Blue Cross Blue Shield Blue Care Network of Michigan

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

2026 updates to TurningPoint medical policies for musculoskeletal and pain management procedures

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2025

In this document

Blue Cross Blue Shield of Michigan, Blue Care Network and TurningPoint Healthcare Solutions LLC are updating medical policies for musculoskeletal and pain management procedures. These policies apply to prior authorization requests that are submitted on or after Jan. 1, 2026.

This document contains a summary of changes to medical policies for musculoskeletal and pain management services managed by TurningPoint. To view the current medical policies, log in to the TurningPoint Provider Portal and click *Help* in the menu at the top of the screen. The updated medical policies will be available in the TurningPoint provider portal on Jan. 1, 2026.

Note: If a medical policy isn't listed, there aren't any changes to it other than the changes listed under "Updates to all medical policies."

Updates to all medical policies

All medical policies will be updated as follows:

- Move nonoperative treatments to a single location within each policy (at the bottom of inclusion criteria).
- Standardize nonoperative treatment language.
- Specify that nonoperative treatments must be dated within the past 12 months
- Specify that imaging must be dated within the past 12 months, unless otherwise specified in individual criteria
- Modify language to allow for a physician assistant, nurse practitioner or other physician on the surgical team to see the patient within the time frame requirements.
- Clarify language for nonoperative treatments to indicate that the presence of a contraindication must be documented by the provider.

- Reword “notes” to appear as either inclusion criteria or exclusion criteria.
- Replace greater than (>) and less than (<) symbols with the words “greater than” or “less than.”
- Move specific manufacturer information from the Device Considerations section to the Documentation Considerations section.
- Reword requirements for imaging.
- Remove the Coding section.
- Move the requirement for risks versus benefit discussion from Exclusion Criteria section to the Documentation section.

In addition, all pertinent medical policies will be updated as follows:

- In the Exclusion Criteria section, change “tobacco use” to “tobacco smoking.”
- Add a case-by-case review requirement for joint replacement when A1C is greater than 8.0.
- Clarify and standardize body mass index criteria to state that a body mass index greater than 40 requires a documented weight loss (10% of initial body weight or until BMI is below 40).
- Add comorbid conditions exacerbated with steroid use to the Exclusion Criteria section (insulin-dependent diabetes, uncontrolled hypertension, congestive heart failure, anticoagulation and bleeding disorders).
- Add intra-articular corticosteroid injection within one month prior to total or partial knee replacement, or rotator cuff repair to inclusion criteria.
- Clarify that review is required on a case-by-case basis for use of general anesthesia, conscious sedation and monitored anesthesia care for pain management procedures.
- In Exclusion Criteria section, clarify that performing pain management procedures in the presence of sedation or monitored anesthesia can provide a false positive.
- Add criteria for spine hardware removal.
- In pain management policies, change “chiropractic” to “active participation in a home exercise program, rehabilitation program, or functional restoration program.”
- Remove corticosteroid injection requirement from nonoperative treatment listing for patients under age 18.

- Remove exclusion criterion for inability or unwillingness to participate in postoperative rehabilitation.

Orthopedic and spinal medical policy updates

Here's a summary of the changes to medical policies for musculoskeletal procedures. Click a link to go directly to a specific section:

- Orthopedic
- Spinal

Orthopedic

The following table includes information about updates to specific medical policies for orthopedic procedures.

Important: Be sure to review the Updates to all medical policies section earlier in this document.

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
OR-1001	*Total Hip Replacement & Revision*	• Add acceptance of Kellgren-Lawrence, or K-L, and Tonnis system correlating terms as numeric alternatives for total hip replacement procedure. • Add "joint conservation techniques" to the applicable total hip replacement nonoperative treatments within inclusion criteria related to activity modification. • Add a case-by-case review requirement for K-L grade 3 without 4 or correlating terms for total hip replacement procedure. • Add a case-by-case review requirement for total hip arthroplasty and resurfacing procedures when BMI is greater than or equal to 40 and diabetes is present. • Add a case-by-case review requirement for total hip replacement with Tonnis grade 2 or without correlating terms. • Update osteoporosis diagnoses categorization to include "T-score of -2.5 or lower" in exclusion criteria for arthrodesis.

