



CLINICAL GUIDELINES

CMM-407: Arthroscopy: Subtalar Joint

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

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CMM-407: Arthroscopy-Subtalar Joint**Definitions****General Guidelines****Indications****Non-Indications****Procedure (CPT[®]) Codes****References**

Definitions

- **Clinically meaningful improvement** is defined as at least 50% improvement noted on global assessment.
- **Red flags** indicate comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive therapy.

General Guidelines

Red Flag Considerations

- **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

Imaging Considerations

- 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.

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