**Preview questionnaire:**

**Arthroscopy, knee (surgical) with lateral release**

For Blue Care Network HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

Effective May 13, 2018

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**Arthroscopy, knee (surgical) with lateral release**

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) with lateral release:** *27425, *29873

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

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

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### Arthroscopy Knee (Surgical), with Lateral Release

**Q** Does the patient have EITHER pain of the knee cap or around the knee cap OR crepitus (crackling/popping sounds or grating sensation) behind the knee cap on physical exam?

**A**

Possible answers: □ Yes □ No

**Q** No or minimal changes of the patellofemoral articular surfaces (where the lower end of the thigh bone and kneecap join together ) by x-ray?

**A**

Possible answers: □ Yes □ No

**Q** Does the patient have imaging findings of excessive or abnormal patellar tilt?

**A**

Possible answers: □ Yes □ No □ No imaging performed
See below for the questions you’ll encounter for arthroscopy, knee (surgical) with lateral release in the e-referral system. (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: □ Yes □ No</th>
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<tbody>
<tr>
<td>Does the patient have continued symptoms or findings after treatment with NSAID (non-steroidal anti-inflammatory drugs) for at least 3 weeks (unless contraindicated or not tolerated)?</td>
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<tr>
<td>Does the patient have continued symptoms or findings after physical therapy or Physician directed home exercise program for at least 12 weeks?</td>
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<tr>
<td>Does the patient have continued symptoms or findings after external joint support (such as bracing or taping) for at least 12 weeks?</td>
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