

Surgery of the Ankle

Guideline Number: MMG185.C
 Effective Date: May 1, 2022

[Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Documentation Requirements	1
Applicable Codes	2
U.S. Food and Drug Administration	3
Guideline History/Revision Information	3
Instructions for Use	3

Related Policies
None

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 (Taloibial 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.

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Required Clinical Information
<p>Surgery of the Ankle</p> <p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> • Upon request we may require the specific diagnostic image(s) that show the abnormality for which surgery is being requested, which may include MRI, CT scan, X-ray, and/or bone scan; consultation with requesting surgeon may be of benefit to select the optimal images <p>Note: When requested, diagnostic image(s) must be labeled with:</p> <ul style="list-style-type: none"> ○ The date taken ○ Applicable case number obtained at time of notification, or member's name and ID number on the image(s) <p>Upon request diagnostic image(s) must be submitted via the external portal at www.uhcprovider.com/paan; faxes will not be accepted</p>

Required Clinical Information

Surgery of the Ankle

- Reports of all recent imaging studies and applicable diagnostic tests, including:
 - Microbiological findings
 - Synovial exam
 - Erythrocyte sedimentation rate (ESR)
 - C-reactive protein (CRP)
- Condition requiring procedure
- Severity of pain and details of functional disability(ies) interfering with activities of daily living (preparing meals, dressing, driving, walking)
- Pertinent physical examination of the relevant joint
- Co-morbid medical condition(s)
- Prior therapies/ treatments tried, failed, or contraindicated; include the dates and reason for discontinuation
- Date of previous failed surgery to the same joint, if applicable
- Physician's treatment plan including pre-op discussion
- For revision surgery, also include:
 - Details of complication
 - Complete (staged) surgical plan
- If the location is being requested as an inpatient stay, provide medical notes to support the following, when applicable:
 - Surgery is bilateral
 - Member has significant co-morbidities; include the list of comorbidities and current treatment
- Member does not have appropriate resources to support postoperative care after an outpatient procedure; include the barriers to care as an outpatient

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 guideline 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 the member specific benefit plan document 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
Arthrotomy, Ankle	
27685	Lengthening or shortening of tendon, leg or ankle; single tendon
Total Joint Replacement (TJR), Ankle	
27700	Arthroplasty, ankle
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant
Arthroscopy, Surgical, Ankle	
29891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect
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

CPT Code	Description
Arthrodesis, Ankle (Talotibial Joint)	
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis

CPT® is a registered trademark of the American Medical Association

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. See the following website for additional information:

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

Guideline History/Revision Information

Date	Summary of Changes
05/01/2022	<p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Replaced reference to: <ul style="list-style-type: none"> ○ “InterQual® 2021, Apr. 2021 Release” with “InterQual® 2022, Apr. 2022 Release” ○ “InterQual® 2021, Jan. 2022 Release” with “InterQual® 2022, Apr. 2022 Release” ○ “InterQual® Client Defined 2021” with “InterQual® Client Defined 2022” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version MMG185.B

Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines 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.

Member benefit coverage and limitations may vary based on the member’s benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.