



Status

Active

Medical and Behavioral Health Policy

Section: Surgery

Policy Number: IV-26

Effective Date: 10/22/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

SUBTALAR ARTHROEREISIS

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 may be acquired in adulthood due to posterior tibial tendon dysfunction. Symptoms include dull cramping pain, which in children may be described as growing pains. Conservative treatments include orthotics or shoe modifications.

Arthroereisis (also referred to as arthroisis) is the limitation of excessive movement across a joint. Subtalar arthroereisis is designed to correct the excessive talar displacement and calcaneal eversion by placing an implant in the sinus tarsi, a canal located between the talus and the calcaneous. Subtalar arthroereisis has been performed for a number of years, with a variety of implant designs and compositions. Examples of available implants include: the Maxwell-Brancheau Arthroereisis (MBA) implant, the STA-peg, and the Kalix® II implant.

Policy: Subtalar arthroereisis is considered **INVESTIGATIVE** for treatment of all flatfoot conditions in children and adults due to the lack of evidence demonstrating an impact on improved health outcomes.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding:

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:

28899 Unlisted procedure, foot or toes

0335T Extra-osseous subtalar joint implant for talotarsal stabilization

HCPCS:

S2117 Arthroereisis, subtalar

ICD-9 Procedure:

81.18 Subtalar joint arthroereisis

ICD-10 Procedure:

0SUH0JZ Supplement Right Tarsal Joint with Synthetic Substitute, Open Approach

OSUH3JZ Supplement Right Tarsal Joint with Synthetic Substitute, Percutaneous Approach

OSUH4JZ Supplement Right Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach

OSUJ0JZ Supplement Left Tarsal Joint with Synthetic Substitute, Open Approach

OSUJ3JZ Supplement Left Tarsal Joint with Synthetic Substitute, Percutaneous Approach

OSUJ4JZ Supplement Left Tarsal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach

Policy History:

Developed April 12, 2006

Most recent history:

Reviewed November 9, 2011

Reviewed November 14, 2012

Reviewed November 13, 2013
Reviewed October 8, 2014

**Cross
Reference:**

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