TurningPoint Healthcare Solutions

TURNINGPOINT DOCUMENTATION GUIDELINE

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Document Number: GN-1002
Document Name: Medical Record Documentation

Description: This document is intended to serve as a guide to further define documentation requirements to meet the criteria set forth in the TurningPoint medical necessity policies. To ensure receipt of best available care, medical records should contain accurate and thorough documentation. TurningPoint will accept documentation as outlined in this guideline to promote consistency and standardization.

I. Guideline statement:

Acceptable medical records for pre-operative documentation must include all of the following:

Documentation Requirement	Details

Office Visit Notes	• Each entry must include author, appropriate signature, and date
	• Surgical candidates must be seen by surgeon within 3 months prior to procedure (this can be a telehealth visit for established patients)
	• Notes should be submitted in chronological order, margins free from writing, and no crossing or whiting out; corrections should be new entries, signed and dated
	• Records must be legible, whether typed or handwritten
	• Patient's name or ID number should be on every page
	• Documentation must not be cloned; should be patient-specific
	• Clinical information must include history of present illness, physical examination, past medical history (including family and social history), surgical history, and surgical plan with documented discussion of risks and benefits
	• Treatment plan: clear and detailed surgical plan and rationale from surgeon, including all procedures to be performed and specific anatomical locations
	  ○ Plan should be consistent with patient's diagnosis; medical work up should be thorough and rule out other etiologies
	  ○ Must include rationale for and align with all procedure codes requested; codes with CCI edits may be denied unless there is documentation to support separate requests
	  ○ Procedures that are "possible" will not be authorized; if any changes take place during surgery, the post-procedure coding change process should be followed

Conservative Treatments	• Required therapies vary by procedure type • Medication: include type, duration, and response for each • Injections: include type, duration, and response for each

	• Physical therapy or home exercise program: PT notes preferred, but if unable to obtain, can be substituted with documentation of duration and response ○ Total and partial knee replacements: one physical therapy visit, home exercise plan, or joint class will be accepted (include date instructed) • Activity modification: detailed examples should be provided on how pain interferes with daily activities

BMI Requirements	• Requirements vary by procedure
	• Tiered criteria apply to: Total Hip Replacement, Hip Resurfacing, Total Knee Replacement, Partial Knee Replacement, Knee Arthroscopy, Ankle Replacement, Ankle Fusion
	  ○ BMI of 30 up to 35 requires weight loss discussion between provider and patient
	  ○ BMI of 35 up to 40 requires documented weight loss plan
	  ○ BMI greater than 40 requires weight loss of either 10% initial body weight or until BMI is less than 40
	  ▪ If patient is unable to meet weight loss requirements, must submit medical records detailing the attempted weight loss and informed consent, including documented discussion between the provider and patient of the risk versus benefit and rationale for proceeding despite BMI greater than 40

Smoking Cessation	• Include current smoking status and quit date, if applicable
	• Cotinine tests and enrollment in smoking cessation programs are not required; may be accepted as additional evidence of, but not a substitution for, quit date/cessation
	• Cessation requirements apply to:
	  ○ Non-Medicare cases for Total Hip Replacement, Hip Resurfacing, Hip Osteotomy, Total Knee Replacement, Partial Knee Replacement, Ankle Replacement, Ankle Fusion, Shoulder Replacement, Rotator Cuff Repair with associated procedures
	  ○ All Spinal Fusions including Cervical, Thoracic, Lumbar, SI, and Spinal Deformity
	• If patient is unwilling or unable to quit per requirements, must submit informed consent, including documented discussion between the provider and patient of the increased risk for complications, potential revisions, and lower patient satisfaction

Imaging Requirements	• All pertinent imaging must be submitted
	  ○ Radiologist's reports must be received for advanced imaging (MRI, CT, DEXA scan), and any imaging done out of office
	  ○ Objective documentation from surgeon for x-rays taken and read in-house will be accepted
	  ○ For major differences between surgeon's and radiologist's interpretations, addendums to the radiology report must be submitted

	for clarification; surgeon's overread of outside imaging for additional detail and clarification will be accepted • For applicable joint replacement procedures due to arthritis, documentation of severity of arthritis and EITHER a Kellgren Lawrence/Tonnis grade OR two descriptive criteria must be included in the imaging report*
Orthopedic Implants	• All implant information for planned procedures, including biologics, should be submitted; this should contain both the manufacturer and the specific product or device name. This includes (but is not limited to): ○ Joint replacements and revisions: Prosthetic, grafts (DBMs, bulk allografts, etc.) ○ Arthroscopic repairs/reconstructions: Grafts ○ Spinal fusions: Grafts (including biologics, allografts, and substitutes/extenders), screws/rods, plates, cages ○ Spinal implants: Interspinous/interlaminar spacers, facet implants, etc. ○ Disc replacements: Prosthetic ○ Spinal cord stimulator: Generator, leads ○ Implantable pain pumps: Pump

*Grading scales and descriptive criteria outlined below:

Kellgren-Lawrence Radiographic Grading Scale of OA

Grade	Description (Original)
0	No radiographic findings of osteoarthritis
1	Doubtful narrowing of joint space and possible osteophytic lipping
2	Definite osteophytes and possible narrowing of joint space
3	Moderate multiple osteophytes, definite narrowing of joint space and some sclerosis and possible deformity of bone ends
4	Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone ends

Tonnis Grading Scale of Hip Osteoarthritis

Grade	Radiographic features
0	No signs of osteoarthritis
1	Slight narrowing of joint space, slight lipping at joint margin, slight sclerosis of the femoral head or acetabulum
2	Small cysts in the femoral head or acetabulum, increasing narrowing of joint space, moderate loss of sphericity of the femoral head
3	Large cysts, severe narrowing, or obliteration of joint space, severe deformity of the femoral head, avascular necrosis

Descriptive Criteria

- Joint space narrowing
- Joint subluxation
- Osteophyte formation
- Subchondral cysts
- Subchondral sclerosis

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