



Prior authorization for medical necessity and appropriate length of stay (when applicable) has been delegated to TurningPoint Healthcare Solutions, LLC and will be required for the following surgical procedures in \_\_\_\_\_.

Cardiac Surgeries & Procedures

<del>Cardiac Nuclear Medicine</del>	Pacemaker Revision or Removal
<del>Duplex Scan Extracranial Arteries</del>	Peripheral Revascularization
<del>Echocardiogram</del>	Coronary Artery Bypass Grafting
<del>Peripheral Diagnostic Testing</del>	Internal Cardiac Monitoring
<del>Cardiac Catheterization</del>	Leadless Pacemaker
<del>Cardiac Contractility Modulation</del>	Left Atrial Appendage (LAA) Occluders
Coronary Angioplasty/Stenting	Non-Coronary Angioplasty/Stenting
Implantable Cardioverter Defibrillator	<del>Pulmonary Artery Pressure Monitoring</del>
ICD Revision or Removal	Valve Replacement
Pacemaker	WCD – Wearable Cardiac Defibrillator

Musculoskeletal Surgeries & Procedures

Joint Reconstructive & Fusion Surgeries

Sports Medicine Surgeries

Key Provisions:

- Emergency Related Procedures that do not require an inpatient admission do not require authorization from TurningPoint.
- It is the responsibility of the ordering physician to obtain prior authorization.
- Providers rendering the above services