



MASSACHUSETTS

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Medical Policy

Total Ankle Replacement

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Policy Number: 193

BCBSA Reference Number: 7.01.77A (For Plan internal use only)
NCD/LCD: N/A

Related Policies

Subtalar Arthroereisis, #[299](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Total ankle replacement, using a device which the FDA has approved, may be considered **MEDICALLY NECESSARY** in skeletally mature patients with moderate to severe ankle (tibiotalar) pain that limits daily activity, who have one of the following conditions:

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

Unless absolute contraindication to ankle arthroplasty exist.

Absolute contraindications to ankle arthroplasty include ANY of the following:

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

Total ankle replacement for all other indications is **INVESTIGATIONAL**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO BlueSM	Prior authorization is not required .
Medicare PPO BlueSM	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code 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 as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle

ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0SRF0J9	Replacement of Right Ankle Joint with Synthetic Substitute, Cemented, Open Approach
0SRF0JA	Replacement of Right Ankle Joint with Synthetic Substitute, Uncemented, Open Approach
0SRF0JZ	Replacement of Right Ankle Joint with Synthetic Substitute, Open Approach
0SRG0J9	Replacement of Left Ankle Joint with Synthetic Substitute, Cemented, Open Approach
0SRG0JA	Replacement of Left Ankle Joint with Synthetic Substitute, Uncemented, Open Approach
0SRG0JZ	Replacement of Left Ankle Joint with Synthetic Substitute, Open Approach

Description

Total ankle replacement is intended to improve function and reduce stress on adjacent joints. It has been performed in patients with severe rheumatoid arthritis, severe osteoarthritis, or post-traumatic osteoarthrosis. Total ankle replacement models can be broadly subdivided into two design types, fixed bearing and mobile bearing.

Fixed-bearing devices lock the polyethylene component into the baseplate, which provides greater stability, but increases constraint and edge-loading stress at the bone implant interface, potentially increasing risk of early loosening and failure.

Mobile-bearing systems have a polyethelene component that is unattached and articulates independently with both the tibial and talar components. These systems are less stable than fixed-bearing designs and have the potential for dislocation and increased wear of the polyethylene component.

Examples of fixed- bearing devices for total ankle replacement include the Agility Ankle Revision Prosthesis from DuPuy Orthopaedics, the Inbone™ Total Ankle from INBONE Technologies and the Eclipse from Kinetikos Medical. All fixed- bearing devices for total ankle replacement are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except as noted in the policy statement.

Examples of mobile- bearing devices for total ankle replacement include the Scandinavian Total Ankle Replacement from Small Bone Innovations and the TNK ankle from Kyocera Corporation. All mobile-bearing devices for total ankle replacement are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except as noted in the policy statement.

Summary

For specific conditions, including presence of bilateral, subtalar or midfoot arthritis, ankle fusion is not indicated. Although total ankle systems are continuing to evolve, and long-term evidence is limited, short-term results suggest similar improvements in pain and function in comparison with arthrodesis, and mid-term results indicate 75-80% survival at 10-15 years. Therefore, in the absence of an established alternative for specific conditions, total ankle replacement may be considered medically necessary when those specified conditions are met.

Policy History

Date	Action
11/2022	Annual policy review. Policy updated with literature review through October 2022. References added. Policy statements unchanged.
4/2020	Policy updated with literature review through March 27, 2020, references added. Policy statements unchanged.
2/2018	Clarified coding information.
11/2015	Added coding language.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
2/2014	Coding information clarified.
12/2013	Annual policy review. New references added.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
1/2011	BCBS Association National Policy Review No changes in policy statement.
7/2010	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
6/01/10	Medical Policy #193 created.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

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