benefits, as it may be possible that the most current ID card is not presented at the time of service.

**Q8. How can I check the benefits of my Horizon BCBSNJ patients?**

A8. You may review member benefit information on NaviNet. Simply log in to **NaviNet.net** and select *Horizon BCBSNJ* from the *My Health Plans* menu. Mouse over *Eligibility & Benefits* and select *Eligibility & Benefits Inquiry*. If you do not have access to NaviNet, you may obtain member benefit information by calling Physician Services at **1-800-624-1110** Monday through Friday, between 8 a.m. and 5 p.m. Eastern Time (ET).

**Q9. Are participating and nonparticipating health care professionals included in this program?**

A9. Yes. Participating and nonparticipating health care professionals in and out of New Jersey are included in the program.

**Q10. For what service dates must I obtain PA/MND for impacted cardiac surgeries?**

A10. TurningPoint already accepts PA/MND requests for impacted cardiac surgeries for fully-insured members.

PA/MND review will apply for SHBP/SEHBP members beginning January 2, 2020 for in-scope procedures performed on or after **January 20, 2020**.

**Q11. What are the components of the Surgical and Implantable Device Management Program?**

A11. Key components of this program include:

- Administrative tools that support an efficient MND review process and produce documentation that facilitates timely claims payment.
- Specialized “peer-to-peer” engagement that allows health care professionals to communicate with medical specialty physicians regarding PA/MND requests.
- Clinical support tools to assist in the tracking, monitoring and improvement of patient outcomes, education and care.
- Effective, evidence-based device/implant management that helps ensure clinically appropriate, high-quality, cost-effective device selection.
- Reporting and analytics that gives physicians and practice administrators feedback regarding their practice performance as compared to others in the medical community.

**Q12. How can I find out more information about this program?**

A12. For more information about the Surgical and Implantable Device Management Program, you can visit **HorizonBlue.com/turningpoint** or **https://www.myturningpoint-healthcare.com**.

If you have questions, call TurningPoint at **1-833-436-4083**, Monday through Friday, from 8 a.m. to 5 p.m., Eastern Time (ET), or email **HorizonNJUM@turningpoint-healthcare.com**.

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## **Health Care Professionals**

**Q13. When should I request a PA/MND from TurningPoint?**

A13. You should request a PA/MND review for any proposed course of treatment involving the specialized cardiac surgeries included as part of this program (see question 4).

Obtaining an approved PA/MND from TurningPoint will ensure that the services in question will be considered medically necessary.

As part of this program, TurningPoint reviews professional and facility claims submitted for cardiac services included as part of this program for fully-insured members. Beginning **January 20, 2020**, SHBP/SEHBP members will also require PA/MND for services rendered on and after January 20, 2020.

Services that TurningPoint deems not medically necessary as part of this review may not be eligible for coverage or payment by Horizon BCBSNJ. Horizon BCBSNJ reserves the right to adjust claims based on TurningPoint's recommendations.

**Q14. I submitted a PA/MND request. What will happen next?**

A14. There are three possible outcomes as of a result of the PA/MND review:

1. *Approved*: The complete treatment requested meets the criteria for medical necessity.
2. *Partial Approval*: Only a part of the treatment requested is approved and the remainder is denied.
3. *Denied*: The complete treatment does not meet clinical criteria and is denied.

- For Inpatient Admissions: PA is required as determined by the member's benefits.
- For Outpatient Services: PA is required as determined by the member's benefits; where member benefits do not require a PA, pre- and post-service MND apply.

**Q15. Which specialized cardiac surgeries are included as part of this program?**

A15. A list of the procedure codes of the specific specialized cardiac surgeries included as part of this program is available. Please refer to question 4 or visit **HorizonBlue.com/turningpoint**.

**Q16. How often is the list of specialized cardiac surgeries updated?**

A16. The list of codes included as part of this program is updated annually, or more frequently, if necessary. Before calling for a PA/MND request, visit **HorizonBlue.com/turningpoint** for the most updated listing. A notice will be posted regarding any changes to the list on **HorizonBlue.com/providernews**.

