

# **Medical Policy & Procedure**

<b>Policy Name:</b>	Medical Policy: Total Ankle Replacement -	Policy #:	MP-273
	Arthroplasty		

Policy Information				
Owner Department:	Medical UM & Systems Department			
Owner:	Assigned Medical Director			
<b>Electronic Signature/Date:</b>	Krystal Revai (06/23/2023), Lori Slaughter (06/22/2023)			

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

### **Purpose of the Policy**

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

## **Statement of the Policy**

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

NOTE: Please refer to plan documents for prior authorization necessity/status.

## **Interpretations**

Health Alliance uses InterQual criteria to determine the medical necessity of total ankle replacement. The InterQual criteria are available in the Utilization Management software system and can be accessed by providers when submitting an authorization digitally.

### **Medicare Advantage Criteria details:**

• No NCDs or LCDs are available. MCD Search (cms.gov)

### **Codes**

\*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required or coverage is guaranteed.

27702 Arthroplasty, ankle: with implant (total ankle)

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

#### References

- 1. InterQual criteria, McKesson Health Solutions
- 2. "Total Ankle Replacement" Hayes Medical Technology Directory, February 1, 2010.
- 3. "Total Ankle Replacement Surgery" American Orthopaedic Foot and Ankle Society (AOFAS) Position Statements. August 4, 2009.

- 4. Chou, LB, Coughlin MT, Hansen S Jr, Haskell A, Lundeen G, Saltzman CL, Mann RA. Osteoarthritis of the ankle: the role of Arthroplasty. J Am Acad Orthop Surg. 2008 May;16(5):249–59.
- 5. Deoria JK, Easley ME. Total ankle Arthroplasty. Instr Course Lect. 2008;57:383–413.
- 6. Knecht, SI, Estin M, Callaghan JJ, Zimmerman MB, Alliman KJ, Alvine FG, Saltzman CL. The Agility total ankle Arthroplasty, Seven to sixteen-year follow-up. J Bone Joint Surg Am. 2004 Jun;86-A(6):1161–71.
- 7. Claridge RJ, Sagherian BH. Intermediate term outcome of the agility total ankle Arthroplasty. Foot Ankle Int. 2009 Sep;30(9):824–35.

History					
<b>Created Date:</b>	01/12/11				
<b>Effective Date:</b>	01/12/11				
<b>Next Review Date:</b>	06/23/2024				
<b>Revision Date:</b>	12/11/12 – MDC	10/30/13 – MDC	09/04/14		
	08/04/15	08/19/16			
	11/06/17 – MDC-Revision to change procedure adjudication to InterQual criteria.				
	08/21/18 – MDC-Approved InterQual 2018 revisions.				
	07/16/19 – MDC-Annual review, no change.				
	07/22/20 – MDC-Annual review, Clear Coverage language updated to Guiding Care/InterQual.				
	06/15/21 – MDC-Annual review, no changes.				
	06/21/22 – MDC-Annual review, code added, no changes.				
	06/20/23 – MDC-Annual review, Medicare information updated, no changes.				