

Subject: Total Ankle Replacement**Medical Policy #:** 20.10**Status:** Reviewed**Original Effective Date:** 07-28-2010**Last Review Date:** 08/21/2024

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Total ankle replacement involves the surgical removal of a dysfunctional and painful ankle joint and its replacement with a prosthetic device. The purpose of total ankle replacement is to relieve pain and restore joint function in patients with end-stage degenerative joint disease resulting from osteoarthritis, traumatic arthritis, or rheumatoid arthritis.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request:

<https://ds.phs.org/preslogin/index.jsp>

For Commercial, Medicaid and Medicare:

1. PHP considers Total ankle replacement/arthroplasty for a skeletally mature individual using an FDA-cleared implant as an alternative to ankle arthrodesis either for A or B.

- A. To replace an arthritic or severely degenerative ankle when **ALL** the following are met:
 - o Documentation showing optimal medical management has been tried and have failed at least 6 months of conservative therapy.
 - o Radiographic findings consistent with ankle arthritis or severely degenerative ankle
 - o Moderate to severe ankle pain due to osteoarthritis, posttraumatic arthritis, or rheumatoid arthritis
 - o Disabling pain with loss of ankle mobility and function
 - o Have at least one of the following:
 - Arthritis in adjacent joints or inflammatory arthritis.
 - Arthrodesis of the contralateral ankle.
 - Severe arthritis of the contralateral ankle.
 - o Absence of any contraindication identified below.

OR

- B. Revision total ankle replacement/arthroplasty medically necessary for individuals with failed total ankle prosthesis due to:
 - moderate to severe ankle pain secondary to failure of an implanted device (e.g., implant loosening, mispositioning, periprosthetic infection, periprosthetic fracture).
 - Medical necessity criteria were met at during first implantation.
 - Absence of any contraindication identified below.

2. **Contraindications:** Persons **must not have 1 or more** of the of the following:

- Absence of the medial or lateral malleolus;
- Active infection
- Prior deep infection in the ankle joint or adjacent bones;
- Avascular necrosis of the talus;

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001].

- Hindfoot or forefoot malalignment precluding plantigrade foot;
- Insufficient bone. Such as Severe osteoporosis, osteopenia or other conditions resulting in poor bone quality, as this may result in inadequate bony fixation;
- Loss of musculature support such that proper component positioning or alignment is not possible;
- Loss of ligament support that cannot be repaired with soft tissue stabilization;
- Vascular insufficiency in the affected lower extremity;
- Neuromuscular disease resulting in lack of normal muscle function about the affected ankle;
- Peripheral neuropathy or Charcot joint of the affected ankle;
- Poor skin and soft tissue quality secondary to surgical scars or trauma;
- Prior arthrodesis (fusion) at the ankle joint;
- Prior surgery or injury that has adversely affected ankle bone quality;
- Severe anatomic deformity in adjacent ankle structures, including hindfoot, forefoot and knee joint;
- Severe ankle deformity (e.g., severe varus or valgus deformity) that may prevent proper alignment;
- Significant malalignment of the knee joint;
- Skeletal maturity not yet reached.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description Current Procedural Terminology (CPT) Codes
27700	Arthroplasty, ankle;
27702	Arthroplasty, ankle; with implant
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant
HCPCS codes	Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1776	Joint device (implantable)

ICD-10 codes	Covered ICD-10 Diagnosis Codes Description
M05.071 - M05.079 M05.271 - M05.279 M05.371 - M05.379 M05.471 - M05.479 M05.571 - M05.579 M05.671 - M05.679 M05.771 - M05.779	Rheumatoid arthritis, ankle and foot
M05.871 - M05.879 M06.071 - M06.079 M06.271 - M06.279 M06.371 - M06.379 M06.871 - M06.879 M08.071 - M08.079 M08.271 - M08.279 M08.471 - M08.479 M08.871 - M08.879 M08.971 - M08.979 M12.071 - M12.079	Cont. Rheumatoid arthritis, ankle and foot
M12.571 - M12.579	Traumatic arthropathy, ankle and foot
M19.071 - M19.079	Primary osteoarthritis, ankle and foot
M19.171 - M19.179 M19.271 - M19.279	Post-traumatic and secondary osteoarthritis, ankle and foot
M97.8xx+	Periprosthetic fracture around other internal prosthetic joint

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T81.89x+	Other complications of procedures, not elsewhere classified
T84.018+, T84.028+, T84.038+, T84.058+, T84.068+	Complications of internal orthopedic prosthetic devices, implants or grafts [joint]
T84.59x+	Other complications of procedures, not elsewhere classified
T84.81x+ -T84.86x+,	Embolism due to internal orthopedic prosthetic devices, implants and grafts
T84.89x+	Other specified complication of internal orthopedic prosthetic devices, implants and grafts
T84.50x+ -T84.59x+	Infection and inflammatory reaction due to internal joint prosthesis
T84.81x+ -T84.9xx+	Other specified complication of internal orthopedic prosthetic devices, implants and grafts
Z98.1	Arthrodesis status [covered for arthrodesis of the contralateral ankle]

