



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

# 2024 updates to TurningPoint medical policies for musculoskeletal and pain management procedures

For Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>, Blue Care Network commercial and BCN Advantage<sup>SM</sup>

July 2024

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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 Oct. 16, 2024.

This document contains a summary of the changes to TurningPoint medical policies. 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 Oct. 16, 2024.

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

## Updates to all medical policies

TurningPoint will update all medical policies as follows:

- Adding relevant level of care, site of service, device/implant information and documentation considerations
- Adding a section for disclaimers and rationale
- Making language consistent with Centers for Medicare & Medicaid Services and academies (for example, advanced radiographic imaging and radiculopathy for pain management procedures)
- Changing the language for exclusion criteria to: "The following are considered contraindications for (procedure)"
- Changing language for investigational procedures to: "is/are investigational and require(s) further evidence to establish safety and effectiveness"
- Clarifying requirements for documentation criteria

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- Removing surgical considerations
- Updating references to reflect information from within the past five years, if possible

## Orthopedic and spinal medical policy updates

Here's a summary of the changes to TurningPoint 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 TurningPoint policy	2024 policy updates
OR-1001	<i>Total Hip Replacement</i>	Combined with Revision Policy (previously OR-1016) I.A.1.c. Updating non-operative treatment, including adding use of assistive device to activity modification I.C.3. Defining young patient as under 60 years old I.D.3. Adding screening for periprosthetic joint infection criteria II.A.3. Removing the word “nicotine” II.A.4. Adding exclusion criteria for intra-articular corticosteroid injections within three months II.D.1. Changing A1C level to 8.0 or better

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Orthopedic medical policies		
Policy number	Title of TurningPoint policy	2024 policy updates
OR-1002	<i>Total Knee Replacement</i>	<p>Combined with Revision Policy (previously OR-1017)</p> <p>I.A.1.c. Adding example of contraindication for non-operative treatment of bone-on-bone arthritis</p> <p>I.A.1.c. Updating non-operative treatment to include use of assistive device to activity modification, specifying exercises don't require three months. Removing optional knee injections (v)</p> <p>II.A.4. Adding exclusion criteria for intra-articular corticosteroid injections within three months</p> <p>I.C.3. Adding screening for periprosthetic joint infection criteria</p> <p>II.E.1. Changing A1C level to 8.0 or better</p>
OR-1009	<i>Sacroiliac Joint Fusion</i>	<p>I.B. Changing language for percutaneous and transarticular</p> <p>I.B.1.d.ii. Removing bracing as non-operative treatment</p> <p>I.B.1.d.ii. Adding use of assistive device to activity modification</p> <p>I.B.1.d.v. Specifying therapeutic injection as "steroid-containing"</p> <p>I.C. Adding criteria for revision of SI fusion</p> <p>II.A.1. Removing mechanical back pain</p> <p>II.A.2. Adding presence of osteopenia/osteoporosis</p>
OR-1013	<i>ACL Repair</i>	<p>I.B. Adding revision criteria</p> <p>I.C. Adding criteria for anterolateral ligament reconstruction/ilio-tibial band tenodesis (ALL/LET)</p>
OR-1014	<i>Treatment of Osteochondral Defects</i>	<p>I.A.4. Adding class of antibiotics (aminoglycosides)</p> <p>I.A.5. Adding porcine cultures</p> <p>Removing non-operative treatment section and adding non-operative treatment guidelines throughout the policy, as appropriate. Includes adding use of assistive device to activity modification</p> <p>II.A.8. Adding uncorrected congenital coagulation disorders</p>

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Orthopedic medical policies		
Policy number	Title of TurningPoint policy	2024 policy updates
OR-1016	<i>Revision of Total Hip Replacement</i>	I.A.D.3. Adding screening for periprosthetic joint infection criteria
OR-1017	<i>Revision of Total Knee Replacement</i>	I.A.C.3. Adding screening for periprosthetic joint infection criteria
OR-1018	<i>Acromioplasty and Rotator Cuff Repair</i>	1.A.1.d.iv. Adding “and/or corticosteroids” to intra-articular injection I.C. Removing claviclectomy criteria (see OR-1036) II.A.1. Removing the word “nicotine” II.A.4. Adding corticosteroid injection within three months as a contraindication
OR-1019	<i>Shoulder Fusion</i>	I.B.2.c. Clarifying non-operative treatment, including adding use of assistive device to activity modification
OR-1021	<i>Total Ankle Replacement and Revision</i>	I.A.1 Clarifying non-operative treatment I.A.3 Adding physical exam requirements for satisfactory vascular perfusion II.A.7. Adding examples of vascular insufficiency documentation
OR-1023	<i>Shoulder Replacement</i>	I.A.6. Adding glenohumeral arthritis as an indication I.A.7. Adding indications for reverse should replacement I.B.1.g. Adding osteonecrosis as an indication for hemiarthroplasty II.A.7. Adding exclusion criteria for intra-articular corticosteroid injections within three months
OR-1025	<i>Femoroacetabular Arthroscopy</i>	I.A.4.b. Adding Tonnis angle and rim fractures as indications I.A.5. Changing non-operative therapy from six to three months
OR-1026	<i>Hip Resurfacing</i>	I.A.5. Clarifying non-operative treatment, including adding use of assistive device to activity modification II.A.9. Removing the word “nicotine” II.C. Changing A1C level to 8.0 or better