2026 updates to TurningPoint medical policies for musculoskeletal and pain management procedures

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2025

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Add pain descriptive of “interferes with daily activities and increases with physical activity” to the inclusion criteria for total hip replacement revision. • Add two applicable periprosthetic infection findings (presence of sinus tract and abnormal inflammatory markers) in inclusion criteria for hip revision. • Add advanced imaging as an optional alternative to the X-ray submission requirement for primary total hip replacement procedures. • Clarify arthrodesis infection exclusion by adding “acute and outside of surgical area.” • Clarify primary total hip replacement exclusion criterion of progressive neuro diagnoses by changing it to read: “...in the absence of pain that prevents ambulation.” • Add merged criteria from hip resurfacing policy, OR-1026. • Add the term “degenerative” to the inclusion criteria for the advanced joint disease descriptive. • Clarify the infection exclusion criterion for hip arthrodesis by adding the detail of “active infection outside of surgical area.” • Update K-L and Tonnis grading requirements to reference them as “Kellgren-Lawrence grade 3 to 4” and “Tonnis grade 2 to 3” in inclusion criteria for total hip arthroplasty and resurfacing. • Remove “planned pregnancy” from inclusion criteria for hip arthrodesis conversion to arthroplasty. • Remove “standing” type X-ray requirement in imaging inclusion criterion for primary total hip replacement procedure. • Remove “neuromuscular/vascular compromise and osteoporosis” from the hip revision exclusion criteria. • Remove total hip replacement and resurfacing criteria requirements for BMI lower than 40.
OR-1002	*Total Knee Replacement & Revision*	• Add a case-by-case review requirement for K-L grade 3 without grade 4 or correlating terms in total knee replacement criteria. • Clarify acceptance of K-L correlating terms as numeric alternatives in total knee replacement criteria.

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Replace rehabilitation requirement with the nonoperative requirement of "PT/professionally directed exercise program." • Update total knee replacement inclusion criteria to clarify that total knee arthroplasty is considered medically necessary for imaging-confirmed severely comminuted fracture requiring distal femur fracture repair. • Clarify that advanced imaging is an optional alternative to the X-ray submission requirement for total knee replacement. • Clarify the imaging confirmation requirement for the total knee replacement inclusion criteria for posttraumatic knee joint destruction. • Update inclusion criteria to refer to K-L grading as "Kellgren-Lawrence grade 3 to 4" in inclusion criteria for total knee replacement. • Clarify that inclusion criterion for knee arthrodesis for posttraumatic arthritis requires imaging confirmation. • Update pain descriptives inclusion criteria for total knee replacement revision to include "interferes with daily activities and increases with physical activity." • Clarify that inclusion criteria for the revision or replacement of knee arthroplasty requires documentation of detailed physical symptoms (antalgic gait, joint swelling). • Update the inclusion criteria for total knee replacement to include the term "degenerative" in the advanced joint disease descriptive. • Remove the descriptive term "post-traumatic" preceding arthritis diagnoses from inclusion criteria for primary knee arthroplasty. • Remove "standing" X-ray type requirement from the inclusion criteria for total knee replacements. • Remove total knee replacement criteria requirement of BMI lower than 40.

2026 updates to TurningPoint medical policies for musculoskeletal and pain management procedures

