



# NETWORK Notification

**Notice Date:** January 1, 2024  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** Turning Point 2023 Cardiac and Musculoskeletal Policy Updates

## Summary

CareSource has partnered with TurningPoint 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 TurningPoint's website at [www.myturningpoint-healthcare.com](http://www.myturningpoint-healthcare.com) upon their effective dates.

## Policies

| Policy Name                                                    | Plans         | Effective Date |
|----------------------------------------------------------------|---------------|----------------|
| CA-1001.23 Automated Implantable Cardioverter Defibrillator    | Ohio Medicaid | 03/01/2024     |
| CA-1002.23 Leadless Pacemaker                                  | Ohio Medicaid | 03/01/2024     |
| CA-1003.23 Pacemaker                                           | Ohio Medicaid | 03/01/2024     |
| CA-1004.23 Revision or Replacement of Implanted Cardiac Device | Ohio Medicaid | 03/01/2024     |
| OH MCD CA-1005.23 Coronary Artery Bypass Grafting              | Ohio Medicaid | 03/01/2024     |
| CA-1006.22 Coronary Angioplasty and Stenting                   | Ohio Medicaid | 03/01/2024     |
| CA-1007.23 Angioplasty and Endovascular Stents                 | Ohio Medicaid | 03/01/2024     |
| CA-1008.23 Implantable Cardiac Monitoring                      | Ohio Medicaid | 03/01/2024     |
| OH MCD CA-1009.23 Wearable Cardioverter Defibrillator          | Ohio Medicaid | 03/01/2024     |
| CA-1010.23 Percutaneous Left Atrial Appendage Occluder         | Ohio Medicaid | 03/01/2024     |
| CA-1011.23 Valve Replacement                                   | Ohio Medicaid | 03/01/2024     |
| OH MCD CA-1012.23 Peripheral Revascularization                 | Ohio Medicaid | 03/01/2024     |
| GN-1001.23 Assistants at Surgery                               | Ohio Medicaid | 03/01/2024     |
| OH MCD GN-1002.23 Medical Record Documentation                 | Ohio Medicaid | 03/01/2024     |
| GN-1004.23 Site of Service                                     | Ohio Medicaid | 03/01/2024     |
| OH MCD OR-1001.23 Total Hip Replacement                        | Ohio Medicaid | 03/01/2024     |
| OH MCD OR-1002.23 Total Knee Replacement                       | Ohio Medicaid | 03/01/2024     |
| OH MCD OR-1003.23 Lumbar Disc Replacement                      | Ohio Medicaid | 03/01/2024     |

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| OH MCD OR-1004.23 Lumbar Spinal Fusion                           | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1005.23 Bone Morphogenetic Protein                     | Ohio Medicaid | 03/01/2024 |
| OR-1006.23 Cervical Disc Replacement                             | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1007.23 Cervical Laminectomy and Discectomy            | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1008.23 Lumbar Laminectomy, Discectomy, and Laminotomy | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1009.23 Sacroiliac Joint Fusion                        | Ohio Medicaid | 03/01/2024 |
| OR-1010.23 Thoracic Laminectomy or Discectomy-                   | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1011.23 Thoracic Spinal Fusion                         | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1012.23 Cervical Spinal Fusion                         | Ohio Medicaid | 03/01/2024 |
| OR-1013.23 ACL Repair                                            | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1014.23 Treatment of Osteochondral Defects             | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1015.23 Spinal Cord Neurostimulator                    | Ohio Medicaid | 03/01/2024 |
| OR-1016.23 Revision of Hip Replacement                           | Ohio Medicaid | 03/01/2024 |
| OR-1017.23 Revision of Total Knee Replacement                    | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1018.23 Acromioplasty and Rotator Cuff Repair          | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1019.23 Shoulder Fusion                                | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1020.23 Spinal Fusion for Scoliosis or Kyphosis        | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1021.23 Ankle Replacement and Revision                 | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1022.23 Elbow Replacement                              | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1023.23 Shoulder Replacement                           | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1024.23 Vertebral Augmentation                         | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1025.23 Femoroacetabular Arthroscopy                   | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1026.23 Hip Resurfacing                                | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1027.23 Meniscal Allograft Transplantation             | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1028.23 Partial Knee Replacement                       | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1029.23 Knee Arthroscopy                               | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1030.23 Ankle Fusion                                   | Ohio Medicaid | 03/01/2024 |
| OR-1031.23 Hip Arthroscopy                                       | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1032.23 Wrist Fusion                                   | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1033.23 Wrist Replacement                              | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1034.23 Implantable Infusion Pumps                     | Ohio Medicaid | 03/01/2024 |
| OR-1035.23 Computer Assisted Navigation                          | Ohio Medicaid | 03/01/2024 |
| OR-1036.23 Shoulder Procedures                                   | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1037.23 Spinal Devices                                 | Ohio Medicaid | 03/01/2024 |
| OR-1038.23 Sacral Decompression                                  | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1039.23 Thermal Intradiscal Procedures                 | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1040.23 Manipulation Under Anesthesia                  | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1042.23 Hip Osteotomy                                  | Ohio Medicaid | 03/01/2024 |
| OR-1043.23 MPFL Reconstruction                                   | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1045.23 Osteotomies for Spinal Deformity               | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1046.23 Bone Graft Substitutes                         | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1047.23 Orthopedic Applications of Stem Cell Therapy   | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1049.23 Percutaneous Tenotomy                          | Ohio Medicaid | 03/01/2024 |
| OH MCD OR-1050.23 Hip Core Decompression                         | Ohio Medicaid | 03/01/2024 |
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