

Medical Coverage Policy | Subtalar Arthroereisis



EFFECTIVE DATE: 01|01|2023

POLICY LAST UPDATED: 04|19|2023

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

For individuals who have flatfoot who receive subtalar arthroereisis, the evidence includes mainly single-arm case series and a small nonrandomized controlled trial comparing subtalar arthroereisis with lateral column calcaneal lengthening. Relevant outcomes are symptoms, functional outcomes, and quality of life. The small nonrandomized comparative trial (N=24 feet) is considered preliminary, and interpretation of the case series evidence is limited by the use of adjunctive procedures in addition to subtalar arthroereisis, creating difficulties in determining the extent to which each modality contributed to the outcomes. Another limitation of the published data is the lack of long-term outcomes, which is of particular importance because the procedure is often performed in growing children. Also, some studies have reported high rates of complications and implant removal. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have talotarsal joint dislocation who receive subtalar arthroereisis, the evidence consists of 1 prospective single-arm study of talotarsal stabilization using HyProCure. Relevant outcomes are symptoms, functional outcomes, and quality of life. Although improvements in pain and function were observed, the current evidence on the use of subtalar arthroereisis for treatment of talotarsal joint dislocation is insufficient to draw conclusions about treatment efficacy with certitude. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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

Medicare Advantage Plans and Commercial Products

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

None

PUBLISHED

Provider Update, June 2023

Provider Update, November 2022

REFERENCES

1. Chong DY, Macwilliams BA, Hennessey TA, et al. Prospective comparison of subtalar arthroereisis with lateral columnlengthening 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 criticalreview of the literature. *Foot Ankle Int*. Dec 2011; 32(12): 1127-39. PMID 22381197
3. Graham ME, Jawrani NT, Chikka A. Extraosseous talotarsal stabilization using HyProCure® in adults: a 5-yearretrospective follow-up. *J Foot Ankle Surg*. 2012; 51(1): 23-9. PMID 22196455
4. Vedantam R, Capelli AM, Schoenecker PL. Subtalar arthroereisis for the correction of planovalgus foot in children withneuromuscular disorders. *J Pediatr Orthop*. 1998; 18(3): 294-8. PMID 9600551
5. Nelson SC, Haycock DM, Little ER. Flexible flatfoot treatment with arthroereisis: radiographic improvement and childhealth survey analysis. *J Foot Ankle Surg*. 2004; 43(3): 144-55. PMID 15181430/www.bcbsaoca.com/sites_data/mpp_pub_final/pol_7.01.104.html 10/12
6. Needleman RL. A surgical approach for flexible flatfeet in adults including a subtalar arthroereisis with the MBA sinus tarsiimplant. *Foot Ankle Int*. Jan 2006; 27(1): 9-18. PMID 16442023
7. Cicchinelli LD, Pascual Huerta J, García Carmona FJ, et al. Analysis of gastrocnemius recession and medial columnprocedures as adjuncts in arthroereisis for the correction of pediatric pes planovalgus: a radiographic retrospective study.*J Foot Ankle Surg*. 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-talararthroereisis, for hallux valgus correction in abnormal pronation syndrome. *Chir Organi Mov*. Dec 2008; 92(3): 145-8. PMID19082522
9. Scharer BM, Black BE, Sockrider N. Treatment of painful pediatric flatfoot with Maxwell-Brancheau subtalar arthroereisisimplant 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 Arthroereisisimplant. *J Foot Ankle Surg*. 2012; 51(1): 3-8. PMID 22196453
11. Bresnahan PJ, Chariton JT, Vedpathak A. Extraosseous talotarsal stabilization using HyProCure®: preliminary clinicaloutcomes of a prospective case series. *J Foot Ankle Surg*. 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 oftwo 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 bioabsorbablesubtalar arthroereisis. *J Foot Ankle Surg*. 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. *JFoot Ankle Surg*. 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 7, 2023.

16. 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. 2020; 59(2): 347-355. PMID32131002

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

