

## Medical Coverage Policy | Subtalar Arthroereisis



**EFFECTIVE DATE:** 01|01|2023

**POLICY LAST UPDATED:** 06|01|2022

### OVERVIEW

Arthroereisis is a surgical procedure that purposely limits movement across a joint. Subtalar arthroereisis or extraosseous talotarsal stabilization is designed to correct excessive talar displacement and calcaneal eversion by reducing pronation across the subtalar joint. Extraosseous talotarsal stabilization is also being evaluated as a treatment of talotarsal joint dislocation. It is performed by placing an implant in the sinus tarsi, which is a canal located between the talus and the calcaneus.

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### Medicare Advantage Plans

Subtalar arthroereisis is considered not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

#### Commercial Products

Subtalar arthroereisis is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

### MEDICAL CRITERIA

Not applicable

### BACKGROUND

Subtalar arthroereisis has been performed for more than 50 years, with a variety of implant designs and compositions. The Maxwell-Brancheau Arthroereisis implant is the most frequently reported, although other devices such as the HyProCure, subtalar arthroereisis peg, and Kalix are also described in the medical literature. The Maxwell-Brancheau Arthroereisis implant is described as reversible and easy to insert, with the additional advantage that it does not require bone cement. In children, insertion of the Maxwell-Brancheau Arthroereisis implant may be offered as a stand-alone procedure, although children and adults often require adjunctive surgical procedures on bone and soft tissue to correct additional deformities.

### COVERAGE

#### Medicare Advantage Plans and Commercial Products

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

### CODING

The following code(s) are not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

**0335T** Insertion of sinus tarsi implant

**S2117** Arthroereisis, subtalar

## RELATED POLICIES

Not applicable

## PUBLISHED

Provider Update, November 2022

## REFERENCES

1. Chong DY, Macwilliams BA, Hennessey TA, et al. Prospective comparison of subtalar arthroereisis with lateral column lengthening for painful flatfeet. *J Pediatr Orthop B*. Jul 2015; 24(4): 345-53. PMID 25856275
2. Metcalfe SA, Bowling FL, Reeves ND. Subtalar joint arthroereisis in the management of pediatric flexible flatfoot: a critical review of the literature. *Foot Ankle Int*. Dec 2011; 32(12): 1127-39. PMID 22381197
3. Graham ME, Jawrani NT, Chikka A. Extrasosseous talotarsal stabilization using HyProCure(R) in adults: a 5-year retrospective follow-up. *J Foot Ankle Surg*. Jan-Feb 2012; 51(1): 23-9. PMID 22196455
4. Vedantam R, Capelli AM, Schoenecker PL. Subtalar arthroereisis for the correction of planovalgus foot in children with neuromuscular disorders. *J Pediatr Orthop*. May-Jun 1998; 18(3): 294-8. PMID 9600551
5. Nelson SC, Haycock DM, Little ER. Flexible flatfoot treatment with arthroereisis: radiographic improvement and child health survey analysis. *J Foot Ankle Surg*. May-Jun 2004; 43(3): 144-55. PMID 15181430
6. Needleman RL. A surgical approach for flexible flatfeet in adults including a subtalar arthroereisis with the MBA sinus tarsi implant. *Foot Ankle Int*. Jan 2006; 27(1): 9-18. PMID 16442023
7. Cicchinelli LD, Pascual Huerta J, Garcia Carmona FJ, et al. Analysis of gastrocnemius recession and medial column procedures as adjuncts in arthroereisis for the correction of pediatric pes planovalgus: a radiographic retrospective study. *J Foot Ankle Surg*. Sep-Oct 2008; 47(5): 385-91. PMID 18725117
8. Lucaccini C, Zambianchi N, Zanotti G. Distal osteotomy of the first metatarsal bone in association with sub-talar arthroereisis, for hallux valgus correction in abnormal pronation syndrome. *Chir Organi Mov*. Dec 2008; 92(3): 145-8. PMID 19082522
9. Scharer BM, Black BE, Sockrider N. Treatment of painful pediatric flatfoot with Maxwell-Brancheau subtalar arthroereisis implant a retrospective radiographic review. *Foot Ankle Spec*. Apr 2010; 3(2): 67-72. PMID 20400415
10. Brancheau SP, Walker KM, Northcutt DR. An analysis of outcomes after use of the Maxwell-Brancheau Arthroereisis implant. *J Foot Ankle Surg*. Jan-Feb 2012; 51(1): 3-8. PMID 22196453
11. Bresnahan PJ, Chariton JT, Vedpathak A. Extrasosseous talotarsal stabilization using HyProCure(R): preliminary clinical outcomes of a prospective case series. *J Foot Ankle Surg*. Mar-Apr 2013; 52(2): 195-202. PMID 23313499
12. Scher DM, Bansal M, Handler-Mataras S, et al. Extensive implant reaction in failed subtalar joint arthroereisis: report of two cases. *HSS J*. Sep 2007; 3(2): 177-81. PMID 18751791
13. Saxena A, Nguyen A. Preliminary radiographic findings and sizing implications on patients undergoing bioabsorbable subtalar arthroereisis. *J Foot Ankle Surg*. May-Jun 2007; 46(3): 175-80. PMID 17466243
14. Cook EA, Cook JJ, Basile P. Identifying risk factors in subtalar arthroereisis explantation: a propensity-matched analysis. *J Foot Ankle Surg*. Jul-Aug 2011; 50(4): 395-401. PMID 21708340
15. National Institute for Health and Care Excellence (NICE). Sinus Tarsi Implant Insertion for Mobile Flatfoot [IPG305]. 2009; <https://www.nice.org.uk/guidance/IPG305>. Accessed March 11, 2022.
16. Harris EJ, Vanore JV, Thomas JL, et al. Diagnosis and treatment of pediatric flatfoot. *J Foot Ankle Surg*. Nov-Dec 2004; 43(6): 341-73. PMID 15605048
17. Lee MS, Vanore JV, Thomas JL, et al. Diagnosis and treatment of adult flatfoot. *J Foot Ankle Surg*. Mar-Apr 2005; 44(2): 78-113. PMID 15768358
18. Piraino JA, Theodoulou MH, Ortiz J, et al. American College of Foot and Ankle Surgeons Clinical Consensus Statement: Appropriate Clinical Management of Adult-Acquired Flatfoot Deformity. *J Foot Ankle Surg*. Mar 2020; 59(2): 347-355. PMID 32131002

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