



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

Musculoskeletal procedure codes that require authorization by TurningPoint

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

Revised April 2024

This document shows the codes associated with orthopedic, pain management and spinal procedures that are managed by TurningPoint Healthcare Solutions LLC. Be sure to review all footnotes that are associated with a procedure code because some codes require prior authorization for only certain lines of business or only for certain dates of service.

Note: The codes in this document require prior authorization only for musculoskeletal procedures. When performed for non-musculoskeletal procedures, you don't need to request prior authorization through TurningPoint.

Click a link to go directly to a specific section within this document:

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- [Pain management procedure codes](#)
- [Spinal procedure codes](#)
- [Procedure code substitutions](#)

The list of procedure codes that require prior authorization are updated from time to time and are subject to members' benefits, to medical policy changes and to updates to American Medical Association coding guidelines.

TurningPoint manages prior authorizations for the following groups and members:

Line of business	Groups or members
Blue Cross Blue Shield of Michigan commercial	<ul style="list-style-type: none"> • All fully insured groups except MESSA • Select self-funded groups — Includes UAW Retiree Medical Benefits Trust non-Medicare members • All members with individual coverage <p>Note: To determine which Blue Cross commercial members require prior authorization, see the document titled Determining prior authorization requirements for members.</p>
Medicare Plus Blue	All group and individual members
Blue Care Network commercial	All group and individual members
BCN Advantage	All group and individual members



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Orthopedic procedure codes

TurningPoint makes determinations on prior authorization requests for the following orthopedic procedure codes.

Note: Some of the procedure codes below don't require prior authorization for members with Blue Cross commercial coverage because the codes are nonpayable. We've identified those codes through footnotes in the following table.

Codes					
*0707T ^{(2),(3)}	*20985 ⁽²⁾	*23040	*23044	*23100	*23101
*23105	*23106	*23107	*23120	*23125	*23130 ⁽¹⁾
*23190	*23195	*23333	*23334	*23335	*23395
*23397	*23400	*23405	*23406	*23410 ⁽¹⁾	*23412 ⁽¹⁾
*23415 ⁽¹⁾	*23420 ⁽¹⁾	*23430	*23440	*23450	*23455 ⁽¹⁾
*23460	*23462	*23465	*23466	*23470	*23472
*23473	*23474	*23616	*23700	*23800	*23802
*24160	*24164	*24300	*24360	*24361	*24362
*24363	*24365	*24366	*24370	*24371	*25332
*25441	*25442	*25443	*25444	*25445	*25446
*25800	*25805	*25810	*25820	*25825	*27033
*27090	*27091	*27120	*27122	*27125	*27130
*27132	*27134	*27137	*27138	*27146	*27147
*27151	*27156	*27158	*27161	*27236	*27275
*27282	*27284	*27286	*27299	*27331	*27332
*27333	*27403	*27405	*27407	*27409	*27412
*27415	*27416	*27418	*27420	*27422	*27424
*27425 ⁽¹⁾	*27427	*27428	*27429	*27437	*27438
*27440	*27441	*27442	*27443	*27445	*27446
*27447	*27486	*27487	*27488	*27570	*27580
*27599	*27700	*27702	*27703	*27704	*27860
*27870	*28446	*29805	*29806 ⁽¹⁾	*29807	*29819
*29820 ⁽¹⁾	*29821 ⁽¹⁾	*29822	*29823	*29824	*29825



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Codes					
*29826 ⁽¹⁾	*29827 ⁽¹⁾	*29828	*29850	*29851	*29855
*29856	*29860	*29861	*29862	*29863	*29866
*29867	*29868	*29870	*29871	*29873	*29874
*29875	*29876	*29877	*29879	*29880 ⁽¹⁾	*29881 ⁽¹⁾
*29882 ⁽¹⁾	*29883 ⁽¹⁾	*29884	*29885	*29886	*29887
*29888	*29889	*29899	*29914	*29915	*29916
*29999	G0289	J7330	S2112	S2118	

⁽¹⁾Blue Cross and BCN allow certain procedure codes to be substituted for this procedure code. See the “Procedure code substitutions” section on page 6.

⁽²⁾This procedure code doesn’t require prior authorization for Blue Cross commercial members.

⁽³⁾TurningPoint reviews this procedure code for Medicare Plus Blue, BCN commercial and BCN Advantage members for dates of service on or after March 27, 2022.

Pain management procedure codes

TurningPoint makes determinations on prior authorization requests for the following pain management procedure codes.

