

Arthroscopy, knee (surgical) for chondroplasty

Blue Care Network provides coverage for this procedure for adult members who meet medical necessity criteria. Submit prior authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable codes for arthroscopy, knee (surgical) for chondroplasty: *29877, *29879, G0289

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See below for the questions you'll encounter in the e-referral system for arthroscopy, knee (surgical) for chondroplasty.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Arthroscopy Knee (Surgical), for Chondroplasty

Q Does the patient have knee pain OR knee giving way during activities that involve knee rotation?

A Possible answers: Yes No

Q Does the patient have at least ONE: Limited range of motion OR joint swelling/effusion OR crepitus (crackling/popping sounds or grating sensation)?

A Possible answers: Yes No

Q Does the patient have severe osteoarthritis (severe degenerative changes in bone or cartilage) identified by imaging?

A Possible answers: Yes No No imaging performed

See below for the questions you'll encounter in the e-referral system for arthroscopy, knee (surgical) for chondroplasty. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Arthroscopy Knee (Surgical), for Chondroplasty

Q Does the patient have continued symptoms or findings after treatment within the last year with NSAID (non-steroidal anti-inflammatory drugs) for at least 3 weeks (unless contraindicated or not tolerated)?

A Possible answers: Yes No

Q Does the patient have continued symptoms or findings after treatment within the last year with Physician directed home exercise program OR physical therapy for at least 6 weeks?

A Possible answers: Yes No

Q Does the patient have continued symptoms or findings after treatment within the last year with activity modification for at least 6 weeks?

A Possible answers: Yes No