Arthroscopy knee synovectomy (limited)

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.

Applicable procedure codes: *29875

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

**Q** Does the patient have knee joint pain OR knee giving 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
Preview questionnaire
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For BCN HMO℠ (commercial) and BCN Advantage℠ members
Effective Dec. 8, 2019

1. 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)?
   Possible answers: □ Yes □ No

2. 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?
   Possible answers: □ Yes □ No

3. Does the patient have continued symptoms or findings after treatment within the last year with activity modification for at least 6 weeks?
   Possible answers: □ Yes □ No