Arthroscopy knee (surgical), with meniscectomy or meniscus repair

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


*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.

1. Does the patient have a STABLE meniscal tear with AT LEAST TWO of the following symptoms (A-D)? A. Joint effusion/swelling. B. Joint line tenderness. C. Pain with flexion and rotation. D. Knee giving way during activities involving knee rotation.

   Possible answers: □ Yes □ No

2. Does the patient have an isolated meniscal tear identified by imaging OR advanced imaging is not feasible due to the knee being in the locked position?

   Possible answers:
   □ Yes, confirmed tear
   □ Yes, advanced imaging not feasible/knee in the locked position
   □ No
   □ No imaging performed
**Preview questionnaire**

**Arthroscopy knee (surgical), with meniscectomy or meniscus repair**

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

Effective Dec. 8, 2019

<table>
<thead>
<tr>
<th>Q</th>
<th>Possible answers: □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the patient have a STABLE meniscal tear with continued symptoms or findings after treatment within the last year with NSAID (nonsteroidal anti-inflammatory drugs) for at least 3 weeks (unless contraindicated or not tolerated)?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Does the patient have a STABLE meniscal tear with continued symptoms or findings after treatment within the last year with Physician directed home exercise program or physical therapy for at least 4 weeks?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Does the patient have a STABLE meniscal tear with continued symptoms or findings after treatment within the last year with activity modification for at least 4 weeks?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Does the patient have an UNSTABLE meniscal tear identified by imaging or imaging not feasible due to locking and EITHER of the following (A-B)?</strong></td>
<td></td>
</tr>
<tr>
<td>A. True knee locking (the knee becomes &quot;stuck&quot; and cannot fully extend immediately after an injury)</td>
<td></td>
</tr>
<tr>
<td>B. McMurray test that is positive. Note: True knee locking is not pseudolocking after an injury due to increased joint fluid, pain and muscle spasm.</td>
<td></td>
</tr>
</tbody>
</table>

**Possible answers: □ Yes □ No**