

TurningPoint Post Service Review Process Quick Reference Guide

This document is a Quick Reference Guide to TurningPoint's Post Service Review Process and requirements.

Please follow the process below for Post Service Surgical Reviews:

- Provider has received an authorization for requested CPT code(s).
- Following the procedure, the CPT code has changed due to performed Surgical Procedure:
 - CPT code was added to the approved code or instead of the approved code(s).
- Operative Note is required for verification of the additional procedure code(s).

Steps:

1. Complete the Post-Service Claim Review Form.
 2. Fill in each section, especially the box indicating the update reason.
 - a. Example: Approval was for CPT 29880 and during surgery, CPT code 29881 was performed
 3. Fax the following information to TurningPoint (717-412-1001).
 - a. Cover sheet with provider information, including contact name and phone number.
 - b. Completed Post Service Review Form
 - c. Operative Note: Please make sure the member's name is listed.
- TurningPoint will review the faxed information and make a determination within 7-10 business days and will notify the provider and Capital Blue Cross of the Post Service determination.
 - Capital Blue Cross will verify their records and perform any adjustments, if applicable.

Exclusions:

- If TurningPoint denied the entire surgical request and the procedure was performed, it does not constitute a Post Service Review.
- Provider can appeal the denied determination.



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