

Subtalar Arthroereisis

Policy Number: PG0321
Last Review: 07/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Subtalar arthroereisis (STA) is a surgical procedure that involves placing an implant that has the appearance of a threaded cylinder into the sinus tarsi between the talus and calcaneus (heel) to stabilize the foot. STA or extraosseous talotarsal stabilization is designed to correct excessive talar displacement and calcaneal eversion by reducing pronation across the subtalar joint. It may be performed on children for congenital flexible flatfoot associated with ligamentous laxity.

A number of implants have been cleared for marketing by the U.S. Food and Drug Administration 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.

Examples of U.S. Food and Drug Administration (FDA) approved implants utilized during subtalar arthroereisis include, but may not be limited to:

- Angled Subtalar Implant (ASI)
- Arthrex Prostop and Arthrex Prostop Plus Subtalar
- Arthroeresis Implant
- Bioarch Subtalar Arthroereisis Implant
- bioBLOCK Resorbable Subtalar Implant
- BioPro Horizon Subtalar Implant
- Conical Subtalar Implant (CSI)
- Disco Subtalar Implant
- Extraosseous Talotarsal Stabilization (EOTTS)
- Futura Angled Subtalar Implant
- Futura Conical Subtalar Implant
- HyProCure Sinus Tarsi Implant
- IFS Subtalar Implant
- Instratek Sub-Talar Lok Arthroereisis Implant System
- Kalix II
- Lundeen Subtalar Implant
- Maxwell-Brancheau arthroereisis (MBA) Implant

- MBA Resorb Implant
- MetaSurg BioArch Subtalar Implant System
- Nexa Orthopedics Subtalar Peg
- Normed Vario Subtalar Screw
- OsteoMed Talar-Fit Subtalar Implant System
- OsteoSpring FootJack Subtalar Implant System
- Smith Subtalar Arthroereisis Implant
- Solana Surgical Gaitway Implant
- STA-Peg
- SubFix Arthroereisis Implant
- Subtalar Maxwell-Brancheau Arthroereisis (MBA) Implant System
- Sub-Talar Lok Arthroereisis Subtalar Implant System
- Talus of Vilex (TOV) Subtalar Implant
- Trilliant Twist Subtalar Implant

This policy only applies to subtalar arthroereisis (sinus tarsi implant or stent) surgery, a corrective operation to limit range of motion at the subtalar joint in cases of excessive mobility. (S2117, 0335T, 0510T, 0511T)

Arthrodesis describes a surgical fusion of a joint so that the bones grow together. Subtalar arthrodesis (joint fusion) surgery is not addressed in this policy. (28585, 28725, 28735, 28740, 29907). Arthrodesis procedures should not be incorrectly coded for arthroereisis procedures, which is a significantly different procedure.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans
Subtalar Arthroereisis (0335T, 0511T) requires prior authorization for all product lines.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Paramount has determined that subtalar arthroereisis in adults is considered experimental/investigational. It has not been scientifically demonstrated to be an effective treatment for the condition of flexible flatfoot

Paramount has determined that subtalar arthroereisis is considered medically necessary when the criteria below are met for children:

1. Correction needed for painful, flexible pediatric pes planovalgus. Member has symptoms of pain are along the medial aspect of the foot, ankle, or leg and has abnormal gait patterns along with decreased endurance with ambulation.
2. Clinically, a prominent talar head medially, calcaneovalgus (everted heels) and positive Helbing sign (bowed Achilles tendon) are present.
3. Unresponsive to conservative, non-surgical care for greater than six months consisting of orthotic control and supportive shoes. Physical therapy had a very low success rate in relieving pain.
4. Member with radiographic evidence that may include: open epiphyses, decreased talo-navicular articulation, decreased calcaneal inclination angle, increased talar declination angle, medial column fault, and increased forefoot abductus angle.

Paramount has determined that subtalar arthroereisis is non-covered for, but may not be limited to:

1. Tarsal Coalition
2. Talipes equinovarus deformity (club foot)
3. Congenital and adult-onset flatfoot deformities (e.g., pes planus, pes planovalgus, pes valgus);
4. Congenital Vertical Talus
5. Peroneal Spastic Flatfoot
6. Skewfoot

7. Rigid flatfoot with arthritic changes
8. Posterior tibial tendon dysfunction
9. Talotarsal joint subluxation/hypermobility

Physicians may be using an unlisted procedure code (28899 and 27899) to describe subtalar arthroereisis. CPT code 28725 describes subtalar arthrodesis, which is a significantly different procedure.

Paramount may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

There are no specific CPT codes for subtalar arthroereisis.

CPT CODE	
0335T	Insertion of sinus tarsi implant [Effective January 1, 2014, category III code 0335T was created for the insertion of the HyProCure® device.]
0510T	Removal of sinus tarsi implant
0511T	Removal and reinsertion of sinus tarsi implant
Related Procedure Codes	
27899	Unlisted procedure, leg or ankle (Not Covered if used to report subtalar arthroereisis implantation)
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed (Not Covered if used to report subtalar arthroereisis implantation)
28725	Arthrodesis; subtalar (Procedure 28725 should not be codes for subtalar arthroereisis, which describes joint fusion. Not Covered if used to report subtalar arthroereisis implantation)
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (e.g., flatfoot correction) (Not Covered if used to report subtalar arthroereisis implantation)
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint (Not Covered if used to report subtalar arthroereisis implantation)
28899	Unlisted procedure, foot or toes (Not Covered if used to report subtalar arthroereisis implantation)
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis (Not Covered if used to report subtalar arthroereisis implantation)

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 04/23/2015

Date	Explanation & Changes
04/23/15	<ul style="list-style-type: none"> Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
03/25/16	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
04/21/17	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
03/22/18	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
04/26/18	<ul style="list-style-type: none"> Criteria updated to state covered for children versus age 6 to 12 years old. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
10/25/18	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
12/21/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
07/15/2021	<ul style="list-style-type: none"> Added procedure codes 0510T and 0511T Procedure 0511T added to the Prior Authorization requirement

	<ul style="list-style-type: none"> • Policy reviewed and updated to reflect most current clinical evidence
02/22/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
03/08/2024	<ul style="list-style-type: none"> • Medical policy placed on the new Paramount Medical Policy Format
07/01/2024	<ul style="list-style-type: none"> • Policy reviewed and updated to reflect most current clinical evidence • Removed the S-code, S2117, Paramount does not recognize S-codes for reimbursement

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review