

Update: New and updated TurningPoint medical policies for musculoskeletal and pain management procedures

We updated earlier versions of this communication as follows:

- On Sept. 11, we added the Intraosseous Basivertebral Nerve Ablation (Intrasept) medical policy to the list of new TurningPoint medical policies. Like the other new medical policies, it will apply to prior authorization requests submitted on or after Oct. 1.
- On Aug. 3, we added information to reflect that length of stay considerations have been added to TurningPoint medical policies for pain management procedures.

Blue Cross Blue Shield of Michigan, Blue Care Network and TurningPoint Healthcare Solutions LLC are adding and updating medical policies for musculoskeletal and pain management procedures. These policies apply for prior authorization requests submitted on or after Oct. 1, 2023.

The new and updated TurningPoint medical policies will be available in the TurningPoint provider portal on Oct. 1, 2023.

New TurningPoint medical policies

The following TurningPoint medical policies are new for orthopedic and spinal procedures.

Policy number	Title of TurningPoint policy	Affected procedure codes
OR-1046	<i>Bone Graft Substitutes (Spine Only)</i>	*20930, *20931, *20936, *20937, *20938, *20939
OR-1047	<i>Orthopedic Applications for Stem Cell Therapy</i>	*0565T, *0566T, *0627T, *0628T, *0629T, *0630T, *20939, C9359, C9362
OR-1049	<i>Percutaneous Tenotomy</i>	*24357, *24999, *25999, *26060, *27000, *27299, *27306, *27307, *27599, *27605, *27606, *27899, *28010, *28011, *28899
OR-1050	<i>Hip Core Decompression</i>	*27299, S2325
PM-1005.23	<i>Intraosseous Basivertebral Nerve Ablation (Intrasept)</i>	*64628, *64629

Updated TurningPoint medical policies

Here's a summary of the changes to existing TurningPoint medical policies. To view the existing medical policies, log in to the TurningPoint Provider Portal and click *Help* in the menu at the top of the screen.

Note: If a medical policy isn't listed, there aren't any changes to it.

Click a link to go directly to a specific section:

- [Orthopedic](#)
- [Pain management](#)
- [Spinal](#)

Orthopedic

Policy number	Title of TurningPoint policy	2023 policy updates	Procedure codes added
OR-1016	<i>Revision of Total Hip Replacement</i>	No criteria changes	*27132, *27138
OR-1018	<i>Acromioplasty and Rotator Cuff Repair</i>	Added balloon spacer as investigational and references.	Not applicable
OR-1031	<i>Hip Arthroscopy</i>	Updated to clarify that removal of loose or foreign body does not require conservative treatment.	Not applicable
OR-1036	<i>Shoulder Arthroscopy</i>	Exclusion: Updated osteoarthritis statement, added balloon spacer as investigational and updated references.	Not applicable

Pain management

Policy number	Title of TurningPoint policy	2023 policy updates	Procedure codes added
OR-1034	<i>Implantable Infusion Pumps</i>	B.1. and 2. Reworded criteria for permanent pain pump implantation.	Not applicable
PM-1001	<i>Epidural Steroid Injections</i>	Added length of stay considerations. ¹	Not applicable
PM-1002	<i>Neuroablation</i>	I.A.1. Reworded criterion for clarity. Added length of stay considerations. ¹	Not applicable
PM-1003	<i>SI Joint Injections</i>	Added length of stay considerations. ¹	Not applicable
PM-1004	<i>Facet Joint Injections</i>	Added length of stay considerations. ¹	Not applicable

¹TurningPoint is adding a *Length of Stay Considerations* section to the medical policies for all pain management procedures. The information in this section is based on current best practices and isn't considered medical necessity criteria. It's intended to help providers determine when procedures should be performed in an ambulatory surgery center or outpatient facility setting.