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Policy number	Title of TurningPoint policy	2024 policy updates
OR-1028	<i>Partial Knee Replacement</i>	<p>Removing non-operative treatment section and adding non-operative treatment guidelines throughout the policy. Includes adding use of assistive device to activity modification and specifying exercises don't require three months</p> <p>II.B. Removing the word "nicotine"</p> <p>II.E. Changed A1C level to 8.0 or better</p>
OR-1029	<i>Knee Arthroscopy</i>	<p>I.H.3. Removing modifiers for patients under 18</p> <p>I.I.b. Removing modifiers for patients under 18</p> <p>I.I.1.b. Adding indication for coincident with ACL repair/reconstruction</p> <p>Removing non-operative treatment section and adding non-operative treatment, guidelines throughout the policy, as appropriate. Includes adding use of assistive device to activity modification and specifying exercises don't require three months</p>
OR-1030	<i>Ankle Fusion</i>	<p>I.A.3.i. Updating non-operative treatment</p> <p>II.A.4. Removing the word "nicotine"</p>
OR-1031	<i>Hip Arthroscopy</i>	<p>Changing title to include both intra-articular surgery and open surgery</p> <p>I.A. Adding language to clarify</p> <p>I.C Changing non-operative treatment from three to six months for diagnostic hip arthroscopy</p> <p>I.B. Adding criteria for open hip surgery</p> <p>Updating non-operative treatment guidelines through the policy. Includes adding use of assistive device to activity modification and adding injections as non-operative treatment</p> <p>II.A..4. Adding smoking exclusion for tendon repair</p>

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Orthopedic medical policies		
Policy number	Title of TurningPoint policy	2024 policy updates
OR-1036	<i>Shoulder Arthroscopy</i>	I.A.7. Changing capsular release indefinite to one I.A.8. Changing indefinite to any I.A.8.a. Adding history of ligamentous laxity I.A.11.c. Specifying that physical therapy isn't required for non-operative treatment I.A.13. Adding shoulder debridement indications Simplifying non-operative treatment Simplifying exclusion criteria list
OR-1042	<i>Hip Osteotomy</i>	II.A.2. Removing the word "nicotine"
OR-1050	<i>Hip Core Decompression</i>	Adding avascular necrosis staging to exclusion criteria

## 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 TurningPoint policy	2024 policy updates
OR-1003	<i>Lumbar Disc Replacement</i>	I.A.3. Changing time frame from one year to six months for symptoms I.B. Adding criteria for revision of disc arthroplasty II.A. Adding posterior approach and facet arthroplasty as investigational

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Spinal medical policies		
Policy number	Title of TurningPoint policy	2024 policy updates
OR-1004	<i>Lumbar Spinal Fusion</i>	<p>I.A. Adding physical therapy requirements as blanket criteria (moved from b.)</p> <p>I.A. Updating non-operative treatment, including adding injections as non-operative treatment and adding use of assistive device to activity modification</p> <p>I.A.2.d. and I.A.2.f Clarifying measurements</p> <p>I.A.2.d.iv. Adding wording for instability</p> <p>I.A.2.d.v. Specifying approach as anterior</p> <p>I.A.2.e.ii. Clarifying wording for destabilizing facetectomy</p> <p>I.A.2.e.iii. Adding wording for instability</p> <p>II.B.4. Adding Bertolotti's Syndrome as investigational</p>
OR-1006	<i>Cervical Disc Replacement</i>	<p>I.B.7. Adding infection as an indication</p> <p>II.A.8. Clarifying "clinically significant"</p>
OR-1007	<i>Cervical Laminectomy, Discectomy, and Laminotomy</i>	<p>I.A.1.4. Removing measurement requirements for cord compression (<b>not</b> canal compression)</p> <p>I.B.4. Adding criteria for congenital cervical stenosis</p> <p>II.B. Removing exclusion for cervical corpectomy</p>
OR-1008	<i>Lumbar Laminectomy, Discectomy, and Laminotomy</i>	<p>Defining disc herniation</p> <p>I.A.1.a. Clarifying symptoms of nerve root compression and advanced imaging</p> <p>I.B.1 and I.B.2. Clarifying disc herniation versus spinal stenosis</p> <p>I.B.13. Specifying Tarlov cysts to be reviewed by a medical director</p> <p>II.B.5. Adding Coflex as investigational</p> <p>Removing non-operative treatment from criteria. Updating non-operative treatment, including adding use of assistive device to activity modification</p>

