

Arthroscopy, knee, synovectomy (limited)

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, synovectomy (limited): *29875

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See below for the questions you'll encounter for arthroscopy, knee, synovectomy (limited) in the e-referral system.

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

Arthroscopy Knee

Synovectomy (Limited)

Q Does the patient have knee joint pain OR knee gives way during activities involving knee rotation?

A Possible answers: Yes No

Q Does the patient have tenderness over suspected plica (a membrane in the knee that becomes irritated or inflamed)?

A Possible answers: Yes No

Q Does the patient have imaging that failed to diagnose the cause of the pain or symptoms?

A Possible answers: Yes No No imaging performed

See below for the questions you'll encounter for arthroscopy, knee, synovectomy (limited) in the e-referral system. (continued)

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

Arthroscopy Knee

Synovectomy (Limited)

Q Does the patient have continued symptoms or findings after treatment within the last year with appropriate non-steroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated or not tolerated)?

A Possible answers: Yes No

Q Does the patient have continued symptoms or findings after treatment within the last year with physician directed home exercise program OR physical therapy for at least 6 weeks?

A Possible answers: Yes No

Q Does the patient have continued symptoms or findings after treatment within the last year with activity modification for at least 6 weeks?

A Possible answers: Yes No