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Clinton White, MD

Medical Director: Jim Romero, MD

Date Approved: 08/21/2024

References

1. Hayes, Comparative Effectiveness Review of Total Ankle Replacement: A Review of Reviews, Annual Review, Feb 02, 2022. [Cited 06-19-2024]
2. Aetna, [Total Ankle Arthroplasty, Number: 0645](#), last review 09/13/2023-Next review: 07/11/2024. [Cited 06/19/2024]
3. MCG Health, 28th Edition, Musculoskeletal Surgery or Procedure SG-MS (ISC GRG), Last update: 03/14/2024 [Cited 06-19-2024]
4. Cigna, Medical Coverage Policy, Total Ankle Arthroplasty Replacement, Effective Date: 02/15/2024, Last Review, 04/01/2024, Next Review Date 02/15/2025, Coverage Policy # [0285](#). [Cited 06-21-2024]
5. UHC, Surgery of the Ankle, Policy Number 2023T0622H, effective date 10/01/2023. [Cited 06-21-2024]
6. CMS Manual, Pub 100-04 Medicare Claims Processing, [Transmittal 10541, Change Request 12120](#), Date: December 31, 2020. [Cited 06-19-2024]
7. CMS Manual, Pub 100-04 Medicare Claims Processing [Transmittal 11150, Change Request 12552](#), Date December 10, 2021. [Cited 06-19-2024]

Publication History

07-28-10	Original effective date
02-22-12	Review and revise
01-30-13	Review and Revise
01-29-14	Presbyterian Policy Retired
01-29-14	Presbyterian now uses Hayes and/or Aetna #0645.
05-27-15	Annual review. Accessed Aetna 5-5-15. Last reviewed 4/10/15. Hayes accessed 5/5/15. Last Review 10-8-14. No change
07-27-16:	Annual Review. Accessed Aetna #0645 7/18/16. Last reviewed 10/23/15. Only change was removal of ICD 9 codes. Accessed Hayes 7/18/16. Last review 10/8/15. No change.
01-13-17:	Annual Review. Accessed Aetna #0645 01/13/17. Last reviewed 01/12/17. No changes except minor coding updates. Accessed Hayes Total Ankle Replacement. No review since last one in Oct 2015.
09-23-20	Annual review. Reviewed by PHP Medical Policy Committee on 08-26-20, agreed to resume PA for 27700, 27702, 27703, & 27704 since Dashboard analysis recommends keeping codes on grid. Removed erroneous language about the policy being retired. Policy no longer refers to see Hayes "Total Ankle Replacement" and/or Aetna criteria "Total Ankle Arthroplasty" #0645 criteria instead developed the policy with criteria that is in-line with other payers.
07-28-21	Annual review. Reviewed on 07/13/2021. No change in criteria. Continue coverage for all LOB. Continue PA for 27700, 27702, 27703 and 27704. Note: As of January 2021, codes 27702 and 27703 have been removed from inpatient only procedure category by CMS, see transmittal 10541.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

- 07-27-22 Annual review. Reviewed by PHP Medical Policy Committee on 06/15/2022. No change in criteria. Continue coverage for all LOB. Continue PA for 27700, 27702, 27703 and 27704. Note: As of 2022 code 27703 has returned to inpatient only (IPO) list. Configure C1713 and C1776 to not pay, it is considered Status Indicator (N) per OPSS. Per OPSS; these devices are packaged into payment for other services (status indicator J1 CPT codes 27700 and 27702).
- 07-26-23 Annual Review: Reviewed by PHP Medical Policy Committee on 06-02-2023. No change in criteria. Continue coverage for all LOB. Continue PA for 27700, 27702, 27703 and 27704. Continue previous configure for C1713 and C1776 to not pay, it is considered Status Indicator (N) per OPSS.
- 08-21-24 Annual review. Reviewed by PHP Medical Policy Committee on 7/16/2024. No change in criteria. Continue coverage for all LOB. Continue PA for 27700, 27702, 27703 and 27704. C1713 and C1776 are captured as configuration to not pay, per correct coding edits per Status Indicator (N).
9-17-2024 Updated criteria to state “or” instead of “and” on option “A” for “Moderate to severe ankle pain due to osteoarthritis, posttraumatic arthritis, or rheumatoid arthritis”, and corrected annual review publication date from 8-21-23 to 8-21-24. Made basic formatting adjustments to policy, including deleting background to description section.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired, or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.