**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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>*29870</td>
<td>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</td>
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<tr>
<td>*29875</td>
<td>Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)</td>
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1. If the patient less than 18 years of age, select “yes” and submit the request without completing the rest of the questionnaire. □ Yes, < 18 years □ 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)? □ Yes □ 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. □ Yes □ 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)? □ Yes □ No

6. Prior knee x-ray that ruled out fracture, dislocation or tumor as the cause of the pain? □ Yes □ No □ No x-ray performed

7. Prior MRI, arthrogram or MR-arthrogram that failed to diagnose the cause of pain? □ Yes □ No □ 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? □ Yes □ 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? □ Yes □ No

**Reference:**
InterQual® 2012 Procedures Adult Criteria, Arthroscopy, Surgical, Knee.

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