GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Subtalar arthroereisis 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. It may be performed on children for congenital flexible flatfoot associated with ligamentous laxity.

Examples of U.S. Food and Drug Administration (FDA) approved implants utilized during subtalar arthroereisis include, but may not be limited to:
- Arthrex ProStop Plus™Arthroereisis Subtalar Implant (Arthrex, Inc., Naples, FL)
- HyProCure Subtalar Implant System (Graham Medical Technologies, LLC, Shelby Township, MI)
- MBA Resorb Implant (Kinetikos Medical Inc. Carlsbad, CA)
- OsteoMed Subtalar Implant System (OsteoMed L.P., Addison TX)
- STA-Peg Implant (Wright Medical, Arlington, TN)
- SubFix™ Arthroereisis Implant (Memometal Technologies, Bruz, France)
- Subtalar Arthrorisis Implant (Nexa Orthopedics, Inc., Vista, CA)
- Subtalar Lok Implant (Instratek, Inc., Spring, TX)
- Subtalar MBA System (KMI [Kinetikos Medical Inc.], San Diego, CA)
- Subtalar Peg Implant (Nexa Orthopedics, Inc., Vista, CA)
- Talus of Vilex (TOV) (Vilex, Inc., Pittsburgh, PA)

POLICY
Subtalar arthroereisis (S2117, 0335T) requires prior authorization for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
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 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 which 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:
1. Tarsal Coalition
2. Congenital Vertical Talus
3. Peroneal Spastic Flatfoot
4. Skewfoot
5. Rigid flatfoot with arthritic changes.

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.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2117</td>
<td>Arthroereisis, subtalar</td>
</tr>
<tr>
<td>0335T</td>
<td>Extra-osseous subtalar joint implant for talotarsal stabilization</td>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 01/11/2012, 02/13/2013, 02/14/2014, 04/23/2015, 03/25/2016, 04/21/2017, 03/22/2018, 04/26/2018, 10/25/2018

**REVISION HISTORY EXPLANATION**

- **04/23/15:** Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
- **03/25/16:** Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
- **04/21/17:** Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
- **03/22/18:** Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
- **04/26/18:** 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:** Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.