



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Medical Policy Subtalar Arthroereisis

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 299

BCBSA Reference Number: 7.01.104
NCD/LCD: NA

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

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.
Medicare PPO BlueSM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD 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.

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

HCPCS codes:	Code Description
S2117	Arthroereisis, subtalar

ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0SUH0JZ	Supplement Right Tarsal Joint with Synthetic Substitute, Open Approach
0SUH4JZ	Supplement Right Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach
0SUJ0JZ	Supplement Left Tarsal Joint with Synthetic Substitute, Open Approach
0SUJ4JZ	Supplement Left Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach

Description

Subtalar arthroereisis has been performed for more than 50 years, with a variety of implant designs and compositions. The Maxwell-Brancheau Arthroereisis (MBA) 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 MBA 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 MBA 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.

Summary

Arthroereisis is a surgical procedure that purposely limits movement across a joint. Subtalar arthroereisis (STA) 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.

For individuals who have flatfoot or talotarsal joint dislocation who receive STA, the evidence includes mainly single-arm case series and a small nonrandomized controlled trial comparing STA with lateral column calcaneal lengthening. The 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 STA, 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 the effects of the technology on health outcomes.

Policy History

Date	Action
5/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.

11/2015	New references added from BCBSA National medical policy.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
1/1/2011	New policy describing ongoing non-coverage.

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

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):345-353. 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):1127-1139. PMID 22381197.
3. Graham ME, Jawrani NT, Chikka A. Extraosseous talotarsal stabilization using HyProCure(R) in adults: a 5-year retrospective follow-up. *J Foot Ankle Surg*. Jan-Feb 2012;51(1):23-29. 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):294-298. 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):144-155. 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):385-391. PMID 18725117.
8. 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.
9. Bresnahan PJ, Chariton JT, Vedpathak A. Extraosseous 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.
10. 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):177-181. PMID 18751791.
11. 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):175-180. PMID 17466243.
12. 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.
13. 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 13, 2019.
14. Harris EJ, Vanore JV, Thomas JL, et al. Clinical Practice Guideline Pediatric Flatfoot Panel: American College of Foot and Ankle Surgeons (ACFAS). Diagnosis and treatment of pediatric flatfoot. *J Foot Ankle Surg*. Nov-Dec 2004;43(6):341-373. PMID 15605048.

15. Lee MS, Vanore JV, Thomas JL, et al. Clinical Practice Guideline Adult Flatfoot Panel: American College of Foot and Ankle Surgeons (ACFAS). Diagnosis and treatment of adult flatfoot. *J Foot Ankle Surg.* Mar-Apr 2005;44(2):78-113. PMID 15768358.