Subtalar Arthroereisis Implant for Pediatric Patients

MPM 19.6

Disclaimer

Refer to the member’s specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Subtalar arthroereisis is a treatment option for pediatric patients with a diagnosis of flexible flatfoot or flatfoot associated with generalized ligamentous laxity, as seen in Marfan disease, Ehlers-Danlos Syndrome, Down syndrome, cerebral palsy, myelomeningocele, developmental delay, genetic diseases and other syndromes.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: [https://ds.phs.org/preslogin/index.jsp](https://ds.phs.org/preslogin/index.jsp)

This technology has been reviewed by the Technology Assessment Committee and the Medical Policy Committee.

All of the following criteria must be met.

1. Age six through eighteen. The navicular bone and other bones in the medial arch should have completed the growth process.

2. Symptomatic form of flexible flatfoot, which alters functions and produces findings such as pain along the medial side of the foot; pain in the sinus tarsi, leg and knee; decreased endurance; gait disturbances; prominent medial talar head, everted heels; and heel cord tightness.

3. Documentation of unsuccessful conservative, non-surgical treatment that has failed to reduce symptoms or prevent progression of the deformity.

Exclusions

- Congenital vertical talus (CVT)
- Tarsal coalition
- Peroneal spastic flatfoot without coalition
- Iatrogenic and post traumatic deformity
- Skewfoot

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and *Schedule of Benefits* to determine coverage.

[MPMPPC111004]
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Medical Terms

**Subtalar Arthroereisis**: Operative limitation or restraint of excessive or abnormal motion across a joint, intended to treat the hyperpronated foot by stabilizing the subtalar joint, thus blocking the forward, downward, and medial displacement of the talus, and limiting excessive eversion of the hindfoot.

**Flatfoot**: A congenital or acquired condition in which one or more arches of the foot have been lowered and flattened out. Numerous causes for flatfoot have been described. Flatfoot is also known as pes planus or pes valgus.

Coding

The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>28899</td>
<td>Unlisted procedure, foot or toes</td>
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<table>
<thead>
<tr>
<th>HCPCS® Codes</th>
<th>Description</th>
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<tr>
<td>S2117</td>
<td>Arthroereisis, subtalar</td>
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<table>
<thead>
<tr>
<th>ICD-9® Procedure Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>734</td>
<td>Flatfoot</td>
</tr>
<tr>
<td>736.79</td>
<td>Other acquired deformities of ankle and foot</td>
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<tr>
<td>754.61</td>
<td>Congenital pes planus</td>
</tr>
<tr>
<td>754.69</td>
<td>Other valgus deformities of the foot</td>
</tr>
</tbody>
</table>

Reviewed


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Approval Signatures:

Clinical Quality Committee: ________________________________
Norman White MD

Medical Director: ________________________________
Pedro Cardona MD

Approval Date: September 28, 2016

Publication History

09-27-06: Original Effective Date
10-24-07: Annual Review
11-19-08: Annual Review
11-18-09: Annual Review
12-01-10: Annual Review
02-22-12: Annual Review
01-30-13: Annual Review
01-29-14: Presbyterian policy retired now using Aetna # 0669.
03-25-15: Discontinuing use of Aetna policy and reinstituting the original Presbyterian policy.
09-28-16: Annual Review. No change.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at our Web site at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm

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