Medica Central Coverage Policy

Policy Name:	**Total Ankle Replacement**
Effective Date:	**01/01/2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Total ankle replacement surgery is **COVERED** as an alternative to ankle arthrodesis for patients with moderate or severe pain related to osteoarthritis, post-traumatic arthritis or rheumatoid arthritis, who have failed conservative treatment, when there are no contraindications and an FDA-approved device is used.

Total ankle replacement surgery is investigative and unproven and therefore **NOT COVERED** for all other indications. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: This determination does not apply to devices that have been granted a humanitarian device exemption (HDE) by the FDA. Medica considers an FDA-approved humanitarian device exemption (HDE) device medically necessary when all of the FDA-required criteria are met.

- Patient Specific Talus Spacer (Additive Orthopaedics, LLC) indicated for avascular necrosis of the ankle joint.

For a current list of HDE-approved devices, refer to the FDA HDE Database at: https://www.fda.gov/medical-devices/hde-approvals/listing-cdrh-humanitarian-device-exemptions

Description

Ankle joint arthritis occurs mainly in the elderly population due to primary osteoarthritis or rheumatoid arthritis, and in the general population due to trauma. Conservative treatment of ankle arthritis includes physical therapy, weight reduction, analgesics, activity limitation, and shoe modification.

When conservative measures fail, surgery may be recommended. Total ankle replacement (TAR) is an alternative to ankle arthrodesis (also known as ankle fusion). Ankle fusion relieves pain, but it also limits the ankle's range of motion. This limited mobility can change how an individual walks. TAR involves the removal of a diseased or injured ankle joint and replaces it with a metal and plastic prosthesis. The recovery period is generally shorter than with ankle fusion. Individuals regain a much wider range of motion and most are able to return to active lifestyles. TAR offers the theoretical advantages of gait preservation and conservation of the joints of the lower extremities. TAR is contraindicated in patients with, but not limited to, active infection, severe osteoporosis or osteopenia or other conditions resulting in poor bone quality, avascular necrosis of the talus, vascular insufficiency in the lower extremity, or Charcot neuroarthropathy.

FDA Approval

The FDA has approved fixed-bearing ankle implants as Class II devices and mobile-bearing ankle implants as class III devices. Examples of these devices include, but are not limited to:

- Inbone Total Ankle System (Wright Medical Technology, Inc.)
- Infinity Total Ankle System (Wright Medical Technology, Inc.)
- Invision Total Ankle Revision System (Wright Medical Technology, Inc.)
- Eclipse Total Ankle Implant (Kinetikos Medical, Inc.)
- Salto Talaris Total Ankle Prosthesis (Tornier)
- Hintermann Series H2 or H3 Total Ankle System
- The Scandinavian Total Ankle Replacement (STAR) System (Small Bone Innovations) is currently the only FDA-approved mobile-bearing ankle device.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **27702** - Arthroplasty, ankle; with implant (total ankle)

Original Effective Date:	06/01/2008
Re-Review Date(s):	03/12/2008, 04/09/2009, 09/22/2010, 08/15/2012, 04/17/2013, 04/16/2014, 04/15/2015, 04/20/2016, 04/19/2017, 04/18/2018, 04/17/2019, 05/20/2020, 06/16/2021, 06/15/2022, 06/21/2023, 10/16/2024
Administrative Update:	