02-99221-17

Original Effective Date: 09/15/12

Reviewed: 05/28/26

Revised: 06/15/26

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:

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.

Summary and Analysis of Evidence: The American College of Foot and Ankle Surgeons Clinical Consensus Statement: Appropriate Clinical Management of Adult-Acquired Flatfoot Deformity (2020) states, “Subtalar arthroereisis should not be considered as a single corrective procedure for stage IIB AAFD [adult flatfoot].” Ghali, et al (2022) concluded “The subtalar arthroereisis surgery, nonetheless, requires future long-term prospective studies examining the biomechanics of the procedure and implant, as well as forthcoming complications. Given its current conventional use and potential for improvement, subtalar arthroereisis can undergo immense progress regarding establishing evidence-based clinical guidelines and reaching a better consensus on how to optimize this surgery.” For patients with flatfoot who receive subtalar arthroereisis and patients who have talotarsal joint dislocation who receive subtalar arthroereisis, the evidence includes single-arm observational studies, systematic reviews and nonrandomized controlled trial. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome. Talotarsal joint dislocation treated with subtalar arthroereisis, the evidence consists of a prospective single-arm studies. Although improvements in pain and function were observed, the current evidence 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.

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: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

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:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 05/28/26.

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.
06/15/20	Review: position statement maintained, and references updated.

06/15/22	Review: Position statement maintained; references updated.
08/21/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.
06/15/24	Review: Position statement maintained; description and references updated.
06/15/25	Review: Position statement maintained and references updated.
06/15/26	Annual review: Position statement maintained; references updated.