

In some cases, the specific orthopedic procedure required may not be known before surgery, or the surgical plan may need to change during the procedure. When this occurs, the procedure code authorized by TurningPoint may not match the procedure that was actually performed.

You will need to determine whether the code for the procedure that was performed can be substituted for the code TurningPoint authorized. If substitution is allowed, there is no need to contact TurningPoint to update the procedure coding.

Determine whether you can submit a claim with a substitute code

Steps to follow:

- ✓ Determine whether the procedure code TurningPoint authorized appears in the substitution table included in this document.
 - If the authorized procedure code does not appear in the “Authorized procedure code” column, contact TurningPoint to update the coding following the post-service coding update process.
 - If the authorized procedure code does appear in the “Authorized procedure code” column, look to the “Substitution codes” column:
 - If the code for the procedure performed is listed as a substitution code, submit the claim with that code. No contact with TurningPoint is required.
 - If the code for the procedure performed is not listed as a substitution code, contact TurningPoint to update the coding.

If you file a claim using a substitute procedure code, Capital will process the claim based on the code for the procedure that was performed.

If you need to contact TurningPoint to update procedure coding, complete the post-service code update form and upload it on the TurningPoint portal, fax it to TurningPoint at 717-412-1001, or call TurningPoint toll-free at 844-540-3705 or locally at 717-370-6450.

Disclaimer: Authorization of a procedure code through an approved substitution list does not waive the requirement for appropriate documentation or medical necessity. When a code substitution is applied—such as when Code A is authorized, and Code B is performed—Code B must be clearly documented in the operative or procedure note. Additionally, the services rendered under Code B must meet all applicable medical necessity criteria specific to that code. Failure to document or meet medical necessity requirements may result in claim denial, even if the substitution is otherwise permitted.

Orthopedic procedure code substitutions

In most cases, the codes TurningPoint approved (first column) are interchangeable with the substitution codes (second column). However, prior to submitting a claim with a code other than the one TurningPoint approved, be sure to consult this document and verify that the code you plan to submit is allowed as a substitution.

Authorized Procedure Code	Substitution Code(s)
*23130	*23415
*23410	*23412, *23420, *29827
*23412	*23410, *23420, *29827
*23415	*23130
*23420	*23410, *23412, *29827
*27416	*29866
*27425	*29873
*29827	*23410, *23412, *23420
*29866	*27416
*29880	*29881
*29881	*29882
*29882	*29881
*29883	*29880, *29881, *29882
*29885	*29887
*29887	*29885

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TurningPoint Healthcare Solutions LLC is an independent company that manages prior authorizations for musculoskeletal surgical and related procedures for Capital Blue Cross.

Appendix

Code Key

Code	Code Description
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27425	Lateral retinacular release, open
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29873	Arthroscopy, knee, surgical; with lateral release
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation