

# Extracorporeal Subtalar Joint Implantation and Subtalar Arthroereisis



INDEPENDENT CARE HEALTH PLAN

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Line of Business: Medicare

## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for extracorporeal subtalar joint implantation and subtalar arthroereisis.

## 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 bone and calcaneus (heel) to stabilize the foot. It may be performed on both children and adults for congenital and adult-onset flatfoot (eg, pes planus, pes planovalgus and pes valgus) deformities.

Examples of US Food & Drug Administration (FDA) approved implants utilized during subtalar arthroereisis include, but may not be limited to:

- Arthrex ProStop arthroereisis subtalar implant
- Gaitway implant system
- HyProCure subtalar implant systems
- OsteoMed Talar-Fit subtalar implant
- SubFix arthroereisis implant
- SubTalar Lok implant
- Subtalar Maxwell-Brancheau arthroereisis (MBA) system
- Trilliant Twist surgical subtalar implant

Talotarsal joint subluxation/ hypermobility occurs when the ankle bones have become displaced from their correct position on the hindfoot bones creating an imbalance or malalignment. Purportedly, this malalignment is a primary contributing cause to many foot and ankle problems including flatfoot. A subtalar joint implant (HyProCure) is used to correct subluxation during the extraosseous subtalar joint implantation or extraosseous talotarsal stabilization (EOTTS) surgical procedure.

## Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

### Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	
28725	Arthrodesis; subtalar	
28899	Unlisted procedure, foot or toes	
CPT® Category III Code(s)	Description	Comments
0335T	Insertion of sinus tarsi implant	
0510T	Removal of sinus tarsi implant	
0511T	Removal and reinsertion of sinus tarsi implant	
HCPCS Code(s)	Description	Comments
No code(s) identified		

### Change Summary

- 01/01/2024 New Policy.