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

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) removal of loose body or foreign body: *29874

*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 (surgical), removal of loose body or foreign body.

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

### Questions

**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

**Q** Is the knee arthroscopy being performed for joint exploration after a penetrating joint injury?

**A** Possible answers: □ Yes □ No

**Q** Does the patient have at least ONE of the following symptoms: Joint pain, locking of the knee or knee giving away?

**A** Possible answers: □ Yes □ No
Preview questionnaire:  
Arthroscopy, knee (surgical), removal of loose body or foreign body  
For Blue Care Network HMO℠ (commercial) and BCN Advantage℠ members  
Effective Nov. 25, 2018

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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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<tbody>
<tr>
<td>Does the patient have at least TWO of the following findings: Pain with passive range of motion, limited range of motion or clicking?</td>
<td>☐ Yes  ☐ No</td>
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<tr>
<td>Does the patient have loose body identified by imaging (X-ray, MRI or arthrogram)?</td>
<td>☐ Yes  ☐ No  ☐ No imaging performed</td>
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