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2025

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
OR-1013	*ACL Repair or Reconstruction*	• Clarify that inclusion criteria for ACL reconstruction includes when "coincident with osteochondral defects or meniscectomy/meniscus repair." • Clarify that inclusion criteria for ACL repair includes MRI confirmation of coincident applicable ligamentous injury. • Update and remove "regular" detail from applicable sports participation from inclusion criteria for arthroscopic ACL repair. • Remove arthroscopic ACL repair nonoperative requirements when ACL tear results in "presence of persistent instability / ADL interference."
OR-1014	*Treatment of Osteochondral Defects*	Remove matrix-induced autologous chondrocyte implantation (MACI or ACI) six-month symptom duration and nonoperative requirement when persistent or disabling.
OR-1018	*Acromioplasty and Rotator Cuff Repair*	• Add definitions of full-thickness, massive rotator cuff tear. • Clarify that the nonoperative three-month requirement applies to MRI-confirmed non-traumatic, chronic full-thickness rotator cuff tears with ongoing pain or functional impairment.
OR-1021	*Ankle Replacement and Revision*	• Standardize applicable nonoperative listing to include analgesics or anti-inflammatory medications. • Add criteria for total ankle revision. • Remove exclusion criterion for ankle replacement for presence of uncontrolled cognitive or psychiatric comorbidities preventing adequate perioperative cooperation.
OR-1022	*Elbow Replacement*	• Add "no associated wrist instability" to the inclusion criteria for radial head arthroplasty. • Add "proximal radius nonunion" to the inclusion criteria for radial head arthroplasty with implant. • Add "terrible triad injury when radial/neck fixation is not appropriate" to the inclusion criteria for radial head arthroplasty with implant.

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Add “without fixation or stability” specification to the coronoid fracture diagnoses in the exclusion criteria for radial head arthroplasty. • Add diagnoses of head or neck fracture to the applicable inclusion criteria for radial head arthroplasty with implant indications. • Add proximal radioulnar arthritis to the inclusion criteria for radial head arthroplasty. • Add proximal radioulnar joint arthritis as an applicable diagnosis to the inclusion criteria for radial head arthroplasty excision without implant. • Add radial collateral ligament deficiency or instability to the exclusion criteria for radial head arthroplasty.
OR-1023	*Shoulder Replacement*	• Add “irreparable cuff or massive rotator cuff” to applicable inclusion criteria for total shoulder and reverse total shoulder. • Clarify “presence of humeral head escape” in the advanced rotator cuff arthropathy indication for reverse shoulder replacement. • Clarify advanced imaging or X-ray requirement for advanced cuff arthropathy in the inclusion criteria for reverse total shoulder. • Clarify specification of “local or systemic” to the active infection exclusion criterion for total shoulder arthroplasty. • Clarify that the infection criteria indication includes applicable confirmatory testing by aspiration, inflammatory markers or sinus tract presentations for total or hemiarthroplasty revision. • Clarify radiographic imaging requirement for applicable diagnoses confirmation for total or hemiarthroplasty revision. • Remove presence of glenohumeral arthritis as separate criterion within applicable diagnoses listing.
OR-1025	*Femoroacetabular Arthroscopy*	This medical policy will be retired. The criteria will move into OR-1031.
OR-1026	*Hip Resurfacing*	This medical policy will be retired. The criteria will be moved into OR-1001.

2026 updates to TurningPoint medical policies for musculoskeletal and pain management procedures

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

September 2025

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
OR-1028	*Partial Knee Replacement*	• Add case-by-case review for K-L grade 3 without grade 4 or correlating terms in tibiofemoral unicompartmental criteria. • Clarify acceptance of K-L correlating terms as numeric alternatives in tibiofemoral unicompartmental criteria. • Add “replaced rehab” requirement with the nonoperative requirement of “PT/professionally directed exercise program” (PT or HEP as part of nonoperative treatment prior to partial knee arthroplasty is evidence based; postoperative rehab plan/instruction not a preoperative prior auth requirement). • K-L grading referenced as “Kellgren-Lawrence grade 3 to 4” in inclusion criteria for tibiofemoral unicompartmental. • Clarify pain descriptives in the inclusion criteria for tibiofemoral unicompartmental and patellofemoral replacement procedures as “interferes with daily activities and increases with physical activity.” • Add “degenerate” term to the advanced joint disease descriptive in the exclusion criteria for tibiofemoral unicompartmental replacement. • Remove “allergy or history of allergy to implant components not evaluated by allergist…” from the exclusion criterion for tibiofemoral unicompartmental and patellofemoral replacement procedures. • Remove “without subluxation” descriptive from the “knee stability in anterior-posterior and medial-lateral planes” descriptor in the inclusion criteria for tibiofemoral unicompartmental. • Remove criteria requirements for BMI lower than 40. • Remove tibial or femoral shaft deformity, patellofemoral malalignment, varus/valgus deformity, flexion contracture, patellar tendon scarring, patella baja and ACL deficiency from unicompartmental exclusions.
OR-1029	*Knee Arthroscopy*	• Add Hoffa's pad impingement, confirmed by imaging and physical exam, as an applicable diagnosis for arthroscopic limited synovial excision. • Add limited synovial excision as a treatment indication for patients diagnosed with Hoffa's pad impingement, confirmed by imaging and physical examination.

