



MASSACHUSETTS

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Medical Policy Musculoskeletal Services Management

Policy Number: 220

BCBSA Reference Number: N/A

Effective Date: April 1, 2023

Related Policies

Musculoskeletal Services Management CPT and HCPCS Codes, #[221](#)

Medicare Advantage Management, #[132](#)

Outpatient Prior Authorization Code List, #[072](#)

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Overview

Effective April 1, 2023, we will be updating our prior authorization requirements for inpatient and outpatient pre-scheduled musculoskeletal services, such as spine, joint, and pain management procedures.

With this authorization program in place, we can help ensure that services are medically appropriate for treating the member's condition. [Authorization Manager](#) helps to efficiently streamline this process.

These changes apply to our commercial (HMO, PPO) and Medicare Advantage members. Commercial indemnity is excluded.

Policy and Coverage Criteria for Commercial and Medicare Advantage Products

InterQual® includes medical necessity criteria for the following musculoskeletal services:

InterQual Subsets
Anterior Cervical Discectomy and Fusion (ACDF)
Arthrodesis, Ankle (Taloibial Joint)
Arthroscopy or Arthroscopically Assisted Surgery, Knee

Arthroscopy or Arthroscopically Assisted Surgery, Shoulder
Arthroscopy or Arthroscopically Assisted Surgery, Shoulder (Adolescent)
Arthroscopy, Diagnostic, +/- Synovial Biopsy, Hip
Arthroscopy, Diagnostic, +/- Synovial Biopsy, Knee
Arthroscopy, Surgical Ankle
Arthroscopy, Surgical, Hip
Arthrotomy, Hip
Arthrotomy, Knee
Arthrotomy, Shoulder
Artificial Disc Replacement, Cervical
Decompression +/- Fusion, Cervical
Decompression +/- Fusion, Lumbar
Decompression +/- Fusion, Thoracic
Discectomy, Percutaneous, Lumbar
Discography, Spine, Lumbar
Epidural or Intrathecal Catheter Placement
Epidural Steroid Injections
Facet Joint Injections
Fusion (with Laminectomy), Cervical
Fusion (with Laminectomy), Lumbar
Fusion (with Laminectomy), Thoracic
Fusion, Cervical Spine
Fusion, Lumbar Spine
Fusion, Thoracic Spine
Hemiarthroplasty, Hip
Hemilaminectomy (Laminotomy) +/- Discectomy, Cervical
Hemilaminectomy (Laminotomy) +/- Discectomy, Lumbar
Joint Replacement, Shoulder
Laminectomy (with Fusion), Cervical
Laminectomy (with Fusion), Lumbar
Laminectomy (with Fusion), Thoracic
Laminectomy, Cervical
Laminectomy, Lumbar
Laminectomy, Thoracic
Manipulation Under Anesthesia, Shoulder
Neuroablation, Percutaneous
Removal and Replacement, Total Joint Replacement (TJR), Hip
Removal and Replacement, Total Joint Replacement (TJR), Knee
Removal and Replacement, Total Joint Replacement (TJR), Shoulder
Sacroiliac (SI) Joint Injection
Scoliosis or Kyphosis Surgery
Spinal Cord Stimulator (SCS) Insertion
Sympathetic Blockade
Total Joint Replacement (TJR), Ankle
Total Joint Replacement, Hip
Total Joint Replacement, Knee
Unicondylar or Patellofemoral Knee Replacement
Vertebroplasty or Kyphoplasty

Requesting Prior Authorization Information

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for musculoskeletal services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, check existing case status, and view/print the decision

letter. For commercial members, your requests must meet InterQual® criteria and our medical policy guidelines. Requests for Medicare Advantage members must adhere to CMS guidelines.

To ensure your request is processed accurately and quickly:

- Enter the facility’s NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon’s NPI or provider ID as the servicing provider, *not* the billing group.

For more helpful tips, see our [Authorization Manager User Guide](#).

Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

List of Retired Musculoskeletal Services Medical Policies

The following musculoskeletal medical policies **will be retired effective April 1, 2023**. As of this date, these policies will no longer be available on the Blue Cross website. Use [Authorization Manager](#) to submit initial authorization requests for these musculoskeletal services.

For the list of codes that will require prior authorization, see Musculoskeletal Services Management Program CPT and HCPCS Codes, [#221](#).

Retired Medical Policies	Policy No.
Artificial Intervertebral Disc - Cervical Spine	585
Epidural Steroid Injections	690
Facet Joint Denervation	140
Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty and Mechanical Vertebral Augmentation	485
Percutaneous Vertebroplasty and Sacroplasty	484
Spinal Cord and Dorsal Root Ganglion Stimulation	472
Total Ankle Replacement	193

Policy History

Date	Action
5/2023	Policy clarified. Policy 320 Diagnosis and Treatment of Sacroiliac Joint Pain removed from retired policies list. Policy 320 reactivated in May 2023 to reinstate policy statements on minimally invasive fixation/fusion of the sacroiliac joint. Policy statements on anesthetic injection for diagnosing SIJ pain and corticosteroid injection for treatment of SIJ pain remain retired.
4/2023	InterQual Program document issued 4/2023. Effective 4/1/2023.

Disclaimer

Coverage is subject to applicable benefit contract. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Member’s medical records must document that services are medically necessary for the care provided. Blue Cross Blue Shield of Massachusetts maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available upon request. Failure to produce the requested information may result in denial or retraction of payment.