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Spinal medical policies		
Policy number	Title of TurningPoint policy	2024 policy updates
OR-1010	<i>Thoracic Laminectomy and Discectomy</i>	I.A.3.d. Adding use of assistive device to activity modification
OR-1011	<i>Thoracic Spinal Fusion</i>	I.A. Specifying as adult thoracic posterior fusion I.A.4.a. Clarified grading I.A.10. Adding that thoracic posterior interbody fusion is reviewed on a case-by-case basis
OR-1012	<i>Cervical Spinal Fusion</i>	I.A.1. Adding physical therapy requirements as blanket criteria (moved from c.), changing non-operative requirements from two to one, removing cervical collar requirement and adding use of assistive device to activity modification I.B.6.c. Adding sagittal and coronal balance requirement for junctional level fusions II.B.3. Adding percutaneous fusion as investigational
OR-1015	<i>Spinal Cord Neurostimulator</i>	I.A.1.a. Specifying complex regional pain syndrome for extremities only I.A.3. Adding examples for pathology precluding safe lead placement I.A.8. Adding requirement to justify open laminectomy versus percutaneous I.C. Simplifying revision/replacement criteria wording, adding requirement for documentation of manufacturer representative presence/confirmation of efficacy loss II.A.12. Updating to reflect that abdominal, thoracic and pelvic CRPS are excluded II.A.13. Updating to reflect that electrodes placed in different locations than during trial are excluded
OR-1024	<i>Vertebral Augmentation</i>	I.A.3.e.v Adding use of assistive device to activity modification I.B. Adding criteria for palliative sacroplasty II.B. Clarifying language to add the exclusion of devices other than balloon-assisted cement added, adding intraosseous radiofrequency ablation as investigational IV. Adding device considerations



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Spinal medical policies		
Policy number	Title of TurningPoint policy	2024 policy updates
OR-1037	<i>Spinal Devices</i>	I.B. Adding criteria for isolated hardware removal
OR-1040	<i>Manipulation Under Anesthesia</i>	I.1.a-c Further specifying inclusion criteria for adhesive capsulitis I.2.i-iii Adding inclusion criteria for arthrofibrosis Removing non-operative treatment section and adding non-operative treatment guidelines throughout the policy, as appropriate.
OR-1045	<i>Osteotomies for Spinal Deformity</i>	I.D. Including anterior osteotomies in discectomy, ACDF and thoracic and lumbar interbody fusion
OR-1046	<i>Bone Graft Substitutes (Spine Only)</i>	Moving specific graft considerations under device considerations

## 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 TurningPoint policy	2024 policy updates
OR-1034	<i>Implantable Infusion Pumps</i>	I.A.3. Adding documentation of medication to be used I.B.5. Adding documentation of medication to be used and that it must be the same as trial medication I.E. Adding criteria for pump/catheter replacement

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Policy number	Title of TurningPoint policy	2024 policy updates
PM-1001	<i>Epidural Steroid Injections</i>	<p>Adding radiculopathy and neurogenic claudication to definitions</p> <p>I. Adding CT guidance for injections</p> <p>I.A.3. Adding persistent as a modifier to moderate to severe pain</p> <p>I.A.4. Updating non-operative treatment to specify medication as analgesic or anti-inflammatory, adding use of assistive device to activity modification</p> <p>I.B.4. Adding persistent as modifier to reduction in pain, adding at least four weeks to specify timing</p> <p>Specifying a minimum of two weeks between pain management procedures to allow for adequate symptom improvement</p>
PM-1002	<i>Neuroablation</i>	<p>I.A.2.b Adding use of assistive device to activity modification</p> <p>I.A.3. Specifying diagnostic injections as anesthetic (without steroids)</p> <p>I.A.5. Adding requirement to perform bilateral procedures in same session</p> <p>1.C. Removing sacroiliac radiofrequency ablation criteria (moving to investigational)</p> <p>II.B. Adding peripheral nerve ablations and genicular nerve blocks to investigational</p> <p>II.C. Removing Intracept as investigational</p>
PM-1003	<i>SI Joint Injections</i>	<p>I. Adding CT guidance for injections</p> <p>I.A.2.c. Adding use of assistive device to activity modification</p> <p>I.C.2.a. Adding therapeutic injections (including steroids) to initial injection criteria</p> <p>II.C. Removing risk/benefit conversation</p>
PM-1004	<i>Facet Joint Injections</i>	<p>I.A.3. Updating 0.5 cc to 0.75 mL</p> <p>I.A.5.b. Adding use of assistive device to activity modification</p> <p>I.A.5.c. Adding the condition of inability to participate in chiropractic/physical therapy care due to pain</p>



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Pain management medical policies		
Policy number	Title of TurningPoint policy	2024 policy updates
PM-1005	<i>Intraosseous Basivertebral Nerve Ablation (Intracept)</i>	II.3. Clarified measurement for ease of interpretation

## Additional information

For additional information about the program, see the following pages on our [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) website:

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

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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.