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**

		• Add six-week nonoperative treatment requirement for limited synovial excision treatment of Hoffa's pad impingement.
		• Clarify “locking or giving way” detail in activity-limiting mechanical symptoms presentation with the loose body removal indication for knee arthroscopy.
		• Clarify the “plica excision” in the inclusion criteria for arthroscopic limited synovectomy.
		• Clarify “unstable chondral flaps, fissuring, or osteochondral fragments” listed as chronic defect findings related to focal chondral or osteochondral lesion chondroplasty indications.
		• Clarify that arthroscopic chondroplasty is considered medically necessary for imaging-confirmed, symptomatic, focal chondral or osteochondral lesion due to acute defect with unstable chondral flaps or osteochondral fragments.
		• Clarify that arthroscopic knee pathology treatment exclusion criteria in the setting of moderate osteoarthritis (K-L grade 3) isn’t applicable if “...there is reported acute mechanical symptoms with correlating imaging evidence of a displaced meniscal tear (e.g., bucket handle tear or flipped fragment) or loose body.”
		• Clarify correlation of patellar clunk syndrome with prior total knee replacement within arthroscopic lysis of adhesions treatment indications.
		• Clarify knee arthroscopy is considered medically necessary for microfracture (multiple drilling or abrasion arthroplasty) for imaging-confirmed chondral (articular cartilage only) defect, including all the following: focal full-thickness articular cartilage defect (intact subchondral bone) in weight-bearing area **and** lesions that are less than 1 cm in diameter or less than 2 cm.
		• Clarify that knee arthroscopy is considered medically necessary for treatment of imaging-confirmed osteochondral defect (osteochondritis dissecans) by osteochondral fragment drilling, internal fixation or removal due to one of the following:
		  ○ Symptomatic, unstable or displaced OCD lesions in skeletally immature patients (growth plates open)
		  ○ Symptomatic, nondisplaced lesion in skeletally immature individuals (growth plates open) that fails to improve with a 12-week combination of nonoperative treatment.*

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		○ Symptomatic lesion (unstable or stable) in skeletally mature individuals (closed growth plates) • Clarify that exclusion criteria for meniscal repair applies to "tears located only in the inner-third region with no blood supply." • Remove exclusion criterion of "age greater than 60" for meniscal repair. • Remove exclusion criterion of "incomplete radial tears that do not involve the outer third region" for meniscal repair.
OR-1030	*Ankle Fusion*	• Clarify presence of A1C above 8.0 in exclusion criteria provided as definition of uncontrolled diabetes. • Remove criteria requirements for BMI lower than 40.
OR-1031	*Hip Arthroscopy & Extra-articular*	• Clarify "tobacco cessation requirement within 30 days of procedure, and documented continued postoperative cessation (open and arthroscopic hip tendon repair procedures)." • Clarify femoroacetabular impingement syndrome, or FAIS, associated nonoperative intra-articular injection requirement (unless contraindicated) is applicable in the presence of spine pathology, arthropathy or other confounding pathology. • Merge FAIS inclusion and exclusion criteria into OR-1025. • In inclusion criteria, clarify pain descriptive to read "interferes with daily activities and increases with physical activity." • Clarify that a three-month duration of nonoperative treatment is required for diagnostic hip arthroscopy, FAIS, intra-articular and extra-articular arthroscopic and open hip surgery associated presentations.
OR-1032	*Wrist Fusion*	Remove "previous total wrist replacement on the opposite wrist" from the inclusion criteria.
OR-1033	*Wrist Replacement*	• Remove "known hypersensitivity to implant materials" criterion from the exclusion criteria. • Remove "manual laborer" specification from the "low-demand lifestyle" inclusion criteria.
OR-1036	*Shoulder Procedures*	• Add "first time dislocation in an individual under the age of 30" to applicable exclusion to the required nonoperative treatment listing associated with shoulder capsulorrhaphy or Bankart procedures.