**Q17. How can I obtain the medical policy criteria and guidelines for members enrolled in plans that are included in this program?**

A17. Visit **HorizonBlue.com/turningpoint** for instructions on accessing the policy criteria and guidelines that TurningPoint will follow as they conduct PA/MND reviews as part of the Program. You may also call TurningPoint at **1-833-436-4083** to request policy content.

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**Q18. Where can I find Horizon BCBSNJ's medical policy criteria and guidelines for members enrolled in plans that are not included in the program?**

A18. Visit [HorizonBlue.com/medicalpolicy](https://www.horizonblue.com/medicalpolicy) to access the criteria and guidelines that apply to Horizon BCBSNJ members enrolled in plans that DO NOT participate in the Program.

**Q19. How will Horizon BCBSNJ make health care professionals aware of this program expanding to include cardiac services?**

A19. Horizon BCBSNJ will:

- A certified letter was to hospitals 90 days prior to the program's implementation date for fully-insured members of **July, 15 2019**. Another letter will be sent for the implementation date of **January 20, 2020** for SHBP/SEHBP members.
- Post announcements on [HorizonBlue.com/providernews](https://www.horizonblue.com/providernews) (accessible also through NaviNet) 90 days prior to the program's effective dates of **July 15, 2019** (fully-insured) and **January 20, 2020** (SHBP/SEHBP).
- Post updated information about the Surgical and Implantable Device Management Program on [HorizonBlue.com/turningpoint](https://www.horizonblue.com/turningpoint).
- Work with TurningPoint for education and support to health care professionals and facilities. For questions about the Surgical and Implantable Device Management Program, call TurningPoint at **1-833-436-4083**.

**Q20. When is this program effective for cardiac services?**

A20. Horizon BCBSNJ collaborate with TurningPoint for certain specialized cardiac surgeries many of which may require the use of an implantable device for fully-insured members (see question 4). Beginning **January 2, 2020**, this program will expand to include SHBP/SEHBP members.

#### **Prior Authorization/Medical Necessity Determination (PA/MND)**

**Q21. When should a health care professional obtain a PA/MND?**

A21. A health care professional should request a PA/MND review upon determining the patient's treatment plan includes any of the cardiac surgeries included within this program. It's important that an approved PA/MND is obtained **prior** to delivery of the services to ensure coverage.

As part of this program, TurningPoint reviews professional and facility claims submitted for services included as part of this program rendered on and after **July 15, 2019** for fully-insured members and **January 20, 2020** for SHBP/SEHBP members. Services that TurningPoint deems not medically necessary as part of this review may not be eligible for coverage or payment by Horizon BCBSNJ. Horizon BCBSNJ reserves the right to process claims based on TurningPoint's recommendations.

**Q22. How does a health care professional initiate a PA/MND?**

A22. A health care professional can initiate a PA/MND by one of the following methods:

- You may log on to NaviNet to initiate a PA/MND for cardiac services. Health care professionals who do not have access to NaviNet may submit a request via <https://www.myturningpoint-healthcare.com>. You must register to obtain access credentials to the web portal by calling TurningPoint at **1-833-436-4083**.
- Call TurningPoint at **1-833-436-4083**. **For urgent requests, you must inform the Call Center Specialist that the request is URGENT to receive an expedited response.**

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- If you call Horizon BCBSNJ's prior authorization line regarding one of the procedures within the Surgical and Implantable Device Management Program, you will be transferred to TurningPoint for their PA/MND review of the specialized cardiac surgery being requested.

**Q23. What is the best method for requesting a PA/MND?**

A23. The quickest and most efficient method to submit a PA/MND is through NaviNet. Health care professionals who do not have access to NaviNet, may submit a request via <https://www.myturningpoint-healthcare.com>.

You may also call TurningPoint at **1-833-436-4083**. TurningPoint medical professionals are on call 24 hours a day, seven days a week at the same phone number.

