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: *29874

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

1. **Q** If the patient is less than 18 years of age, select "yes" and submit the request without completing the rest of the questionnaire.
   
   **A** Possible answers: ☐ Yes, < 18 years  ☐ No, 18 years or older

2. **Q** Is the knee arthroscopy being performed for joint exploration after a penetrating joint injury?
   
   **A** Possible answers: ☐ Yes  ☐ No
### Preview questionnaire

**Arthroscopy knee (surgical), removal of loose or foreign body**

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

Effective Dec. 8, 2019

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers:</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient have at least ONE of the following symptoms (A-C)? A. Joint pain. B. Locking of the knee. C. Knee giving away during activities involving knee rotation.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Does the patient have at least ONE of the following findings (A-B)? A. Limited range of motion of the knee. B. Swelling of the knee.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Does the patient have loose body identified by imaging (X-ray, MRI or arthrogram)?</td>
<td>□ Yes □ No □ No imaging performed</td>
<td></td>
</tr>
</tbody>
</table>