



**UM-CDG-047 Extrasosseous Subtalar Joint Implantation
and Subtalar Arthroereisis**

**Approved By:
Director, Health Services**

**Effective Date:
10/22/2025**

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address extrasosseous subtalar joint implantation and subtalar arthroereisis. 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 to stabilize the foot. Talotarsal joint subluxation/hypermobility occurs when the ankle bones have become displaced from their correct position to the hindfoot bones creating an imbalance or malalignment. It is reported that this malalignment is a primary contributing cause to many foot and ankle problems including flatfoot. A subtalar joint implant is used to correct subluxation during the extrasosseous subtalar joint implantation or extrasosseous talotarsal stabilization (EOTTS) surgical procedure.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

The following are not covered benefits based on statutory exclusion. (US Government Publishing Office. Electronic code of federal regulations: part 4411 – 42 CFR § 411.15 – Particular services excluded from coverage.)

1. Treatment of flatfoot conditions and the prescription of supportive devices, and
2. Subtalar arthroereisis or extrasosseous subtalar joint implantation treatment for flatfoot with any of the following:
 - Congenital and adult-onset flatfoot deformities
 - Posterior tibial tendon dysfunction
 - Talotarsal joint subluxation/hypermobility

These treatments fall within the Medicare program's statutory exclusions that prohibit payment for items and services that have not been demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act).

References:

1. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 15 Section 290-Foot Care. <https://www.cms.gov>. Updated October 1, 2003.
2. ClinicalKey. Gear BJ. Disorders of tendons and fascia and adolescent and adult pes planus. In: Azar F, Beaty JH. *Campbell's Operative Orthopaedics*. 14th ed. Elsevier; 2021:4154-4266.e10. <https://www.clinicalkey.com>.
3. ECRI Institute. Clinical Evidence Assessment. HyProCure II sinus tarsi stent (GraMedica) for correcting foot deformities. <https://www.ecri.org>. Published July 1, 2020.
4. Hayes, Inc. Evidence Analysis Research Brief. HyProCure implant (GraMedica) for treatment of ankle instability. <https://evidence.hayesinc.com>. Published February 27, 2023.
5. US Food & Drug Administration (FDA). 510k summary: HyProCure II. <https://www.fda.gov>. Published October 3, 2014.
6. US Food & Drug Administration (FDA). Summary of safety and effectiveness data: HyProCure subtalar implant system. <https://www.fda.gov>. Published September 14, 2004.