

# Surgery of the Ankle (for North Carolina Only)

Policy Number: CSNCT0554.03  
Effective Date: May 1, 2022

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Related Policies
None

## Application

This Medical Policy only applies to the state of North Carolina.

## Coverage Rationale

Surgery of the ankle is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the:

- InterQual® 2022, Apr. 2022 Release, CP: Procedures:
  - Arthrodesis, Ankle (Talotibial Joint)
  - Arthroscopy, Surgical, Ankle
  - Arthrotomy, Ankle
  - Total Joint Replacement (TJR), Ankle
- InterQual® Client Defined 2022, CP: Procedures:
  - Arthroplasty, Ankle (Without Implant) (Custom) - UHG
  - Arthroplasty, Removal or Revision, Ankle (Custom) - UHG

Click [here](#) to view the InterQual® criteria.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Arthroscopy, Surgical, Ankle	
29891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect

CPT Code	Description
<b>Arthroscopy, Surgical, Ankle</b>	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
<b>Arthrodesis, Ankle (Talotibial Joint)</b>	
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
<b>Arthrotomy, Ankle</b>	
27685	Lengthening or shortening of tendon, leg or ankle; single tendon
<b>Total Joint Replacement (TJR), Ankle</b>	
27700	Arthroplasty, ankle
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant

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## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries of the ankle are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. Refer to the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed July 27, 2020)

## Policy History/Revision Information

Date	Summary of Changes
05/01/2022	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Replaced reference to: <ul style="list-style-type: none"> <li>“InterQual® 2021, Apr. 2021 Release” with “InterQual® 2022, Apr. 2022 Release”</li> <li>“InterQual® 2021, Jan. 2022 Release” with “InterQual® 2022, Apr. 2022 Release”</li> <li>“InterQual® Client Defined 2021” with “InterQual® Client Defined 2022”</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version CSNCT0554.02</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.