- The on-call staff member will respond to cases involving urgent care usually within an hour.
- TurningPoint responds to cases involving non-urgent care within one business day.
- All calls left with the answering service after hours will be addressed within one business day. All emails also will be addressed within one business day.

**Q24. What information is necessary to obtain a PA/MND?**

A24. The following minimum information is requested when a PA/MND request is submitted:

- Health care professional information, including any assistant or co-surgeon planned to be used
- Facility information and anticipated surgery date
- Health plan information
- Member information
- Requested procedures/diagnosis
- Clinical information
  - i. History of Present Illness (HPI)
  - ii. Attempted Conservative Therapies (including physical therapy notes)
  - iii. Radiographic Findings
  - iv. Documented Surgical Plan
- Device product type (if known and if applicable)
- Device manufacturer information (if known and if applicable)
- The names of any out-of-network health care professionals (co-surgeon, assistant surgeon, anesthesiologist, facility, etc.) to be used in the surgery

**Q25. What is the ordering/rendering health care professional's responsibility?**

A25. The ordering/rendering health care professional must obtain the PA/MND and supply all of the demographic and clinical information. If a PA/MND is not obtained prior to rendering services, claim payment may be delayed or denied pending completion of a post-service MND review. If the rendering health care professional, who is not the ordering health care professional, calls TurningPoint to initiate a PA/MND, TurningPoint will contact the ordering health care professional to obtain the necessary clinical information.

The clinical information must be provided regardless of whether the ordering and the rendering health care professional are the same.

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**Q26. If a co-surgeon is required for a planned specialized surgery procedure, what do I need to do?**

A26. The rendering health care professional **MUST** indicate if an assistant or co-surgeon is required for the requested specialized cardiac surgery. The health care professional must provide TurningPoint with the assistant or co-surgeon's name, Tax Identification Number (TIN) and Horizon BCBSNJ participation status.

Horizon BCBSNJ expects its participating primary surgeons to use the services of an assistant surgeon who participates in the member's plan when an assistant is medically necessary in the performance of the specialized surgery. In the event that a nonparticipating assistant surgeon is used, the rendering physician must inform the member and advise of the financial impact it may have on their out-of-pocket costs.

**Q27. How will TurningPoint notify me about the PA/MND determination?**

A27. **Approved determination:** TurningPoint will call the requesting practitioner's office to advise them of an approved determination made on the request. The physician, facility and member will receive an approval letter regarding the PA/MND request.

**Adverse determination:** TurningPoint will call the requesting physician's office to explain the rationale for the denial. TurningPoint offers the physician the opportunity to send in additional information for reconsideration, or the opportunity to schedule a peer-to-peer conversation with the TurningPoint reviewer to discuss the denial.

Following this call, if the determination has not been changed as a result of the reconsideration, TurningPoint will send an adverse determination notification letter to the provider, member and facility, (where appropriate) detailing the rationale for the denied PA/MND. You can check status of the PA/MND determination by calling TurningPoint at **1-833-436-4083**.

**Q28. May I schedule a peer-to-peer conversation to discuss an adverse determination?**

A28. Yes, TurningPoint offers physicians the opportunity to call TurningPoint at **1-833-436-4083** to schedule a peer-to-peer conversation with the TurningPoint reviewer to discuss an adverse determination.

**Q29. Is an approved PA/MND review a guarantee of payment?**

A29. No. An approved PA/MND 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 are provided
- Benefit limitations and/or exclusions
- Appropriateness of codes billed
- Horizon BCBSNJ's claims reimbursement policies

**Q30. Are clinical trials part of this program?**

A30. No. Clinical trials are not a part of this program. TurningPoint will handle PA/MND requests for investigational clinical trials if the member is participating in a national clinic trial with the exception of cancer clinical trials. PA/MND for cancer clinical trials will be handled by Horizon BCBSNJ. Please call Horizon BCBSNJ's Complex Case Management department at **1-888-621-5894**, option **2** for clinical trials.

