Medical Policy
Total Ankle Replacement

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Policy Number: 193
BCBSA Reference Number: 7.01.77A
NCD/LCD: N/A

Related Policies
Subtalar Arthroereisis, #299

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue\textsuperscript{SM} and Medicare PPO Blue\textsuperscript{SM} Members

Total ankle replacement, using a device which the FDA has approved, may be considered \textbf{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.

\textbf{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 \textbf{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*.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>Prior authorization is <strong>not required</strong>.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>Prior authorization is <strong>not required</strong>.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>Prior authorization is <strong>not required</strong>.</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>Prior authorization is <strong>not required</strong>.</td>
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</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27702</td>
<td>Arthroplasty, ankle; with implant (total ankle)</td>
</tr>
<tr>
<td>27703</td>
<td>Arthroplasty, ankle; revision, total ankle</td>
</tr>
</tbody>
</table>

**ICD-10 Procedure Codes**

<table>
<thead>
<tr>
<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0SRF0J9</td>
<td>Replacement of Right Ankle Joint with Synthetic Substitute, Cemented, Open Approach</td>
</tr>
<tr>
<td>0SRF0JA</td>
<td>Replacement of Right Ankle Joint with Synthetic Substitute, Uncemented, Open Approach</td>
</tr>
<tr>
<td>0SRF0JZ</td>
<td>Replacement of Right Ankle Joint with Synthetic Substitute, Open Approach</td>
</tr>
<tr>
<td>0SRG0J9</td>
<td>Replacement of Left Ankle Joint with Synthetic Substitute, Cemented, Open Approach</td>
</tr>
<tr>
<td>0SRG0JA</td>
<td>Replacement of Left Ankle Joint with Synthetic Substitute, Uncemented, Open Approach</td>
</tr>
<tr>
<td>0SRG0JZ</td>
<td>Replacement of Left Ankle Joint with Synthetic Substitute, Open Approach</td>
</tr>
</tbody>
</table>

**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 polyethylene 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 midterm 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>4/2020</td>
<td>Policy updated with literature review through March 27, 2020, references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>2/2018</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>11/2015</td>
<td>Added coding language.</td>
</tr>
<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.</td>
</tr>
<tr>
<td>2/2014</td>
<td>Coding information clarified.</td>
</tr>
<tr>
<td>12/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>6/01/10</td>
<td>Medical Policy #193 created.</td>
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</tbody>
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**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
- Medical Technology Assessment Guidelines
References