

Arthroscopy Knee (Diagnostic) and Synovectomy (Limited)

Blue Care Network provides coverage for diagnostic knee arthroscopy for adult members in the who meet medical necessity criteria. Submit prior authorization requests through e-referral. 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 auth service will be monitored retrospectively.

Code	Description	
* 29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	
*29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	
1.	If the patient less than 18 years of age, select "yes" and submit the request without completing the rest of the questionnaire.	<input type="checkbox"/> Yes, < 18 years <input type="checkbox"/> No, 18 years or older
2.	Does the patient have:	
3.	At least ONE of the following: feeling of knee instability OR tenderness over suspected plica (a membrane in the knee that becomes irritated or inflamed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	True knee locking (the knee becomes "stuck" and cannot fully extend immediately after an injury)? Note: True knee locking is not pseudolocking after an injury due to increased joint fluid, pain and muscle spasm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	At least ONE of the following FINDINGS: limited range of motion, joint fluid/swelling, tenderness at joint line, crepitus (crackling/popping sounds or grating sensation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Prior knee x-ray that ruled out fracture, dislocation or tumor as the cause of the pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No x-ray performed
7.	Prior MRI, arthrogram or MR-arthrogram that failed to diagnose the cause of pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed
8.	Continued symptoms or findings after appropriate non-steroidal anti-inflammatory drugs for at least 4 weeks (unless contraindicated/not tolerated) AND physical therapy for at least 6 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Suspected joint infection WITH TWO findings (red/warm joint, temperature > 100.4 F, WBC > 10,000/cu.mm, ESR > 30 mm/hr, C-reactive protein > 10 mg/L) AND previous joint aspiration that did not diagnose an infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference:

InterQual® 2012 Procedures Adult Criteria, Arthroscopy, Surgical, Knee.

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