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- Q31. What is the time frame for TurningPoint to render a PA/MND decision?**  
A31. Non-urgent PA/MND requests will be completed as soon as possible based on the urgency of the case, but no later than three business days from receipt of **all** required clinical information. If medical information that is critical to determine medical necessity under our medical policy requirements is missing, TurningPoint will contact the practice to obtain the information needed to complete the review. The determination will be made no later than 15 days from receipt of the necessary clinical information. Urgent PA/MND requests will be completed as soon as possible based on the urgency of the case, but no later than 72 hours from receipt of the request. Please refer to question 24 for the minimum information, which should be presented when submitting a PA/MND request.
- Q32. How can I check the status of a PA/MND?**  
A32. The status of a PA/MND may be reviewed by one of the following methods:
- The rendering/ordering physician may log on to NaviNet to review the status of a submitted PA/MND request.
  - If you do not have access to NaviNet, you can review the status of a submitted PA/MND request via <https://www.myturningpoint-healthcare.com>. You must register to obtain access credentials by calling TurningPoint at **1-833-436-4083**.
  - Call TurningPoint at **1-833-436-4083** to confirm the status of a PA/MND. Facilities must call to verify status.
- Q33. Does a PA/MND approval number expire?**  
A33. Yes. An approved PA/MND is valid for 90 days from the date of approval.
- Q34. If I want to modify a request BEFORE the procedure occurs, do I need to notify TurningPoint to update the PA/MND?**  
A34. Yes. Call TurningPoint to notify them of any modification to your request prior to the procedure occurring. Modifications to a PA/MND request may be made up to one day before the date of service for the surgical procedure. TurningPoint may require a new review of the case for medical necessity and/or clinical appropriateness of the change depending on what change is being requested.
- Q35. If I need to modify a request, or if there is a change in the surgical plan during the procedure, should I notify TurningPoint to update the PA/MND?**  
A35. No. If you received an approved PA/MND and the surgical plan changes during the procedure, submit the claim as per normal Horizon BCBSNJ policy. If additional information is required to perform a post-service medical necessity review because of the change, TurningPoint will contact you for the additional clinical information needed as part of Horizon BCBSNJ's claims/claims appeals process.
- Q36. What if a member is scheduled for a surgery, and is admitted for the procedure, but does not have a PA/MND?**  
A36. If a Notice of Admission (NOA) is received, and there is no record of an approved PA/MND by TurningPoint on file, Horizon BCBSNJ will review the case as an inpatient authorization request and notify TurningPoint of the admission via secure email. TurningPoint will then contact the health care professional to obtain the appropriate medical records to perform a post service medical necessity review for the surgery.
- Q37. What happens if TurningPoint receives a PA/MND request that is not within the scope of the Surgical and Implantable Device Management Program?**  
A37. If the request is determined to be out of scope, TurningPoint will forward the request to the Horizon BCBSNJ's Utilization Management review team.

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## Claims

### **Q38. How will this new program affect claims submission?**

A38. This program does not require any changes to how claims are submitted. Claims should be submitted according to normal workflows. Pre-service PA/MND review is recommended to avoid claims processing delays.

### **Q39. What is required to expedite claims processing?**

A39. To expedite claims processing, the following information is needed:

- An approved PA/MND determination number, if applicable
- The appropriate code for the specific procedure being billed
- The itemized date(s) of service

### **Q40. What happens to the claim if a PA/MND was not requested prior to the service(s) being rendered?**

A40. If a claim is submitted without a pre-service PA/MND, it may be denied pending completion of a post-service MND review. TurningPoint will request medical record information by letter from the health care professional for Horizon BCBSNJ New Jersey members or by Blue-Squared for BlueCard members.

### **Q41. What happens if TurningPoint does not receive the necessary information to make the determination on a post-service MND request?**

A41. If medical records are not received in the required time frame, the claim will be denied and will remain denied until the requested clinical documentation is received.

## Appeals

### **Q42. How can I appeal denied PA/MND requests?**

A42. TurningPoint will make a clinical determination for Level 1 medical necessity appeals. TurningPoint will send an appeal determination letter to the member and physician, update the authorization record and advise Horizon BCBSNJ of the review outcome. If the appeal is upheld, the appeal determination letter will include information regarding further appeal rights that are available.