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Add “joint conservation techniques” to applicable nonoperative treatment related to activity modification (all arthroscopy and open procedures except incision and drainage of infection, fracture fixation, claviculectomy as salvage after infection or tumor resection, and ostectomy of scapula for Sprengel's deformity). • Add arthroscopic debridement exclusion criterion of “...cannot be completed when structures are being addressed by another procedure such as SLAP repair, biceps tenodesis, or rotator cuff repair.” • Add imaging-confirmed acromioclavicular, or AC, joint degenerative changes inclusion criteria for applicable distal claviculectomy. • Add detail to the applicable physical exam findings within the inclusion criteria for biceps tenodesis or tenotomy procedures. • Add percutaneous tenotomy within the investigational listing. • Remove “after prior surgery or trauma” as a requirement with the applicable adhesive capsulitis (frozen shoulder) diagnoses for capsular release inclusion. • Remove “passive range of motion at least 50% reduced compared to opposite shoulder” criterion from applicable inclusion criteria for capsular release procedure.
OR-1040	*Manipulation Under Anesthesia*	• Add arthrofibrosis of the knee inclusion criterion associated with preoperative range of motion requirement of “...preoperative range of motion demonstrates postoperative limitation...” and “...at least 10 degrees decrease in pre-op arc of motion.” • Add arthrofibrosis of the knee inclusion criterion associated with prior surgery timing requirement of “initial surgery was completed 2-12 wks. prior” (more than 12 weeks will be reviewed on a case-by-case basis). • Clarify that timing requirement correlating with nonoperative treatment by adding “...must be within the past 12 months or since date of surgery for postoperative arthrofibrosis” • Remove passive range of motion reduction (50%) in opposite shoulder from inclusion criteria for applicable adhesive capsulitis inclusion criteria.
OR-1046	*Bone Graft Substitutes*	Add definition of osteoinductive versus osteoconductive grafts.

Orthopedic medical policies		
Policy number	**Title of medical policy**	**Policy updates**
OR-1049	*Percutaneous Tenotomy*	Add “Tenex, Barbotage” to the percutaneous tenotomy examples.

Spinal

The following table includes information about updates to specific medical policies for spinal procedures.

Important: Be sure to review the Updates to all medical policies section earlier in this document.

Spinal medical policies		
Policy number	**Title of medical policy**	**Policy updates**
OR-1003	*Lumbar Disc Replacement*	• Clarify that a positive discogram isn’t considered an indication for lumbar disc replacement (moved from notes to exclusion criteria). • Clarify the criteria for metabolic disease. • Clarify the exclusion criteria for the measurement of spondylolisthesis to 4 mm or greater. • Clarify the exclusion criteria for unmanaged psychological comorbidities. • Remove the exclusion criteria for chronic pain disorder. • Remove the exclusion criteria of back or leg pain of unknown etiology and chronic pain disorder. • Remove the requirement for MRI findings to compare to X-ray findings to establish moderate to severe degeneration.
OR-1004	*Lumbar Spinal Fusion*	• Add case-by-case review criteria for long fusion (more than three levels of the lumbar spine). • Clarify criteria for decompression that can cause instability. • Clarify that discogenic back pain requires six months of nonoperative treatment. • Add facet tension bands as investigational.

