

## ***Total Ankle Arthroplasty***

<b>Origination:</b> 10/27/11	<b>Revised:</b>	<b>Annual Review:</b> 10/27/11
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### **Purpose:**

The Medical Technology Assessment Committee will review published scientific literature and information from appropriate government regulatory bodies (when available) related to *Total Ankle Arthroplasty* in order to determine inclusion in the benefit plan.

### **Compliance Status:**

- Centers for Medicare & Medicaid Services (*CMS*)

### **Recommendation:**

A recommendation was made by the MTAC following discussion by committee members based on current literature:

- *Total Ankle Arthroplasty* is considered a covered benefit when the following criteria are met:

#### ***Eligibility Criteria***

- 50 years old or greater
- BMI < 30
- Low demand lifestyle
- Minimal ankle deformity
- Moderate to severe ankle pain
- Failure of 6 months or more of conservative therapy
- PLUS - One (1) of the following:
  - Arthritis in adjacent joints
  - Contralateral ankle arthritis
  - Contralateral ankle arthodesis
  - Inflammatory Arthritis

#### ***Exclusions***

- Avascular necrosis of talar dome
- Compromised bone stock
- >15 degrees malalignment not correctable by surgery
- Active infection
- Peripheral vascular disease
- Charcot neuroarthropathy



## *Total Ankle Arthroplasty*

### **Disclaimer Information:**

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed Health Plans' benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed Health Plans service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.