For post-service medical necessity appeal received directly by Horizon BCBSNJ, Horizon BCBSNJ will confirm if TurningPoint conducted a pre-service review. If the case is denied due to an authorization/medical necessity pre-service review performed by TurningPoint, then Horizon BCBSNJ will redirect the appeal to TurningPoint for Level 1 appeal review.

### **Q43. How can I dispute a PA/MND denial?**

A43. Generally, a health care professional may dispute a denial that was based on medical necessity by seeking an appeal by:

- Calling TurningPoint at **1-833-436-4083**, or
- Submitting written appeals to:

**Attn: Appeals Dept.**  
**TurningPoint Healthcare Solutions, LLC**  
**1000 Primera Blvd.**  
**Suite 3160**  
**Lake Mary, FL 32746**

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**Q44. How can I dispute a denial that is not related to a PA/MND?**

A44. You may dispute a denied claims determination that is not related to a PA/MND (a decision not based on medical judgment) by calling Horizon BCBSNJ's Physician Services at **1-800-624-1110** or Facility Services at **1-888-666-2535**, Monday through Friday, 8 a.m. to 5 p.m., ET.

**Q43. Who can a health care professional contact for more information about a PA/MND appeal they submitted?**

A43. For an appeal involving a PA/MND, they should call TurningPoint at **1-833-436-4083**. For a claim appeal not involving medical judgment, they can call Horizon BCBSNJ's Physician Services at **1-800-624-1110**.

**Ancillary/Facility**

**Q44. Are impacted practices/facilities aware they must obtain an approved PA/MND that covers both the procedure and the device used?**

A44. Yes. Notification about this program's implementation was mailed to hospital CFOs and posted on [HorizonBlue.com/providernews](http://HorizonBlue.com/providernews).

**Q45. What is the ordering/rendering health care professional's responsibility? What happens if the surgeon performing the procedure does not confirm that an approved PA/MND is obtained from TurningPoint?**

A45. The ordering/rendering health care professional must obtain the PA/MND and supply all of the demographic and clinical information. If a PA/MND is not obtained prior to rendering services, claims may be denied pending completion of a post-service MND review. If the rendering health care professional, who is not the ordering health care professional, calls TurningPoint to initiate a PA/MND, TurningPoint will contact the ordering health care professional to obtain the necessary clinical information. The clinical information must be provided regardless of whether the ordering and the rendering health care professional are the same.

**Q46. Will there be any financial impact to the facility if a device other than what was authorized by TurningPoint is used?**

A46. The financial impact of using a device other than what was authorized by TurningPoint depends on the site of service.

**INPATIENT FACILITY:** There will be no financial impact if a device other than what was originally authorized by TurningPoint is used during a surgery performed in an inpatient hospital setting.

**OUTPATIENT or AMBULATORY SURGERY CENTER (ASC):** If a device other than what was originally authorized by TurningPoint is used during a surgery that is performed in an outpatient or ASC setting, the device will be denied for no authorization. This situation would only occur if an authorization is required based on the member's benefits in an outpatient or ASC setting.

If a device is changed, TurningPoint should be made aware of the change. The device must be FDA approved and meet TurningPoint's medical necessity criteria for the clinical application. We encourage all facilities to verify what procedure and device has been approved by contacting the rendering physician's office or TurningPoint **BEFORE** the procedure.

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**Q47. What happens to the facility claim if the procedure is performed without a PA/MND approval?**

A47. If a PA/MND is not obtained prior to rendering services, claims may be denied pending completion of a post-service MND review.

If TurningPoint's post-service review determines that a procedure was not medically necessary, the professional and facility claims for or related to that procedure will be subject to denial. Participating physicians and facilities may not bill Horizon BCBSNJ members for any such denied amounts.

To ensure claim payment, facilities should check with the ordering/rendering health care professional or TurningPoint **BEFORE** the procedure to ensure that the procedure and the device used (if applicable) has been reviewed and approved.

