Arthroscopy, knee (diagnostic)

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 (diagnostic): *29870

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See below for the questions you’ll encounter in the e-referral system for arthroscopy, knee (diagnostic).

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

**Question:** Does the patient have AT LEAST ONE of the following SYMPTOMS: Joint pain, knee locking, knee giving way during activities involving knee rotation, pain with range of motion, limited range of motion, crepitus (crackling/popping sounds or grating sensation), joint line tenderness, or joint effusion/swelling?

**Possible answers:** □ Yes  □ No

**Question:** Prior knee x-ray that was non-diagnostic for the cause of the pain or symptoms?

**Possible answers:** □ Yes  □ No  □ No X-ray performed

**Question:** Prior MRI or CT arthrogram that was non-diagnostic for the cause of the pain?

**Possible answers:** □ Yes  □ No  □ No imaging performed

(continued on next page)
See below for the questions you'll encounter in the e-referral system for arthroscopy, knee (diagnostic). (continued)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
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</thead>
<tbody>
<tr>
<td>Continued symptoms or findings after appropriate non-steroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated/not tolerated)?</td>
<td>Yes, No</td>
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<tr>
<td>Continued symptoms or findings after physician directed home exercise program OR physical therapy for at least 6 weeks.</td>
<td>Yes, No</td>
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<tr>
<td>Continued symptoms or findings after activity modification for at least 6 weeks?</td>
<td>Yes, No</td>
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