

# Medical Policy: Total Ankle Replacement (Commercial)



POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
MG.MM.SU.48C8	02/01/2020	MPC (Medical Policy Committee)

**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

## Definitions

Total Ankle Replacement (TAA)	Total ankle replacement (aka total ankle arthroplasty [TAA]) consists of replacing a diseased ankle joint with a prosthetic plastic and metal joint. The procedure has been proposed as an alternative to ankle arthrodesis (fusion) for conditions such as severe osteoarthritis (OA), post-traumatic arthritis and rheumatoid arthritis.
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## Guideline

Members with a severely degenerative ankle or severe inflammatory arthritis (e.g., OA, post-traumatic or rheumatoid), who are skeletally mature with sufficient bone stock, are eligible for TAA with an FDA- approved device when the following criteria are met:

- Loss of ankle mobility and function
- Moderate to severe pain unrelieved by  $\geq 6$  months of conservative therapy (e.g., anti- inflammatory medications, orthotics, activity modification, physical

therapy)

**AND ANY OF THE FOLLOWING**

- Arthritis in adjacent joints of the involved extremity (i.e., subtalar, midfoot)
- Severe arthritis of the contralateral ankle
- Previous arthrodesis of the contralateral ankle

**Limitations/Exclusions**

TAA is not considered medically necessary when any of the following are applicable:

- Active infection in the joint or adjacent bones
- Insufficient bone stock/osteonecrosis
- Loss of musculature in the affected limb/insufficient ligament support that is not repairable
- Lower extremity vascular insufficiency
- Neurologic impairment affecting muscle function about the ankle/peripheral neuropathy
- Severe ankle deformity
- Malalignment/severe deformity of involved or adjacent anatomic structures (e.g. hindfoot, forefoot, knee)

**Applicable Coding**

*To access the codes, please download the policy **to your computer, and click on the paperclip icon within the policy***



**Applicable CPT and Diagnosis Codes**

**References**

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# Medical Policy: Total Ankle Replacement (Commercial)



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# Medical Policy: Total Ankle Replacement (Commercial)



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Specialty matched clinical peer review.

## Revision history

DATE	REVISION
09/13/2019	<ul style="list-style-type: none"><li>• New Policy.</li><li>• ConnectiCare, Inc. has adopted the clinical criteria of its parent corporation, EmblemHealth. Reformatted and reorganized policy, transferred content to new CCI template</li></ul>