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Reviewed: 04/25/24

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Subject: Total Ankle Replacement

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Update			

DESCRIPTION:

Total ankle replacement (TAR), also known as total ankle arthroplasty, is the replacement of an injured or diseased ankle joint with a prosthetic device. TAR has been used as an alternative to ankle arthrodesis (ankle fusion) in patients with medically refractory, end-stage degenerative joint disease from conditions such as rheumatoid arthritis, osteoarthritis, or post-traumatic arthritis.

Ankle arthrodesis involves the removal of the articular surfaces of the ankle joint and the fusion of the tibia bone to the talus bone which limits side-to-side and up & down motion. The goal of TAR is to relieve pain without limiting range of motion, reduce development of arthritis in adjacent joints. Since 2005, several total ankle replacement system designs, including mobile-bearing and fixed-bearing, have received approval from the U.S. Food & Drug Administration (FDA).

Summary and Analysis of Evidence: The American Orthopaedic Foot & Ankle Society® Position Statement: The Use of Total Ankle Replacement for the Treatment of Arthritic Conditions of the Ankle (2022) states, "The American Orthopaedic Foot & Ankle Society (AOFAS) endorses the use of total ankle replacement surgery as an option for treatment of arthritic conditions of the ankle in select patients with this condition who have failed nonoperative treatment. We do not consider this procedure to be experimental." The American College of Foot and Ankle Surgeons® Position Statement: Total Ankle Replacement Surgery (2020) includes, "In the United States, total ankle replacement surgery is currently a safe and effective treatment option for select patients with end stage ankle arthritis. Studies have shown total ankle replacement surgery improves patient function, reduces pain, and promotes improved quality of life." Multiple studies have been published that provide evidence of improved outcomes regarding total ankle replacement surgery using FDA approved systems. There is sufficient evidence to determine that the technology results in an improvement in the net health outcome.

POSITION STATEMENT:

Total ankle replacement using an FDA-approved device **meets the definition of medical necessity** in skeletally mature members with ankle pain that limits activities of daily living, documented failure of at least 6 consecutive months of conservative treatment (such as physical therapy, anti-inflammatory medication, splints or orthotic devices), **and ONE** of the following conditions:

- Arthritis in adjacent joints (i.e., subtalar or midfoot)
- Severe arthritis of the contralateral ankle
- Arthrodesis of the contralateral ankle
- Inflammatory (e.g., rheumatoid) arthritis.

AND NO evidence of the following:

- Extensive avascular necrosis of the talar dome
- Compromised bone stock or soft tissue (including skin and muscle)
- Severe malalignment (e.g., > 15 degrees) not correctable by surgery
- Active ankle joint infection
- Peripheral vascular disease
- Charcot neuroarthropathy.

NOTE: Optimal candidates for total ankle replacement are considered to be older (age older than 50), thin, low-demand individuals with minimal deformity and no functional barriers to participation in a rehabilitation program.

Total ankle replacement is considered **experimental or investigational** for all other indications. The evidence is insufficient to determine the effects of the technology on health outcomes.

Revision or replacement of the implant, using an FDA-approved device, **meets the definition of medical necessity** when the device has failed and all medical necessity criteria outlined above (excluding 6 consecutive months of conservative treatment) are met.

BILLING/CODING INFORMATION:

CPT Coding:

27702	Arthroplasty ankle, with implant, total ankle
27703	Arthroplasty, ankle, revision total ankle

ICD-10 Diagnosis Codes That Support Medical Necessity:

M05.071 – M05.079	Felty's Syndrome, ankle and foot
M05.171 – M05.179	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot
M05.271 – M05.279	Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot
M05.371 – M05.379	Rheumatoid heart disease with rheumatoid arthritis of ankle and foot
M05.471 – M05.479	Rheumatoid myopathy with rheumatoid arthritis of ankle and foot
M05.571 – M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot

M05.671 – M05.679	Rheumatoid arthritis of ankle and foot with involvement of other organs and systems
M05.771 – M05.779	Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or systems involvement
M05.871 – M05.879	Other rheumatoid arthritis with rheumatoid factor of ankle and foot
M06.071 – M06.079	Rheumatoid arthritis without rheumatoid factor, ankle and foot
M06.871 – M06.879	Other specified rheumatoid arthritis, ankle and foot
M07.671 – M07.679	Enteropathic arthropathies, ankle and foot
M12.071	Chronic postrheumatic arthropathy [Jaccoud], right ankle and foot
M12.072	Chronic postrheumatic arthropathy [Jaccoud], left ankle and foot
M12.571 – M12.579	Traumatic arthropathy, ankle and foot
M12.871 – M12.879	Other specific arthropathies, not elsewhere classified, ankle and foot
M13.171 – M13.179	Monoarthritis, not elsewhere classified, ankle and foot
M19.071 – M19.079	Primary osteoarthritis ankle and foot
M19.171 – M19.179	Post-traumatic osteoarthritis, ankle and foot
M19.271 – M19.279	Secondary osteoarthritis, ankle and foot
T84.018A-T84.018S	Broken internal joint prosthesis, other site
T84.028A-T84.028S	Dislocation of other internal joint prosthesis
T84.038A-T84.038S	Mechanical loosening of other internal prosthetic joint
T84.068A-T84.068S	Wear of articular bearing surface of other internal prosthetic joint
T84.098A-T84.098S	Other mechanical complication of other internal joint prosthesis

LOINC Codes:

The following information may be required documentation to support medical necessity: Physician history and physical, attending physician treatment plan, progress notes, and treatment notes including documentation of symptoms, failure of at least 6 consecutive months of conservative treatment, and radiology reports (if applicable).

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit notes	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

REIMBURSEMENT INFORMATION:

Reimbursement for the revision or replacement of a total ankle device is made only if the procedure was initially allowed.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

Arthrodesis: The surgical fixation of a joint to promote bone fusion.

Charcot neuroarthropathy: Charcot's joint (neuropathic osteoarthropathy) is a progressive condition affecting the musculoskeletal system and is characterized by joint dislocation, pathologic fractures, and often debilitating deformities.

RELATED GUIDELINES:

Subtalar Arthroereisis, 02-99221-17

OTHER:

None applicable.

REFERENCES:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 04/25/24.

GUIDELINE UPDATE INFORMATION:

02/15/10	New Medical Coverage Guideline.
12/15/10	Annual review; revised position statement to include medical necessity criteria; updated coding section, reimbursement section and references; related ICD-10 codes added; and formatting changes.
09/15/11	Annual review; position statements maintained, references updated, and formatting changes.
10/15/12	Annual review: position statements maintained and references updated.
10/15/13	Annual review; position statements maintained, program exception section and references updated.
10/15/14	Annual review; position statements maintained and references updated.

05/15/15	Annual review; position statements maintained and references updated.
10/01/15	Revision; ICD9 & ICD10 coding sections updated.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	Revision; formatting changes.
05/15/18	Review; description, position statements, coding, and references updated.
05/15/20	Review; Position statements maintained and references updated.
03/15/22	Review: Position statements maintained; references updated.
08/21/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.
05/15/24	Review: Position statements maintained; description and references updated.