Medical Policy
Subtalar Arthroereisis

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Policy Number: 299
BCBSA Reference Number: 7.01.104

Related Policies
• Total Ankle Replacement #193

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members
Subtalar arthroereisis is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
CPT Codes
There is no specific CPT code for this service.

HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2117</td>
<td>Arthroereisis, subtalar</td>
</tr>
</tbody>
</table>

ICD-9 Diagnosis Codes
Investigational for all diagnoses.

ICD-9 Procedure Codes
When the following ICD 9 procedure codes are associated with the service(s) described in this document coverage for the service(s) is aligned with the policy statement.

<table>
<thead>
<tr>
<th>ICD-9-CM procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.18</td>
<td>Subtalar joint arthroereisis</td>
</tr>
</tbody>
</table>

ICD-10 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0SUH0JZ</td>
<td>Supplement Right Tarsal Joint with Synthetic Substitute, Open Approach</td>
</tr>
<tr>
<td>0SUH4JZ</td>
<td>Supplement Right Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0SUJ0JZ</td>
<td>Supplement Left Tarsal Joint with Synthetic Substitute, Open Approach</td>
</tr>
<tr>
<td>0SUJ4JZ</td>
<td>Supplement Left Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach</td>
</tr>
</tbody>
</table>

Description
Arthroereisis (also referred to as arthrosis) is the limitation of excessive movement across a joint. Subtalar arthroereisis (STA) is performed by placing an implant in the sinus tarsi (a canal located between the talus and the calcaneus) and is designed to correct excessive talar displacement and calcaneal eversion.

Flexible flatfoot is a common disorder, anatomically described as excessive pronation during weight bearing due to anterior and medial displacement of the talus. It may be congenital in nature or it may be acquired in adulthood due to posterior tibial tendon dysfunction, which in turn may be caused by trauma, overuse, and inflammatory disorders. Symptoms include dull, aching and throbbing, cramping pain. Conservative treatments include orthotics or shoe modifications. Surgical approaches for painful flatfoot deformities include tendon transfers, osteotomy, and arthrodesis.

Examples of devices for STA include the Maxwell-Brancheau Arthroereisis (MBA) implant from Integra LifeSciences Corp, the SubFix™ arthroereisis implant from Memometal Technologies, and the Arthrex ProStop Plus™ from Arthrex. All devices for STA are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
Data in the published medical literature are inadequate to permit scientific conclusions. One limitation of the published data is the lack of long-term outcomes. Another limitation is the lack of controlled studies comparing use of the implants with other surgical procedures (alone or in combination). Therefore, subtalar arthroereisis is considered investigational.
Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/2015</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>1/1/2011</td>
<td>New policy describing ongoing non-coverage.</td>
</tr>
</tbody>
</table>

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References