Note: Some of the procedure codes below don’t require prior authorization for members with Blue Cross commercial coverage because the codes are nonpayable. We’ve identified those codes through footnotes in the following table.

Pain management procedure codes fall into these categories:

- [Epidural steroid injections](#)
- [Facet joint injections](#)
- [Neuroablation](#)
- [Sacroiliac joint injections](#)

Epidural steroid injections

Codes					
*0228T ⁽¹⁾	*0229T ⁽¹⁾	*0230T ⁽¹⁾	*0231T ⁽¹⁾	*62320	*62321
*62322	*62323	*64479	*64480	*64483	*64484

⁽¹⁾This procedure code doesn’t require prior authorization for Blue Cross commercial members.



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Facet joint injections

Codes					
*0213T	*0214T	*0215T	*0216T	*0217T	*0218T
*64490	*64491	*64492	*64493	*64494	*64495

Neuroablation

Codes					
*64625 ^{(1),(3)}	*64628 ^{(2),(4)}	*64629 ^{(2),(4)}	*64633	*64634	*64635
*64636	*64640				

⁽¹⁾This procedure code doesn't require prior authorization for Blue Cross commercial members.

⁽²⁾TurningPoint reviews this procedure code for Medicare Plus Blue, BCN commercial and BCN Advantage members for dates of service on or after March 27, 2022.

⁽³⁾TurningPoint reviews this procedure code for Medicare Advantage members for dates of service from March 1, 2021, through March 18, 2023, and for dates of service on or after June 3, 2024. For dates of service from March 19, 2023, through June 2, 2024, this procedure code isn't payable for Medicare Advantage members.

⁽⁴⁾TurningPoint reviews this procedure code for Blue Cross commercial members for dates of service on or after Oct. 1, 2023.

Sacroiliac joint injections

Codes					
*0775T ⁽¹⁾	G0260				

⁽¹⁾This procedure code requires prior authorization for dates of service on or after July 1, 2023, for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members.

Spinal procedure codes

TurningPoint makes determinations on prior authorization requests for the following spinal procedure codes.

Note: Some of the procedure codes below don't require prior authorization for members with Blue Cross commercial coverage because the codes are nonpayable. We've identified those codes through footnotes in the following table.

Codes					
*0098T ⁽¹⁾	*0163T ⁽¹⁾	*0164T ⁽¹⁾	*0165T ⁽¹⁾	*0200T ⁽¹⁾	*0201T ⁽¹⁾
*0202T ⁽¹⁾	*0219T ⁽¹⁾	*0220T ⁽¹⁾	*0221T ⁽¹⁾	*0222T ⁽¹⁾	*0274T ⁽¹⁾



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Codes					
*0275T ⁽¹⁾	*0656T ^{(1),(4)}	*0657T ^{(1),(4)}	*0784T ⁽⁸⁾	*0785T ⁽⁸⁾	*0786T ⁽⁸⁾
*0787T ⁽⁸⁾	*0790T ⁽⁹⁾	*20930	*20931	*20936	*20937
*20938	*20939	*22100	*22101	*22102	*22103
*22110	*22112	*22114	*22116	*22206	*22207
*22208	*22210	*22212	*22214	*22216	*22220
*22222	*22224	*22226	*22325	*22326	*22327
*22328	*22510	*22511	*22512	*22513	*22514
*22515	*22532	*22533	*22534	*22548	*22551 ⁽²⁾
*22552	*22554 ⁽²⁾	*22556	*22558	*22585	*22586 ⁽¹⁾
*22590	*22595	*22600	*22610	*22612	*22614
*22630 ⁽²⁾	*22632	*22633 ⁽²⁾	*22634	*22800	*22802
*22804	*22808	*22810	*22812	*22818	*22819
*22830	*22836 ⁽⁹⁾	*22837 ⁽⁹⁾	*22838 ⁽⁹⁾	*22840	*22841
*22842	*22843	*22844	*22845	*22846	*22847
*22848	*22849	*22850	*22852	*22853	*22854
*22855	*22856	*22857 ⁽¹⁾	*22858	*22859	*22860 ⁽⁷⁾
*22861	*22862 ⁽¹⁾	*22864	*22865	*22867	*22868
*22869	*22870	*22899	*27278 ^{(1), (11)}	*27279	*27280
*62287 ⁽¹⁾	*62350	*62351	*62360	*62361	*62362
*62365	*62380 ⁽¹⁾	*63001	*63003	*63005	*63011
*63012	*63015	*63016	*63017	*63020	*63030
*63035	*63040	*63042	*63043	*63044	*63045
*63046	*63047 ⁽²⁾	*63048	*63050	*63051	*63052 ⁽⁵⁾
*63053 ⁽⁵⁾	*63055	*63056	*63057	*63064	*63066
*63075	*63076	*63077	*63078	*63081	*63082
*63085	*63086	*63087	*63088	*63090	*63091
*63101	*63102	*63103	*63170	*63172	*63173
*63185	*63190	*63191	*63194 ⁽³⁾	*63195 ⁽³⁾	*63196 ⁽³⁾