Spinal medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Add reference to policy OR-1008 for certain criteria. • Clarify that smoking exclusion changed from three months to 30 days. • Clarify wording for nonoperative treatment for adjacent level fusions and discogenic back pain.
OR-1006	*Cervical Disc Replacement*	• Clarify limitations on levels of arthroplasty in inclusion and exclusion criteria by adding separate criteria to reflect single-level and two-level disc arthroplasties. • Move language that excludes surgery on C1/C2 and C2/C3 from inclusion criteria to exclusion criteria. • Change name of policy to *Cervical Disc Replacement.* • Clarify the requirements for imaging to show evidence of stenosis or nerve root compression to clarify that MRI or CT myelogram are required imaging for significant foraminal stenosis. • Clarify that the severity of disease is defined based on functional status for patients with symptomatic myelopathy.
OR-1007	*Cervical Laminectomy, Laminoplasty, and Discectomy*	Add cervical percutaneous, endoscopic and laser discectomy as investigational.
OR-1008	*Lumbar Laminectomy, Discectomy, and Laminotomy*	• Add language to reflect the criteria that must be met for each level requested. • Add criteria for endoscopic lumbar discectomy to inclusion criteria and exclusion criteria. • Add exclusion criteria for destabilizing decompression at same level as lumbar disc arthroplasty. • Clarified that lumbar corpectomy will be reviewed on case-by-case basis. • Add lumbar laser discectomy as investigational. • Change statement about minimally invasive lumbar decompression, or MILD, from a note to an exclusion.
OR-1009	*Sacroiliac Joint Fusion*	• Add definitions for diagnostic and therapeutic injections.

Spinal medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Remove presence of osteopenia and correlating T-score from exclusion criteria. • Clarify requirements for nonoperative treatments using injections.
OR-1012	*Cervical Spinal Fusion*	Add criteria for pseudoarthrosis for both anterior and posterior fusions.
OR-1015	*Spinal Cord Neurostimulator*	• Add case-by-case review requirement for temporary or permanent neurostimulator procedures for patients on anticoagulation or with bleeding disorders. • Expand requirement for the advanced imaging submissions to include lead insertion for temporary and permanent stimulators. • Add failed back surgery syndrome, or FBSS, as an applicable indication for temporary lead implantation (trial). • Add inclusion criterion indicating that “generators that no longer provide benefit or have not worked in greater than 12 months require resubmission of medical documentation to qualify for repeat trial.” • Add indications for revision or removal of stimulator generator or leads: lead migration, local pain at generator site and generator migration. • Add local pain or problem at implantable pulse generator, or IPG, site as applicable indication for removal of previously implanted stimulator. • Add nondiabetes peripheral neuropathy to exclusion criteria for temporary or permanent neurostimulator implantation. • Add presence of infection (local or systemic) to exclusion criteria for temporary or permanent neurostimulator implantation. • Add previous failed spinal cord stimulator, or SCS, trial or permanent implantation in the absence of documented mechanical failure as exclusion criterion for temporary or permanent neurostimulator implantation (to promote proper patient selection and prevent expensive unnecessary revisions).

Spinal medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Update permanent implantation of a neurostimulator inclusion criteria to include a requirement that trial has been completed within the prior six months and has met stimulator trial criteria (to help promote proper patient selection). • Add exclusion for a previous implantation of an SCS (limit one per lifetime with exception of replacement of in-use devices). • Add concurrent use of SCS and other implanted device (implantable pain pump, pacemaker or defibrillator) to exclusion criteria. • Remove inclusion criterion that specifies “diagnosis confirmed by physician familiar with chronic regional pain syndrome” for temporary and permanent stimulators. • Remove inclusion criterion that requires a surgeon of appropriate specialty to confirm the need for future surgical intervention for temporary and permanent stimulators.
OR-1020	*Surgery for Spinal Deformity*	• Add criteria for thoracic insufficiency syndrome to insertion of growing rods. • Add criteria for vertebral body tethering to inclusion criteria and exclusion criteria. • Clarify language defining spinal deformity. • Move statement on plastic surgery wound closure from a note to exclusion criteria (case-by-case basis).
OR-1024	*Vertebral Augmentation*	• Clarify additional criteria for osteoporotic vertebral compression fractures: confirmed by dual-energy X-ray absorptiometry (DEXA) or quantitative CT with Hounsfield units, imaging from the past 30 days for acute fracture. • Add indications for sacroplasty: painful metastases that fails radiation and sacral insufficiency fracture. • Remove the word “palliative” from sacroplasty criteria and removed sacroplasty language from exclusion criteria.
OR-1037	*Spinal Devices*	• Clarify criteria to define moderate stenosis. • Clarify examples of devices for exclusion listing.

