

TURNINGPOINT CODING REQUIREMENTS

TurningPoint reviews authorization requests for both medical necessity and correct coding of procedures.

The following table outlines the coding requirements that each request must meet, along with examples. Note that the examples aren't exhaustive.

Coding requirement	Examples
<p>Each procedure code must include supporting imaging and physical exam findings that confirm medical necessity.</p>	<ul style="list-style-type: none"> ● *29881 for meniscal tear: The tear must appear on imaging and have correlating symptoms to necessitate a meniscectomy. ● *29827 for rotator cuff repair: Don't request this with code *29826 for acromioplasty if there is only tendon impingement due to the acromion abnormalities with no confirmed rotator cuff tear. ● *63650 and L8680 for implantation of a spinal cord neurostimulator: Don't request this code if there is no clear origin of pain. ● *64493 for a lumbar facet joint injection: Don't request this code if the patient's pain is shown to arise from an impinged nerve. <p>Note: TurningPoint won't authorize "possible" coding preoperatively without supporting documentation to confirm medical necessity.</p>
<p>Procedure codes must match patient presentation and the surgical plan.</p>	<ul style="list-style-type: none"> ● *23412 for open repair of chronic rotator cuff tear: Don't request this code for repair of an acute rotator cuff tear. ● *29877 for chondroplasty: Don't request this code for debridement of a meniscal tear. ● *22558 for an anterior lumbar fusion: Don't request this code if the surgical plan describes a posterolateral lumbar fusion. ● *63047 and *63048: Don't request these codes when the surgical plan is for decompression of only the L4 nerve roots (one level).
<p>When two conflicting main procedures are requested, TurningPoint will approve the procedure that's more likely to be required based on the clinical documentation.</p>	<ul style="list-style-type: none"> ● *27447 for total knee replacement and *27446 for partial knee replacement: Don't request these codes together for the same knee. ● *29881 for medial OR lateral meniscectomy, and 29880 for medial AND lateral meniscectomy: Don't request these codes together for the same knee. <p>If the surgical plan changes intraoperatively, you'll need to determine whether you can substitute the code for the procedure that was performed for the code TurningPoint authorized. If needed, you can submit a postservice change request. For more information, see the document titled Musculoskeletal procedure code substitutions for orthopedic and spinal surgeries.</p>

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<p>TurningPoint follows CMS coding rules (NCCI edits) and other coding rules.</p>	<p>From the Centers for Medicare & Medicaid Services: “The Medicare National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and controls improper coding leading to inappropriate payment. The coding policies are based on coding conventions defined in the American Medical Association’s (AMA’s) Current Procedural Terminology (CPT) Manual, national and local Medicare policies and edits, coding guidelines developed by national societies, standard medical and surgical practice, and/or current coding practice.”</p> <p>NCCI edits can be bypassed with modifiers only in specific and limited scenarios. Here are two examples:</p> <ul style="list-style-type: none"> • *29822 for shoulder debridement: This code will be denied when requested with any other shoulder code, unless it’s the only procedure planned to be performed on the contralateral shoulder. • *63047 for lumbar decompression: This code will be denied when requested with *22633 for posterolateral lumbar interbody fusion, unless it’s planned to be performed at a different level without fusion.
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Additional information

If the surgical plan changes intraoperatively such that the member requires a procedure for which you didn’t request prior authorization, you’ll need to determine whether you can substitute the code for the service that was performed for a code TurningPoint approved. To do this, complete the steps in the document titled [Musculoskeletal procedure code substitutions for orthopedic and spinal surgeries](#).

- **If you CAN substitute the code:** Submit the claim with the code for the procedure that was performed.
- **If you CAN’T substitute the code:** Complete the [Postservice change request](#) form and fax it to TurningPoint, using the fax number at the top of the form. TurningPoint will review the request.

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