The PA/MND requirement as part of this program does not impact/change a hospital's existing authorization requirement for elective inpatient stays.

**Q48. What if the physician changes the surgical plan or device based on the clinical condition during the surgery? Will it impact the facility claim?**

A48. If the physician receives an approved PA/MND and the surgical plan or device is changed during the procedure, the physician/facility claim should be submitted according to Horizon BCBSNJ's normal processes. If additional information is required to perform a post-service medical necessity review as a result of a change in information or surgical device, TurningPoint will contact the physician/facility for additional clinical information as part of Horizon BCBSNJ's claims/claims appeals process. If there is a change to the device, TurningPoint will also review to ensure that the changed device is FDA approved for the clinical application.

An approved authorization is not a guarantee of payment. Payment is subject to member eligibility and all member and group benefit limitations, conditions and exclusions in effect at the time of the surgery, as well as Horizon BCBSNJ reimbursement policies.

**Q49. Who is responsible to determine whether the procedure and device were reviewed and approved by TurningPoint?**

A49. TurningPoint will notify the physician of the approved procedure and device (as applicable). Physicians are instructed to inform the facility/operation room about the approval of the procedure/device to be used at the time of scheduling.

Rendering facilities are strongly encouraged to confirm the status of a PA/MND **BEFORE** a procedure is performed. Facilities may confirm the status of a PA/MND with the rendering physician. You may also call TurningPoint at **1-833-436-4083** to confirm the status of a PA/MND and to provide a specific area and contact within the facility to receive future approvals and denials.

**Q50. If a device is not approved, will the surgery need to be canceled?**

A50. The program is designed to offer PA/MND review in advance of a planned date of surgery to ensure coverage. Procedures that do not meet the medical necessity criteria, or if the physician selects a non-FDA approved device, will be denied.

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**Use of the Member Attestation for Use of an Out-of-Network Provider form**

**Q51. When should a Member Attestation for Use of an Out-of-Network Provider form be completed?**

A51. The *Member Attestation for Use of an Out-of-Network Provider* form should be completed for any patient enrolled in a Horizon BCBSNJ plan that includes out-of-network benefits and when an out-of-network doctor, facility and/or other health care professional has been selected to participate in his/her upcoming procedure. This form is **ONLY** to be used for patients enrolled in Horizon BCBSNJ plans that include out-of-network benefits.

The *Member Attestation for Use of an Out-of-Network Provider* form is **NOT** to be used for services to be provided to members enrolled in plans that do not include out-of-network benefits (including, but not limited to, Horizon HMO plans, Horizon EPO plans, OMNIA<sup>SM</sup> Health Plans and Medicare Advantage HMO plans).

**Q52. Why do I we need to complete the Member Attestation for Use of an Out-of-Network Provider form?**

A52. Horizon BCBSNJ encourages the use of in-network doctors, facilities and other health care professionals to help members get the most out of their benefits and to help lower their out-of-pocket costs. If an out-of-network doctor, facility or other health care professional is chosen to participate in a procedure, it's important that the rendering physician ensures the member understands the financial impact of using out-of-network benefits.

When a member uses out-of-network benefits, in addition to being responsible for any out-of-network cost-sharing amounts (copayments, deductible and coinsurance amounts, as applicable), the member is also responsible for the difference between Horizon BCBSNJ's allowance for eligible services and the out-of-network health care professionals' total billed charges.

**Q53. How will members be made aware that the Member Attestation for Use of an Out-of-Network Provider form should be completed?**

A53. The rendering physician will initiate a discussion with the member regarding the planned use of an out-of-network doctor, facility and/or other health care professional. The member will be asked to review and sign the *Member Attestation for Use of an Out-of-Network Provider* form to attest that they understand and agree to the use of an out-of-network provider. As always, we encourage members to use participating doctors, facilities and health care professionals to help reduce their out-of-pocket costs.

**Q54. Where can a Member Attestation for Use of an Out-of-Network Provider form?**

A54. Call TurningPoint at **1-833-436-4083** to obtain a copy of this form.

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