Sentara Health Plans

Commercial

Total Ankle Replacement, Surgical 96

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Effective Date	10/1/2026
Next Review Date	6/2027
Coverage Policy	Surgical 96
Version	7

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:
  - 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)
- **Revision** of an already implanted device is considered medically necessary with **ALL** of the following:
  - The already implanted device has failed
  - 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:

- 2026: June – Annual review. Implementation date of October 1, 2026. No changes to policy.
- 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

U.S. Food and Drug Administration (FDA) - approved only products only.

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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
  - **Please refer to Prior Authorization List for most up to date requirement** Search PAL List: Sentara Health Plans
- Special Notes:
  - 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.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

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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