

## 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

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.

### 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.

**Q** 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?

**A**

Possible answers:  Yes  No

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

**A**

Possible answers:  Yes  No  No X-ray performed

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

**A**

Possible answers:  Yes  No  No imaging performed

**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.

<p><b>Q</b> Continued symptoms or findings after appropriate non-steroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated/not tolerated)?</p> <p><b>A</b> <input type="text"/> <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Q</b> Continued symptoms or findings after physician directed home exercise program OR physical therapy for at least 6 weeks.</p> <p><b>A</b> <input type="text"/> <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Q</b> Continued symptoms or findings after activity modification for at least 6 weeks?</p> <p><b>A</b> <input type="text"/> <input type="text"/></p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>