ANKLE ARTHROEREISIS AND SUBTALAR IMPLANT

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Arthroereisis, also called arthroisis or arthroerisis, is a procedure designed to limit excessive motion across a joint. Subtalar Arthroereisis, or extraosseous talotarsal stabilization (EOTTS), describes the use of an implant to correct flexible flatfoot (pes planus) which is described as excessive pronation during weight bearing due to displacement of the talus. Flatfoot may be congenital or acquired in adulthood because of Posterior Tibial Tendon Dysfunction (PTTD). PTTD may be caused by inflammatory disorders or trauma. Arthroereisis has also been investigated as a means to correct other disorders of the feet.
ANKLE ARTHROEREISIS AND SUBTALAR IMPLANT (cont.)

Description: (cont.)

Arthroereisis differs from arthrodesis, which is the immobilization of a joint.

Subtalar implants include, but are not limited to:

- Biopro® Subtalar Implant
- HyProCure® Subtalar Implant System
- Lundeen Subtalar Peg Implant
- Smith Subtalar Peg (also referred to as STA-peg)
- Subtalar MBA® System
- Talar-Fit™ Subtalar Arthroereisis Implant
- Subtalar Peg Implant
- The Kalix™ Implant
- Threaded Fixation Pin

Criteria:

FOOT CARE, INCLUDING THE TREATMENT OF FLAT FEET, IS NOT A COVERED BENEFIT FOR MANY PLANS. REFER TO THE MEMBER’S SPECIFIC BENEFIT PLAN BOOK.

- If benefit coverage for flat feet is available, subtalar arthroereisis and subtalar implant for individuals 4 years of age through 15 years of age are considered medically necessary with documentation of ANY of the following:
  1. Collapsing pes valgo planus
  2. Dorsolateral peritalar subluxation
  3. Hindfoot pronation
  4. Pes valgo planus deformity
  5. Planovalgus
  6. Subtalar instability
  7. Subtalar joint subluxation
  8. Symptomatic pes valgus (also called talipes valgus)
  9. Tarsal coalitions between the calcaneus and navicular bones
  10. Unsuccessful long term orthopedic treatment (shoes, insoles, etc.)
ANKLE ARTHROEREISIS AND SUBTALAR IMPLANT (cont.)

Criteria: (cont.)

- If benefit coverage for flat feet is available, subtalar arthroereisis and subtalar implant for all other indications not previously listed is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, but are not limited to:

- Paralytic flatfoot
- Posterior tibial tendon dysfunction
- Tibialis posterior dysfunction

Resources:

ANKLE ARTHROEREISIS AND SUBTALAR IMPLANT (cont.)

Resources: (cont.)


18. The Institute for Foot and Ankle Reconstruction at Mercy. Flat Feet in Childhood. Received 2006.

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