Spinal medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Add facet tension bands as investigational. • Remove prior fusion or decompressive laminectomy at same level from exclusion criteria.
OR-1038	*Sacral Decompression*	• Add criteria for synovial facet cysts. • Add indication criteria for symptomatic sacral epidural hematoma.
PM-1005	*Intraosseous Basivertebral Nerve Ablation*	• Add fracture to exclusion criterion. • Add spinal tumor to exclusion criterion. • Add that basivertebral nerve ablation is considered contraindicated if planned in conjunction with any other spine procedures or within 6 weeks of any prior spine procedure. • Add detail to “current extended-release narcotic use” to include “where weaning has not been attempted.” • Add detail to inclusion criterion “other etiologies for pain have been ruled out” indicating applicable documented clinical history, injections or other diagnostic studies.

Pain management medical policy updates

The following table includes information about updates to specific medical policies for pain management procedures.

Important: Be sure to review the Updates to all medical policies section earlier in this document.

Pain management medical policies		
Policy number	**Title of medical policy**	**Policy updates**
OR-1034	*Implantable Infusion Pumps*	• Clarify that pump interrogation, analysis, reprogramming and refilling may be considered medically necessary when done no more than once every two to three months, unless the medication administered requires more frequent refill based on dose, and must be supported by the medical record.

Pain management medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Add device malposition or failure as applicable indication for isolated device removal. • Add that documentation for evaluation, maintenance and refill requests must include details of medication being administered, including concentration and volume. • Add that implantable pain pump trial timing requirement correlating with nonoperative treatment must be within the past 12 months. • Add that implantable pain pumps (temporary or permanent) are considered contraindicated with concurrent use of spinal cord stimulators. • Add provider office to acceptable facility listing for implantable pump refills. • Add metal allergy confirmed by allergy testing as an applicable indication for isolated device removal. • Add that the required indication for pump and/or catheter replacement includes submission of interrogation (ERI) report indicating that less than six months battery life remains for the pump. • Add that submission of the manufacturer's interrogation report is required for revision, replacement or interrogation of implanted devices (for confirmation of information). • Clarify the applicable pump interrogation, analysis, reprogramming and refilling requirement of submitted results of at least one relevant physical exam in the past six months by a physician or advanced practice provider. • Clarify that non-operative treatments must be dated within the past 12 months and include active participation in a home exercise program, rehabilitation program or functional restoration program, unless the provider documents a contraindication. • Remove the requirement for the provider office to document confirmation that the appropriate facility, equipment and support personnel are available for stimulator-related services for temporary and permanent stimulators.
PM-1001	*Epidural Steroid Injections*	• Add case-by-case review for ESIs with anticoagulation use or bleeding disorders diagnoses. • Add case-by-case review for synovial facet cyst aspiration or rupture with ESI.

Pain management medical policies		
Policy number	**Title of medical policy**	**Policy updates**

		• Add interlaminar epidural injection performed above C6 to exclusion criteria.
		• Add post-laminectomy syndrome as an applicable ESI indication.
		• Clarify that exclusion criteria listing includes performance of more than one pain management procedure in one day and in only one region (cervical/thoracic or lumbar/sacrum).
		• Clarify the fluoroscopic/CT guidance requirement for ESIs unless there is a documented contraindication to contrast (for example, allergy or pregnancy).
		• Clarify four-week duration of moderate to severe radicular pain or neurogenic claudication negatively impacting physical function or quality of life.
		• Clarify injection series and repeated injections without documented response to prior injection(s) in exclusion criteria.
		• Clarify that repeat epidural steroid injection can be performed after 14 days if all the following are met:
		  ○ Documented failure to respond to the initial ESI
		  ○ Planned different approach, including level or medication
		  ○ Documented rationale and medical necessity for a second ESI
		• Remove criteria for positive results of a performed diagnostic selective nerve root block.

PM-1002	*Neuroablation*	• Add requirement for completion of bilateral procedures within same session unless the provider documented a contraindication. • Add SI joint radiofrequency ablation to investigational list. • Clarified that peripheral nerve ablations (genicular, cluneal, occipital, suprascapular, obturator, etc.) are considered investigational and require further evidence to establish safety and effectiveness over other treatments
PM-1003	*SI Joint Injection*	• Add case-by-case review for sacroiliac joint injections with anticoagulation use or bleeding disorders diagnoses.

