Arthroscopy knee (diagnostic)

We provide coverage for this procedure for adult members who meet medical necessity criteria.

- **For dates of service on or after July 1, 2020**, submit authorization requests to TurningPoint Healthcare Solutions, LLC. You can submit authorization requests to TurningPoint starting on June 1, 2020. See the [BCN Musculoskeletal Services](#) page for more information.

- **For dates of service before July 1, 2020**, submit 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 we cannot authorize it, we will contact the provider for additional clinical information.

Authorization is not a guarantee of payment. Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *29870

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See below for the questions you'll encounter in the e-referral system.

**Q** Does the patient have AT LEAST ONE of the following SYMPTOMS (A-H)? A. Joint pain. B. Knee locking. C. Knee giving way during activities involving knee rotation. D. Pain with range of motion. E. Limited range of motion. F. Crepitus (crackling/popping sounds or grating sensation). G. Joint line tenderness. H. Joint effusion/swelling.

Possible answers: ☐ Yes ☐ No

**Q** Did the patient have a prior knee X-ray that was nondiagnostic for the cause of the pain or symptoms?

Possible answers: ☐ Yes ☐ No ☐ No X-ray performed
**Preview questionnaire**

**Arthroscopy knee (diagnostic)**

For BCN HMO℠ (commercial) and BCN Advantage℠ members

Effective Dec. 8, 2019

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
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<tbody>
<tr>
<td>Did the patient have a prior MRI or CT arthrogram that was nondiagnostic for the cause of the pain?</td>
<td>□ Yes □ No □ No imaging performed</td>
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<tr>
<td>Does the patient have continued symptoms or findings after appropriate nonsteroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated/nct tolerated)?</td>
<td>□ Yes □ No</td>
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<tr>
<td>Does the patient have 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>Does the patient have continued symptoms or findings after activity modification for at least 6 weeks?</td>
<td>□ Yes □ No</td>
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