Spinal

Policy number	Title of TurningPoint policy	2023 policy updates	Procedure codes added
OR-1003	<i>Lumbar Disc Replacement</i>	I.A.1. Updated "radiographic" evidence to "MRI" evidence. II. A. Added and reworded some criteria for exclusion.	*22860, *0164T

Policy number	Title of TurningPoint policy	2023 policy updates	Procedure codes added
OR-1004	<i>Lumbar Spinal Fusion</i>	<p>I.A. Added requirement for failed non-operative treatment required for radicular pain and isolated axial pain.</p> <p>I.B. 4. Removed presence of degenerative or isthmic from beginning and now states: Spondylolisthesis (greater than 3mm).</p> <p>I.B.7. Adjacent level fusion: Actual or biomechanical instability. Patient initially has symptomatic relief from prior surgery. When junctional level fusions are planned for instability, surgeon must address sagittal and coronal balance alignment.</p>	Not applicable
OR-1005	<i>Bone Morphogenetic Protein</i>	Added FDA statement for infuse/mastergraft.	Not applicable
OR-1006	<i>Cervical Disc Replacement</i>	Added criteria for disc arthroplasty revision.	*0098T
OR-1008	<i>Lumbar Laminectomy, Discectomy, and Laminotomy</i>	<p>Added criteria for laminectomy for treatment of Tarlov cysts.</p> <p>Added regenerative intradiscal injection as investigational.</p>	Not applicable
OR-1009	<i>Sacroiliac Joint Fusion</i>	Added percutaneous posterior intra-articular fusion of SI joint as not medically necessary for any indication.	*0775T
OR-1010	<i>Thoracic Laminectomy and Discectomy</i>	Separated thoracic decompression for radiculopathy vs myelopathy.	Not applicable
OR-1011	<i>Thoracic Spinal Fusion</i>	Added pseudarthrosis associated with hardware failure as inclusion criteria.	Not applicable
OR-1012	<i>Cervical Spinal Fusion</i>	<p>Added symptomatic unstable cervical spondylosis as inclusion criteria.</p> <p>Added exclusion: Fusion is not medically necessary at same level as congenital fusion or Klippel-Feil syndrome.</p>	Not applicable

Policy number	Title of TurningPoint policy	2023 policy updates	Procedure codes added
OR-1015	<i>Spinal Cord Neurostimulator</i>	I.A.2. Clarified that psych eval must be completed by a provider licensed to diagnose and treat mental health conditions. Added requirement that interrogation report must be submitted. Added exclusion: Failure of previous trial in same region.	Not applicable
OR-1020	<i>Spinal Fusion for Scoliosis</i>	Updated wording for criteria related to lumbar degenerative scoliosis. Added/updated criteria for insertion of growing rods.	*0656T, *0657T
OR-1024	<i>Vertebral Augmentation</i>	Added radiofrequency ablation of bone tumors as exclusion.	Not applicable
OR-1040	<i>Manipulation Under Anesthesia</i>	No criteria changes	*24300, *27275, *27860
OR-1045	<i>Osteotomies for Spinal Deformity</i>	Reworded and added examples to criteria for posterior column osteotomy.	Not applicable

Additional information

The TurningPoint musculoskeletal surgical quality and safety management program applies to the following groups and members:

- Blue Cross commercial — All fully insured groups (except MESSA), select self-funded groups (includes UAW Retiree Medical Benefits Trust non-Medicare members), and all members with individual coverage
- Medicare Plus Blue — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups and all members with individual coverage
- BCN Advantage — All groups and all members with individual coverage



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Provider alert

For Blue Cross commercial, Medicare Plus BlueSM, BCN commercial and BCN AdvantageSM

Category: Authorizations/referrals

Date posted: July 27, 2023 | Dates updated: Aug. 3 and Sept. 11, 2023

For additional information about the program, see the following pages on our ereferrals.bcbsm.com website:

- [Blue Cross Musculoskeletal Services](#)
- [BCN Musculoskeletal Services](#)

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