

2027 updates to TurningPoint medical policies for musculoskeletal and pain management procedures

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

September 2026

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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 Jan. 1, 2027.

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, 2027.

Notes:

- If a medical policy isn't listed, there aren't any changes to it other than the changes that apply to all policies of the same type (orthopedic, pain management or spinal).
- Although Blue Cross and BCN will implement the updated medical policies for 2027, the policies will be dated 2026.

Orthopedic medical policy updates

All medical policies for orthopedic procedures will be updated to:

- Clarify and standardize language.
- Remove “activity modification” as non-operative treatment.
- Add pain/symptoms interfering with daily activities as part of inclusion criteria, when not already mentioned.

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

Orthopedic medical policies		
Policy number	Title of medical policy	Policy updates
OR-1002	<i>Total Knee Replacement & Revision</i>	Fix two typos that stated "hip" instead of "knee."
OR-1013	<i>ACL Repair</i>	Add new inclusion criteria for anterolateral ligament repair as adjunct to ACL repair (for athletes with knee instability due to ACL + ALL rupture)
OR-1018	<i>Acromioplasty & Rotator Cuff Repair</i>	Remove steroid injection requirement.
OR-1023	<i>Shoulder Replacement</i>	• Separate criteria/indications for anatomic and reverse total shoulder replacement. • Add types of "advanced joint disease". • Expand requirements to include descriptive terms for imaging, and limited ROM and/or crepitus on exam. • Require all types of non-operative treatment to be attempted, not just two.
OR-1031	<i>Hip Arthroscopy</i>	Add "subspine decompression" to exclusion criteria as investigational.
OR-1035	<i>Computer Assisted Navigation</i>	Reword policy statement for clarity.
OR-1036	<i>Shoulder Procedures</i>	• Add "with or without biceps tenodesis" to I.A.4. indication for treatment of a SLAP tear. • Reword indications for biceps tenodesis to clearly outline which are the physical exam signs and which are for imaging. • Add exceptions to bypass injection requirement.
OR-1040	<i>Manipulation Under Anesthesia</i>	Reword exclusion for clarity.

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Orthopedic medical policies		
Policy number	Title of medical policy	Policy updates
OR-1049	<i>Percutaneous Tenotomy</i>	- Move the examples of investigational systems from the definition to the policy statement. - Add TenJet as investigational.

Pain management medical policy updates

All medical policies for pain management procedures will be updated to:

- Remove “activity modification” as non-operative treatment.
- Add pain/symptoms interfering with daily activities as part of inclusion criteria, when not already mentioned.

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

Pain management medical policies		
Policy number	Title of medical policy	Policy updates
PM-1001	<i>Epidural Steroid Injections</i>	Remove “post-laminectomy syndrome” as a sole criteria for ESI.
PM-1002	<i>Neuroablation</i>	- Standardize language around requirement for bilateral procedures to be done in the same session, unless medically contraindicated (pain alone is not a reason). - Reword I.A.1. to clarify that there must be an absence of radiculopathy or neurological deficits. - Add statement to I.A.3. to state the diagnostic must not be done under sedation. - Add requirement for the diagnostic procedures to be done within the prior 6 months.
PM-1003	<i>SI Joint Injection</i>	Change therapeutic injection pain relief requirement from 80% to 75%.
PM-1004	<i>Facet Joint Injections</i>	Standardize language around requirement for bilateral procedures to be done in the same session, unless medically contraindicated (pain alone is not a reason).

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Spinal medical policy updates

All medical policies for orthopedic procedures will be updated to:

- Rename the titles of all pertinent medical policies to end with “Decompression” or “Fusion” for consistency.
- Clarify and standardize language.
- For all spinal fusion policies:
 - Add a caveat to specify that smoking cessation is not required in the event of progressive neurological deficit.
 - Add a statement to note that exploration is always included in other procedures performed (spinal fusion, hardware removal/reinsertion), unless done in a different spinal region.
- Remove “activity modification” as non-operative treatment.
- Add pain/symptoms interfering with daily activities as part of inclusion criteria, when not already mentioned.

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

Spinal medical policies		
Policy number	Title of medical policy	Policy updates
OR-1004	<i>Lumbar Fusion</i>	• Add new inclusion and exclusion criteria for direct spondylolysis repair (Pars repair) (that is, indication confirmed by imaging, failed non-operative treatment, no disc degeneration, decompression not indicated). • Reword exclusion for fusion with placement of interspinous process fixation device for clarity. • Add InSpan as type of investigational procedure.
OR-1005	<i>BMP</i>	Policy retired; criteria moved into OR-1046.
OR-1008	<i>Lumbar Decompression</i>	• Reword exclusion on endoscopic procedure to resolve conflicting criteria • Remove the word “automated.”

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Spinal medical policies		
Policy number	Title of medical policy	Policy updates
OR-1009	<i>SI Joint Fusion</i>	- Add indication for open fusion with long lumbar construct, when criteria under B are met. - Add wording to match the CPT* codes to be clear that intraarticular devices placed via a posterior approach are always investigational (except for psuedarthrosis, whereas a lateral approach to place a transarticular device is acceptable). - Add a statement to allow for posterior intraarticular fusion for pseudarthrosis following lateral transarticular fusion. - Add language to clarify that bedrock iliac screw placement (pelvic fixation) is not an SI joint fusion.
OR-1012	<i>Cervical Fusion</i>	Add corpectomy as an indication for deformity correction.
OR-1015	<i>Spinal Cord Stimulator</i>	- Reword revision/replacement indications to clarify which criteria were for generator replacement, pocket revision or lead revision/replacement. - Add criteria for removal of SCS (for example, infection, persistent pain at insertion site, need for frequent imaging).
OR-1020	<i>Surgery for Spinal Deformity</i>	- Add Apifix to the exclusion list as investigational. - Add Magec, Schilla and Verteglide as acceptable devices.
OR-1024	<i>Vertebral Augmentation</i>	Reword time frame for acute fracture to state “up to 12 weeks.”
OR-1037	<i>Spinal Devices</i>	- Remove age requirement > 40 from criteria. - Add InSpan as investigational.

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Spinal medical policies		
Policy number	Title of medical policy	Policy updates
OR-1046	<i>Bone Graft Substitutes</i>	• Add criteria for OR-1005 <i>BMP</i> to this policy because OR-1005 will be retired on 12/31/2026. • Update indications for Peptide-15 and BMP based on FDA approvals (including removing InFUSE/MASTERGRAFT combination from inclusion). • Add statement to include OsteoAMP, ProteiOS and NMP as acceptable grafts under DBM. • Add examples of investigational products under the exclusions for cell-based grafts and nano crystalline synthetics.

Additional information

For additional information about the program, see the [Musculoskeletal Services](#) pages and the [Pain Management Services](#) pages on our authorizations.bcbsm.com website.

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