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Codes					
*63197	*63198 ⁽³⁾	*63199 ⁽³⁾	*63200	*63250	*63251
*63252	*63265	*63266	*63267	*63268	*63270
*63271	*63272	*63273	*63275	*63276	*63277
*63278	*63280	*63281	*63282	*63283	*63285
*63286	*63287	*63290	*63295	*63300	*63301
*63302	*63303	*63304	*63305	*63306	*63307
*63308	*63650	*63655	*63661	*63662	*63663
*63664	*63685	*63688	C1062 ⁽¹⁾	C1767 ^{(1),(6)}	C1772 ⁽¹⁾
C1778 ⁽¹⁾	C1787	C1816 ⁽¹⁾	C1820 ⁽¹⁾	C1822	C1883 ⁽¹⁾
C1891 ⁽¹⁾	C1897 ⁽¹⁾	C2626 ⁽¹⁾	C9757 ⁽¹⁾	E0782 ⁽¹⁾	E0783
E0785 ⁽¹⁾	E0786	L8679	L8680	L8681	L8682
L8683	L8685	L8686	L8687	L8688	L8689
L8695	S2348 ⁽¹⁾	S2350	S2351		

⁽¹⁾This procedure code doesn't require prior authorization for any Blue Cross commercial member.

⁽²⁾Blue Cross and BCN allow certain procedure codes to be substituted for this procedure code. See the "Procedure code substitutions" section on page 6.

⁽³⁾TurningPoint reviews this procedure code for dates of service on or after Jan. 1, 2021, through Dec. 31, 2021. For dates of service on or after Jan. 1, 2022, this code doesn't require prior authorization.

⁽⁴⁾TurningPoint reviews this procedure code for Medicare Plus Blue, BCN commercial and BCN Advantage members for dates of service on or after March 27, 2022.

⁽⁵⁾TurningPoint reviews this procedure code for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members for dates of service on or after March 27, 2022.

⁽⁶⁾TurningPoint reviews this procedure code for BCN commercial and BCN Advantage members for dates of service on or after June 1, 2020, through March 25, 2023. TurningPoint reviews this procedure code for Medicare Plus Blue members for dates of service on or after Jan. 1, 2021, through March 25, 2023. For dates of service on or after March 26, 2023, this procedure code doesn't require prior authorization.

⁽⁷⁾TurningPoint reviews this procedure code for dates of service on or after Jan. 1, 2023.

⁽⁸⁾TurningPoint reviews this procedure code for dates of service on or after June 3, 2024, for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members.

⁽⁹⁾TurningPoint reviews this procedure code for dates of service on or after June 3, 2024, for Medicare Plus Blue and BCN Advantage members.

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(¹⁰)TurningPoint reviews this procedure code for dates of service on or after June 3, 2024, for Medicare Plus Blue and BCN Advantage members. For dates of service prior to June 3, 2024, BCN Utilization Management manages prior authorization requests for BCN commercial and BCN Advantage members.

(¹¹)TurningPoint reviews this procedure code for dates of service on or after June 3, 2024, for Medicare Plus Blue, BCN commercial and BCN Advantage members.

Procedure code substitutions

In some situations, you may not know which orthopedic or spinal procedure will be required in advance of a surgery or the surgical plan may change intraoperatively. As a result, the procedure code TurningPoint authorized may not represent the procedure that was actually performed.

Prior to submitting claims for these procedures, you'll need to determine whether you can substitute the code for the procedure that was actually performed for the code TurningPoint authorized. If you can substitute the code, you won't need to contact TurningPoint to update the procedure coding.

To learn how to determine whether you can submit a substitute code and to view the list of codes that allow substitutions, see the [Musculoskeletal procedure code substitutions for orthopedic and spinal surgeries](#) document.

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