

## Total Ankle Replacement, Surgical 96

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<a href="#">Effective Date</a>	1/2011
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<a href="#">Coverage Policy</a>	Surgical 96
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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### Purpose:

This policy addresses the medical necessity of Total Ankle Replacements.

### Description & Definitions:

**Total Ankle Replacement** 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.

### Criteria:

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

### 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.

### Document History:

Revised Dates:

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

Reviewed Dates:

- 2024: June – no changes references updated
- 2023: June
- 2021: September
- 2020: September
- 2019: September
- 2018: March
- 2017: January

- 2012: April
- 2010: December

Effective Date:

- January 2011

## References:

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### 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.

### 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