

# **Total Ankle Replacement, Surgical 96**

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References Keywords Effective Date 9/1/2025

Next Review Date 6/2026

Coverage Policy Surgical 96

<u>Version</u> 6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details\*.

# **Description & Definitions:**

Total Ankle Replacement (TAR) is a surgical repair removal of the ankle joint and bones and replacement with a Federal Drug Administration (FDA) approved prosthetic device. The implanted device replaces the damaged articulating surfaces of the shin (tibia) and ankle (talus) bones.

Other names: arthroplasty, Revision, implanted device, total ankle arthroplasty (TAA)

### Criteria:

Total ankle replacement or revision is considered medical necessary with 1 or more of the following:

- Replacement with ALL of the following:
  - o Individual is 18 years old or greater and thus is considered skeletally mature
  - Individual has ankle pain that significantly limits daily activity
  - o Device to be implanted is approved by the Federal Drug Administration (FDA)
  - Individual has tried and failed at least 6 months of conservative treatment (e.g. Anti-inflammatory medication, physical therapy, splints, orthotic devices, etc.)
  - Individual must have sufficient lower extremity vascular perfusion
  - o Individual has **1 or more** of the following conditions:
    - Arthritis in adjacent joints (subtalar or midfoot)
    - Arthrodesis of the contralateral ankle (other ankle)
    - Inflammatory arthritis (rheumatoid)
    - Severe arthritis of the contralateral ankle (other ankle)
- Revision of an already implanted device is considered medically necessary with ALL of the following:
  - The already implanted device has failed
  - o Individual is 18 years old or greater and thus is considered skeletally mature
  - Individual has ankle pain that significantly limits daily activity
  - Device to be implanted is approved by the Federal Drug Administration (FDA)
  - Individual has tried and failed at least 6 months of conservative treatment (e.g. Anti-inflammatory medication, physical therapy, splints, orthotic devices, etc.)
  - Individual must have sufficient lower extremity vascular perfusion
  - Individual has 1 or more of the following conditions:
    - Arthritis in adjacent joints (subtalar or midfoot)
    - Arthrodesis of the contralateral ankle (other ankle)
    - Inflammatory arthritis (rheumatoid)
    - Severe arthritis of the contralateral ankle (other ankle)

**Total ankle replacement or revisions** are considered **not medically necessary** for any use other than those indicated in clinical criteria.

# **Document History:**

### **Revised Dates:**

- 2022: June
- 2020: January
- 2015: April
- 2014: April
- 2013: April
- 2011: October

### **Reviewed Dates:**

- 2025: June Implementation date of September 1, 2025. No changes, references updated.
- 2024: June no changes references updated
- 2023: June
- 2021: September
- 2020: September
- 2019: September
- 2018: March
- 2017: January
- 2012: April
- 2010: December

Origination Date: January 2011

# Coding:

# Medically necessary with criteria:

Coding	Description
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant

### Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

# Policy Approach and Special Notes: \*

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - o Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements:
  - o Pre-certification by the Plan is required.
- Special Notes:
  - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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- Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
- Medicare Search MCD Search

### References:

References used include but are not limited to the following: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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# **Keywords:**

SHP Total Ankle Replacement, SHP Surgical 96, arthroplasty, Arthritis, Arthrodesis, Inflammatory arthritis, rheumatoid arthritis, Hintermann Series H2 Total Ankle System, Invision Total Ankle Revision System, Salto Xt, Vantage Total Ankle System, Integra Total Ankle Replacement System, Infinity Total Ankle System, Inbone Total Ankle, Salto Talaris Total Ankle Prosthesis, Agility LP Total Ankle Replacement System, Eclipse Total Ankle Implant, Topez Total Ankle Replacement

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