



CLINICAL GUIDELINES

CMM-407: Arthroscopy: Subtalar Joint

Version 1.0

Effective July 1, 2021



Definitions

Red flags indicate comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive therapy.

Clinically meaningful improvement is defined as at least 50% improvement noted on global assessment.

General Guidelines

- Either of the following are considered red flag conditions for subtalar joint arthroscopy:
 - ◆ Post-reduction evaluation and management of the subtalar dislocation
 - ◆ Septic arthritis in the subtalar joint
- Although imaging may be normal, prior to subtalar joint arthroscopy, radiographic imaging should be performed and include both of the following:
 - ◆ Plain X-rays with one or more views (anteroposterior, lateral, axial, and/or Broden's) to confirm and differentiate any of the following:
 - Degenerative joint changes
 - Loose bodies
 - Osteochondral lesions
 - Impingement
 - Calcaneal or talar fractures
 - Os trigonum
 - ◆ Advanced imaging with MRI or CT scan to confirm one or more of the following:
 - Abnormal effusion
 - Os trigonum syndrome
 - Sinus tarsi syndrome
 - Degenerative joint disease
 - Loose bodies
 - Osteochondral lesions
 - Chondromalacia
 - Arthrofibrosis
 - Impingement
 - Calcaneal or talar fractures

Indications

Subtalar joint arthroscopy is considered **medically necessary** when all of the following are met:

- Performed for any of the following:
 - ◆ Subtalar joint pain of indeterminate etiology of at least 3 months
 - ◆ Presence of a loose or foreign body in the subtalar joint
 - ◆ Synovitis of the subtalar joint
 - ◆ Arthritis of the subtalar joint (arthrodesis)
- Subjective symptoms including any of the following:
 - ◆ Painful ankle joint
 - ◆ Joint swelling
 - ◆ Soft-tissue swelling
 - ◆ Painful or altered gait
 - ◆ Stiffness
 - ◆ Catching, locking, giving way
 - ◆ Instability of the ankle/subtalar
- Objective findings including any of the following:
 - ◆ Pain or fullness within the sinus tarsi
 - ◆ Pain reproduced with manipulation of the subtalar joint
 - ◆ Subtalar instability
 - ◆ Positive for locking, popping, catching within the subtalar
 - ◆ Limited motion of the subtalar joint
 - ◆ Positive posterior impingement signs
- Imaging results are inconclusive (refer to **CMM-407: General Guidelines** for imaging needs)
- Less than clinically meaningful improvement with conservative treatment including any of the following:
 - ◆ Any of the following for at least 6 weeks:
 - NSAIDs
 - Self-care consisting of rest, ice, and/or heat
 - Activity modifications
 - ◆ Bracing
 - ◆ Walker boot
 - ◆ Subtalar corticosteroid injection unless contraindicated (e.g., patient refuses corticosteroid injection, patient is diabetic, etc.)

Non-Indications

Subtalar joint arthroscopy is considered **not medically necessary** when any of the following contraindications are present:

- Infection in the intraarticular or surrounding soft tissue
- The patient is functionally unable to benefit from surgery and associated rehabilitation
- Medical comorbidities that make surgery or anesthesia unsafe
- Loss of complete joint space (exception arthrodesis)
- Peripheral vascular disease
- The patient is unable to comply with weight-bearing restrictions

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by

CPT®	Code Description/Definition
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905	Arthroscopy, subtalar joint, surgical; with synovectomy
29906	Arthroscopy, subtalar joint, surgical; with debridement
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

References

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10. Roukis TS. Minimally invasive soft-tissue and osseous stabilization (MISOS) technique for midfoot and hindfoot deformities. *Clin Podiatric Med Surg.* 2008; 25(4):655-80.
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