

**STRIDE<sup>sm</sup> (HMO) MEDICARE ADVANTAGE****Effective Date: January 1, 2017****Subject: Total Ankle Arthroplasty/Total Ankle Replacement****Policy:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage covers Total Ankle Arthroplasty (TAA)/Total Ankle Replacement (TAR) to replace an arthritic or severely degenerated ankle in an eligible member whose pain and loss of ankle mobility/function has failed to improve/respond despite appropriate conservative management.

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.<sup>1</sup>

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not cover TAA/TAR when procedure is contraindicated due to a condition that can reasonably be expected to adversely impact the surgical outcome (e.g., active infection, osteonecrosis/avascular necrosis, significant vascular compromise, peripheral neuropathy).

**Authorization:**

Prior authorization from Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage is required for all TAA procedures.

**Criteria:**

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<sup>1</sup> Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

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*Harvard Pilgrim Stride<sup>SM</sup> (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.*

TAA/TAR procedures using FDA-cleared implants<sup>2</sup> may be authorized when Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage determines relevant criteria below are met:

| Procedure  | Criteria  |
|--|---|
| <p><b>Total Ankle Arthroplasty</b></p> <p><b>Total Ankle Replacement</b></p> | <p>Authorized when medical record documentation confirms a skeletally mature member with arthritic or severely degenerated ankle meets ALL the following:</p> <ol style="list-style-type: none"> <li>1. Moderate to severe ankle pain that significantly limits daily activity;</li> <li>2. History of completion and failure of at least 6 months of conservative management including the following components <u>if indicated*</u>:               <ol style="list-style-type: none"> <li>a. Physical therapy</li> <li>b. Non-steroidal anti-inflammatory drugs</li> <li>c. Splints or orthotic devices</li> </ol> </li> <li>3. ANY of the following clinical conditions:               <ol style="list-style-type: none"> <li>a. Arthritis in adjacent joints (i.e., subtalar or midfoot);</li> <li>b. Arthrodesis of the contralateral ankle;</li> <li>c. Inflammatory (e.g., rheumatoid) arthritis;</li> <li>d. Severe arthritis of the contralateral ankle;</li> </ol> </li> </ol> <p>*Medical record documentation must explain if/when any components of conservative management are not indicated.</p> <p>In addition, documentation must confirm that none of the following contraindications are present:</p> <ul style="list-style-type: none"> <li>• Active or prior deep infection in the ankle joint or adjacent bones</li> <li>• Avascular necrosis of the talus</li> <li>• Charcot joint or neuropathic arthropathy</li> <li>• Compromised bone stock or soft tissue, including osteoporosis, osteopenia, and/or insufficient ligament support that cannot be repaired with soft tissue stabilization</li> <li>• Hindfoot or forefoot malalignment precluding plantigrade foot,</li> </ul> |

<sup>2</sup> FDA-cleared implants include the following: Agility LP Total Ankle, Eclipse Total Ankle, INBONE Total Ankle, STAR system, the Salto Talaris Total Ankle Prosthesis, and the Zimmer Trabecular Metal Total Ankle.

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**Total Ankle Arthroplasty/Total Ankle Replacement**

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| Procedure  | Criteria   |
|--|--|
|  | <p>and not correctable by surgery</p> <ul style="list-style-type: none"> <li>• Neuromuscular disease resulting in lack of normal muscle function about the affected ankle</li> <li>• Peripheral vascular disease including lower extremity vascular insufficiency</li> <li>• Psychiatric problems that are expected to hinder adequate cooperation during the peri-operative period</li> <li>• Severe varus or valgus ankle deformity is unlikely to be successfully managed by ankle arthroplasty</li> <li>• Significant mal-alignment of the knee joint</li> </ul> |
| <p><b>Revision or Replacement of Total Ankle Arthroplasty or Total Ankle Replacement</b></p> | <p>Authorized when medical record documentation confirms a skeletally mature member with an FDA-cleared implanted total ankle replacement device has moderate to severe ankle pain that significantly limits daily activity.</p> <ul style="list-style-type: none"> <li>• No prior treatment other than previous prosthetic implantation is required.</li> </ul>   |

**Exclusions:**

Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage does not cover TAA/TAR when criteria above are not met.

**Coding:**

**Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.**

| CPT® Code | Description                                     |
|-----------|---|
| 27702     | Arthroplasty, ankle; with implant (total ankle) |
| 27703     | Revision, total ankle                           |
| 27870     | Arthrodesis, ankle, open                        |

| ICD-10 Codes        | Description                      |
|---------------------|----------------------------------|
| M05.071-<br>M05.079 | Felty's syndrome, ankle and foot |

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| ICD-10 Codes        | Description  |
|---------------------|--|
| M05.171-<br>M05.179 | Rheumatoid lung disease with rheumatoid arthritis of ankle and foot                                |
| M05.271-<br>M05.279 | Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot                                  |
| M05.371-<br>M05.379 | Rheumatoid heart disease with rheumatoid arthritis of ankle and foot                               |
| M05.471-<br>M05.479 | Rheumatoid myopathy with rheumatoid arthritis of ankle and foot                                    |
| M05.571-<br>M05.579 | Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot                              |
| M05.671-<br>M05.679 | Rheumatoid arthritis of ankle and foot with involvement of other organs and systems                |
| M05.771-<br>M05.779 | Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or systems involvement |
| M05.871-<br>M05.879 | Other rheumatoid arthritis with rheumatic factor of ankle and foot                                 |
| M06.071-<br>M06.079 | Rheumatoid arthritis without rheumatoid factor, ankle and foot                                     |
| M06.871-<br>M06.879 | Other specified rheumatoid arthritis, ankle and foot   |
| M08.071-<br>M08.079 | Unspecified juvenile rheumatoid arthritis, ankle and foot  |
| M08.271-<br>M08.279 | Juvenile rheumatoid arthritis with systemic onset, ankle and foot                                  |
| M08.471-<br>M08.479 | Pauciarticular juvenile rheumatoid arthritis, ankle and foot                                       |
| M19.071-<br>M19.079 | Primary osteoarthritis, ankle and foot   |
| M19.171-<br>M19.179 | Post-traumatic osteoarthritis, ankle and foot  |
| M19.271-<br>M19.279 | Secondary osteoarthritis, ankle and foot   |

**Approved by UMCP: 8/24/16**

- **Initial Approval: 8/26/15 (effective 1/1/16)**

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## Summary of Changes:

| Date    |  |
|---------|--|
| 8/24/16 | Annual review/update. Minor language/formatting changes. Update references and coding. |

## References:

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