Pain management medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Add inclusion criteria for performing an initial diagnostic SI joint injection with local anesthetic alone. • Add inclusion criterion for second diagnostic SI joint injection (required to confirm diagnosis), if the first injection resulted in at least 75% reduction in pain and improvement in function. • Clarify that an initial diagnostic SI joint injection (local anesthetic only) may be considered medically necessary when the injection will be performed with fluoroscopic guidance/CT guidance, unless there is a documented contraindication (for example, an allergy to contrast or pregnancy). • Clarify required documentation of response to each injection prior to completion of subsequent repeat injections. • Clarify at least 80% reduction in pain and improved function requirements from second diagnostic SI joint injection in inclusion criteria.
PM-1004	*Facet Joint Injection*	• Add moderate to severe pain that prevents activities of daily living performance to inclusion criteria for an initial diagnostic facet injection. • Clarify documentation of one positive diagnostic facet joint injection requirement in therapeutic facet joint injection criteria. • Clarify exception to the facet joint injections (diagnostic or therapeutic) requirement for a limited number of procedures performed in one day is the performance of “transforaminal epidural steroid injection at the same time as a facet cyst aspiration or rupture.” • Clarify exclusion criterion of performing bilateral procedures in separate sessions for diagnostic or therapeutic facet joint injections. • Clarify facet joint injections (diagnostic or therapeutic) requirement that only one type of pain management procedure may be performed in one day in one region (cervical/thoracic or lumbar/sacrum). • Clarify the inclusion criteria by including standardized acceptable nonoperative listing applicable for initial diagnostic facet injection. • Clarify that injections series (diagnostic or therapeutic) must have documentation of evaluation and response to each injection prior to approval for repeat injections.

Pain management medical policies		
Policy number	**Title of medical policy**	**Policy updates**
		• Clarify that requests for patients who are on anticoagulation or who have bleeding disorders will be reviewed on a case-by-case basis for facet joint injection procedures (diagnostic or therapeutic). • Add planned procedures performed under ultrasound guidance to exclusion criterion for facet injections (diagnostic or therapeutic). • In exclusion criteria, clarify that the presence of certain conditions may be exacerbated by steroids (for example, uncontrolled diabetes, hypertension or congestive heart failure) in facet joint injections (diagnostic or therapeutic). • Add that facet joint injections (diagnostic or therapeutic) are considered contraindicated with the presence of untreated radiculopathy or neurogenic claudication (unless caused by a facet joint synovial cyst). • In inclusion criteria for medial branch blocks and facet injections, clarify requirement for clinical assessment and/or imaging to rule out nonfacet pathology that could support alternative diagnoses (for example, fracture, tumor, infection, deformity, and so on). • Clarify the requirement that bilateral facet joint injections (diagnostic or therapeutic) must be performed within the same session unless the provider has documented a contraindication. • Facet joint injections (diagnostic or therapeutic) are considered contraindicated **with the** Presence of untreated radiculopathy or neurogenic claudication (unless caused by a facet joint synovial cyst) • Update inclusion criteria for initial diagnostic facet joint injection to clarify that facet joint injections are considered contraindicated with the presence of untreated radiculopathy or neurogenic claudication (unless caused by a facet joint synovial cyst).

Additional information

For additional information about the program, see the Musculoskeletal Services and Pain Management Services pages on our ereferrals.bcbsm.com website.

*Non-operative treatments must be dated within the past 12 months and include a combination of all the following, unless the provider documents a contraindication: (1) analgesics or anti-inflammatory medications (for example, acetaminophen, NSAIDS, corticosteroids), any route; (2) activity modification/joint conservation techniques (for example, limiting physical activity or repetitive motion, use of an assistive device, etc.); or (3) physical therapy, or detailed professionally directed home exercise program.

TurningPoint Healthcare Solutions LLC is an independent company that manages prior authorizations for musculoskeletal surgical and related procedures for Blue Cross Blue Shield of Michigan and Blue Care Network.