

02-99221-17

Original Effective Date: 09/15/12

Reviewed: 05/23/19

Revised: 06/15/19

Subject: Subtalar Arthroereisis

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

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, inflammatory disorders, and other factors. Symptoms include dull, aching and throbbing, cramping pain, which in children may be described as growing pains. Additional symptoms include refusal to participate in athletics or walking long distances. Conservative treatments include orthotics or shoe modifications. Surgical approaches for painful flatfoot deformities include tendon transfers, osteotomy, and arthrodesis. Arthroereisis with a variety of implant designs has also been investigated.

Arthroereisis is a surgical procedure that limits movement across a joint. Subtalar arthroereisis (also called extraosseous talotarsal stabilization) is designed to correct excessive talar displacement and calcaneal eversion by reducing pronation across the subtalar joint. The stabilization procedure is performed by placing an implant in the sinus tarsi, which is a canal located between the talus and the calcaneus.

Several implants have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. In general, these devices are indicated for insertion into the sinus tarsi of the foot, allowing normal subtalar joint motion while blocking excessive pronation.

POSITION STATEMENT:

Subtalar arthroereisis is considered **experimental or investigational** for all indications. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

0335T	Insertion of sinus tarsi implant (Investigational)
0510T	Removal of sinus tarsi implant (Investigational)
0511T	Removal and reinsertion of sinus tarsi implant (Investigational)

HCPCS Coding:

S2117	Arthroereisis, subtalar (Investigational)
-------	--

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Noncovered Services (L33777) located at fcso.com.

DEFINITIONS:

Calcaneus: The largest tarsal bone situated at the lower and back part of the foot, forming the heel.

Flatfoot: A condition in which one or more of the arches of the foot have flattened out.

Talus: A small bone that sits between the calcaneus (heel bone) and the tibia and fibula to form the ankle joint.

RELATED GUIDELINES:

[Total Ankle Replacement, 02-99221-15](#)

OTHER:

None applicable.

REFERENCES:

1. American Academy of Orthopedic Surgeons (AAOS), AAOS Now- Treatment for Pediatric Pes Planus Debated, May 2011. Accessed at aaos.org.
2. Blue Cross Blue Shield Association Medical Policy Reference Manual, 7.01.104 Subtalar Arthroereisis, 05/19.
3. First Coast Service Options, Inc. (FCSO) Local Coverage Determination (LCD): Noncovered Services (L33777); accessed at fcso.com.

4. Graham ME, et al, Radiographic Evaluation of Navicular Position in the Sagittal Plane- Correction Following an Extraosseous Talotarsal Stabilization Procedure. J Foot Ankle Surg. 2011 Sep-Oct;50(5):551-7.
5. 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.
6. Indino C, Villafane JH, et al. Effectiveness of subtalar arthroereisis with endorthesis for pediatric flexible flat foot: a retrospective cross-sectional study with final follow up at skeletal maturity. Foot Ankle Surg. 2018 Dec 21. pii: S1268-7731(18)30505-8. doi: 10.1016/j.fas.2018.12.002. [Epub ahead of print]. PMID: 30598422.
7. Koning PM, Heesterbeek PJ, et al, Subtalar arthroereisis for pediatric flexible pes planovalgus: fifteen years experience with the cone-shaped implant. J Am Podiatr Med Assoc. 2009 Sep-Oct;99(5):447-53.
8. Lawton CD, Butler BA, et al, Total ankle arthroplasty versus ankle arthrodesis-a comparison of outcomes over the last decade. J Orthop Surg Res. 2017 May 18;12(1):76.
9. 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.
10. National Institute for Clinical Excellence (NICE). Sinus Tarsi Implant Insertion for Mobile Flatfoot: Interventional Procedure Guidance 305. 2009; accessed at nice.org.uk/guidance.
11. Suh DH, Park JH, et al. Lateral column lengthening versus subtalar arthroereisis for paediatric flatfeet: a systematic review. Int Orthop. 2019 Jan 30. doi: 10.1007/s00264-019-04303-3. [Epub ahead of print]. PMID: 30701302.
12. U.S. Food and Drug Administration (FDA), accessed at fda.gov.
13. Walley KC, Greene G, et al. Short- to Mid-Term Outcomes Following the Use of an Arthroereisis Implant as an Adjunct for Correction of Flexible, Acquired Flatfoot Deformity in Adults. Foot Ankle Spec. 2018 Apr 1:1938640018770242. doi: 10.1177/1938640018770242.[Epub ahead of print]. PMID: 29644885.
14. Wong DW, Wang Y, et al. Biomechanical consequences of subtalar joint arthroereisis in treating posterior tibial tendon dysfunction: a theoretical analysis using finite element analysis. Comput Methods Biomech Biomed Engin. 2017 Nov;20(14):1525-1532.doi: 10.1080/10255842.2017.Epub 2017 Sep 27. PMID: 28952799.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 05/23/19.

GUIDELINE UPDATE INFORMATION:

09/15/12	New Medical Coverage Guideline.
10/15/13	Annual Review; position statement maintained, program exception and references updated.
01/01/14	Annual HCPCS update. Added code 0335T.
11/15/14	Annual review; no change to position statement; references updated.

11/01/15	Revision: ICD-9 Codes deleted.
11/15/15	Annual review; position statement maintained; references updated.
10/15/17	Review; investigational position maintained; guideline description, coding, and references updated.
02/15/18	Revision; coding section updated.
01/01/19	Annual CPT/HCPCS coding update. Added codes 0510T, 0511T; revised code 0335T.
06/15/19	Review; position statement maintained and references updated.