CareSource | NETWORK Notification

Notice Date: December 1, 2025
To: CareSource Providers
From: CareSource
Subject: Turning Point Cardiac and Musculoskeletal Policy 2026 New Market Implementations

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Summary
CareSource has partnered with Turning Point to cover Cardiac and Musculoskeletal Services for our CareSource members.

Our goal is to keep you informed with timely information about our Cardiac and Musculoskeletal Services updates and changes. As changes occur and as needs arise, we issue network notifications to our providers.

This notification is intended to provide you notification of changes to the policies listed below. The policies appear on www.myturningpoint-healthcare.com upon their effective dates.

Policies

Policy Name	Plans	Effective Date
CA-1001.24 Automated Implantable Cardioverter Defibrillator	Nevada Medicaid	01/01/2026
CA-1003.24 Pacemaker	Nevada Medicaid	01/01/2026
CA-1005.24 Coronary Artery Bypass Grafting	Nevada Medicaid	01/01/2026
CA-1006.24 Coronary Angioplasty and Stenting	Nevada Medicaid	01/01/2026
CA-1007.24 Angioplasty and Endovascular Stents	Nevada Medicaid	01/01/2026
CA-1008.24 Implantable Cardiac Monitoring	Nevada Medicaid	01/01/2026
CA-1009.24 Wearable Cardioverter Defibrillator	Nevada Medicaid	01/01/2026
CA-1010.24 Percutaneous Left Atrial Appendage Occluder	Nevada Medicaid	01/01/2026
CA-1011.24 Valve Replacement	Nevada Medicaid	01/01/2026
CA-1012.24 Peripheral Revascularization	Nevada Medicaid	01/01/2026
GN-1001.24 Assistants at Surgery	Nevada Medicaid	01/01/2026
OR-1001.24 Total Hip Replacement	Nevada Medicaid	01/01/2026
OR-1002.24 Total Knee Replacement	Nevada Medicaid	01/01/2026
OR-1003.24 Lumbar Disc Replacement	Nevada Medicaid	01/01/2026
OR-1004.24 Lumbar Spinal Fusion	Nevada Medicaid	01/01/2026
OR-1005.24 Bone Morphogenetic Protein	Nevada Medicaid	01/01/2026
OR-1006.24 Cervical Disc Replacement	Nevada Medicaid	01/01/2026
OR-1007.24 Cervical Laminectomy and Discectomy	Nevada Medicaid	01/01/2026

OR-1008.24 Lumbar Laminectomy, Discectomy, and Laminotomy	Nevada Medicaid	01/01/2026
OR-1009.24 Sacroiliac Joint Fusion	Nevada Medicaid	01/01/2026
OR-1010.24 Thoracic Laminectomy or Discectomy-	Nevada Medicaid	01/01/2026
OR-1011.24 Thoracic Spinal Fusion	Nevada Medicaid	01/01/2026
OR-1012.24 Cervical Spinal Fusion	Nevada Medicaid	01/01/2026
OR-1013.24 ACL Repair	Nevada Medicaid	01/01/2026
OR-1014.24 Treatment of Osteochondral Defects	Nevada Medicaid	01/01/2026
OR-1015.24 Spinal Cord Neurostimulator	Nevada Medicaid	01/01/2026
OR-1018.24 Acromioplasty and Rotator Cuff Repair	Nevada Medicaid	01/01/2026
OR-1019.24 Shoulder Fusion	Nevada Medicaid	01/01/2026
OR-1020.24 Spinal Fusion for Scoliosis or Kyphosis	Nevada Medicaid	01/01/2026
OR-1021.24 Ankle Replacement and Revision	Nevada Medicaid	01/01/2026
OR-1022.24 Elbow Replacement	Nevada Medicaid	01/01/2026
OR-1023.24 Shoulder Replacement	Nevada Medicaid	01/01/2026
OR-1024.24 Vertebral Augmentation	Nevada Medicaid	01/01/2026
OR-1025.24 Femoroacetabular Arthroscopy	Nevada Medicaid	01/01/2026
OR-1026.24 Hip Resurfacing	Nevada Medicaid	01/01/2026
OR-1027.24 Meniscal Allograft Transplantation	Nevada Medicaid	01/01/2026
OR-1028.24 Partial Knee Replacement	Nevada Medicaid	01/01/2026
OR-1029.24 Knee Arthroscopy	Nevada Medicaid	01/01/2026
OR-1030.24 Ankle Fusion	Nevada Medicaid	01/01/2026
OR-1031.24 Hip Arthroscopy	Nevada Medicaid	01/01/2026
OR-1032.24 Wrist Fusion	Nevada Medicaid	01/01/2026
OR-1033.24 Wrist Replacement	Nevada Medicaid	01/01/2026
OR-1034.24 Implantable Infusion Pumps	Nevada Medicaid	01/01/2026
OR-1035.24 Computer Assisted Navigation	Nevada Medicaid	01/01/2026
OR-1036.24 Shoulder Procedures	Nevada Medicaid	01/01/2026
OR-1037.24 Spinal Devices	Nevada Medicaid	01/01/2026
OR-1038.24 Sacral Decompression	Nevada Medicaid	01/01/2026
OR-1039.24 Thermal Intradiscal Procedures	Nevada Medicaid	01/01/2026
OR-1040.24 Manipulation Under Anesthesia	Nevada Medicaid	01/01/2026
OR-1042.24 Hip Osteotomy	Nevada Medicaid	01/01/2026
OR-1043.24 MPFL Reconstruction	Nevada Medicaid	01/01/2026
OR-1045.24 Osteotomies for Spinal Deformity	Nevada Medicaid	01/01/2026
OR-1046.24 Bone Graft Substitutes	Nevada Medicaid	01/01/2026
OR-1047.24 Orthopedic Applications of Stem Cell Therapy	Nevada Medicaid	01/01/2026
OR-1049.24 Percutaneous Tenotomy	Nevada Medicaid	01/01/2026
OR-1050.24 Hip Core Decompression	Nevada Medicaid	01/01/2026

NV-MED-P-4828600