Insurance and Reimbursement Process for the *SImmetry*® Device

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Agenda

- Payer Landscape
- Prior Authorization and Appeals Process
- Reimbursement and Coverage Access Resources
- Coverage Snapshot
- Summary

Who are the Payers?

- Payers
  - Government
    - Examples: Medicare and Medicaid
  - Commercial AKA Private Payers
    - National Examples: Aetna and Cigna
    - Regional Examples: Health Partners, Medica, Tufts
  - Employee Funded Plans
    - Examples: Pepsi, Covidien, Microsoft

Hints and Helps

Commercial Payers:

- Each payer/policy is different
- Prior authorization is required for most plans
- Many payers consider SI joint fusion as investigational and experimental
- Appeal process can be lengthy (statutory rules for timeframes)

Medicare, Medicaid:

- Medicare: **NO** prior authorization required for Part A/B
- Med-Advantage Plans: require prior authorization (same as commercial)
- Medicaid policies: differ at state/local levels

Medicare

- Federal Health Insurance program for people over 65 years of age
- Over 60 million beneficiaries[1]
- National Offices in Baltimore, Maryland
- Most coverage determinations are made locally

1. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/Downloads/CMS_Fast_Facts.zip

Medicaid

- Government plan that provides healthcare for low income individuals that have no other way to pay
  - "Indigent" population
- State controls the hands-on operation
- Regulations and coverage determinations vary from state to state[1]
- Typically low paying
- Prior-authorization is encouraged for Medicaid patients

1. https://www.medicaid.gov/medicaid/benefits/index.html

Employer Funded Plans

- Cost effective for a large employer due to prohibitive cost of premiums
- Employer can override the insurance provider's coverage criteria
- SI joint fusion appeals to employers
  - Contain costs for medical services
  - Employers familiar with high cost of lumbar fusion
  - Goal of human resources is to keep employees satisfied and productive

SI Joint Fusion as Treatment

- Surgeon prescribes SI joint fusion for the patient
- Insurance coverage identified
- Office staff verifies patient benefits and the process to obtain insurance approval initiated
- Coordination between surgeon, staff, and patient

Your Clinical Specialist Team is here to provide coverage access support!

Prior Authorization Process

- Surgeon prescribes treatment with the ***SImmetry*** system
- Prior authorization personnel completes benefits verification
- Outpatient procedures appear not to require prior authorization, but for the ***SImmetry*** system, they actually do!
  - Request will be assigned to a payer review nurse
  - Review nurse determines if clinical documentation meets coverage policy or clinical practice guidelines; is it on-label?
  - Review Nurse has authority to approve case
  - Prior authorization process is typically completed within 2 weeks
- If the clinical documentation does not meet guideline requirements, the request is forwarded to a Medical Director for review

Required Documentation and Prior Authorization

Surgeon must **establish medical necessity** for procedure and implant for the specific patient. The prior authorization process may require submitting some or all of the following documentation:

- Reference NASS[1] and ISASS[2] guidelines – most coverage policies are tied to these guidelines
- Clinical notes
- Diagnostic tests
  - Provocative tests
  - Diagnostic injections
- Imaging
  – Recent, needs to align with diagnosis and rule out other pathology
- Conservative treatment failure – must use dates (e.g. March 2016-January 2018)

1. North American Spine Society (NASS). NASS Coverage Policy Recommendations. Percutaneous Sacroiliac Joint Fusion. June 2015. Available at: https://www.spine.org/PolicyPractice/CoverageRecommendations/CoverageRecommendations
2. Lorio MP, Rashbaum R. ISASS Policy 2016 Update - Minimally Invasive Sacroiliac Joint Fusion. Int J Spine Surg. 2016; p.4. https://www.isass.org/isass-policy-statement-minimally-invasive-sacroiliac-joint-fusion-july-2016/

Aetna's Coverage Policy[1] - Sacroiliac joint fusion

Minimally invasive arthrodesis of the sacroiliac joint (e.g., iFuse) is considered medically necessary for sacroiliac joint syndrome interfering with activities of daily living when all of the following criteria are met:

- Adults 18 years of age or older with sacroiliac joint (SIJ) pain for greater than 6 months (or greater than 18 months for pregnancy induced pelvic girdle pain): *and*
- Diagnosis of the SI joint as the primary pain generator based on all of the following:
  - Member has pain at or close to the posterior superior iliac spine (PSIS) with possible radiation into buttocks, posterior thigh or groin and can point to the location of pain (Fortin Finger Test); *and*
  - Member has at least 3 of 5 physical examination maneuvers specific for SI joint pain:
  - Other causes of low back pain have been ruled out, including lumbar disc degeneration, lumbar disc herniation, lumbar spondylolisthesis, lumbar spinal stenosis, lumbar facet degeneration, and lumbar vertebral body fracture;
    - □ Clinician has documented that other neighboring motion segments have been evaluated and ruled out as potential pain generators, including diagnostic testing with facet/medial branch blocks and or interlaminar epidural injections, as appropriate based on the member's presentation; *and*
    - □ Member has had recent (within 6 months) diagnostic imaging studies that include all of the following:
      - Plain X-rays and/or cross sectional imaging (CT or MRI) that excludes the presence of destructive lesions (e.g. tumor, infection), acute fracture or inflammatory arthropathy that would not be properly addressed by SIJ fusion; *and*
      - Plain X-rays of the pelvis including the ipsilateral hip to evaluate potential concomitant hip pathology; *and*
      - Cross-sectional imaging (e.g. CT or MRI) of the lumbar spine to evaluate potential concomitant neural compression or other degenerative conditions; *and*
    - □ Sacroiliac pathology is not caused by autoimmune disease (e.g. ankylosing spondylitis) and/or neoplasia (e.g. benign or malignant tumor) and/or crystal arthropathy; *and*
      Member has improvement in lower back pain numeric rating scale (NRS) of at least 70% of the pre injection NRS score after two separate fluoroscopic or CT controlled injection of local anesthetic into affected SI joint; *and*
  - Baseline lower back pain score of at least 5 on 0-10 point NRS; *and*
  - Member should have tried 6 months of adequate forms of conservative treatment with little or no response, including pharmacotherapy (e.g., NSAIDS), activity modification, and active therapy (including 3 or more months of physical therapy).

1 http://www.aetna.com/cpb/medical/data/1_99/0016.html?utm_source=Spine+Distribution+Master&utm_campaign=626bbc4757-EMAIL_CAMPAIGN_2019_06_05_11_40_COPY_01&utm_medium=email&utm_term=0_5d4af39409-626bbc4757-201906515

Additional Documentation for Prior Authorization

Supporting clinical and technical information

- 510(k) clearance letter
- Peer-reviewed clinical literature
- NASS[1] and ISASS[2] society recommendations for treatment and coverage
- Description of the technology

1. North American Spine Society (NASS). NASS Coverage Policy Recommendations. Percutaneous Sacroiliac Joint Fusion. June 2015. Available at: https://www.spine.org/PolicyPractice/CoverageRecommendations/CoverageRecommendations
2. Lorio MP, Rashbaum R. ISASS Policy 2016 Update - Minimally Invasive Sacroiliac Joint Fusion. Int J Spine Surg. 2016; p.4. https://www.isass.org/isass-policy-statement-minimally-invasive-sacroiliac-joint-fusion-july-2016/

If Prior Authorization is Denied… Appeal Process

Initiate Prior Authorization (1–15 Days)

- Verify benefits and submit clinical information and literature.
- **Peer-to-Peer (1–3 Days)**
- Opportunity for the treating physician to discuss the medical necessity of the case with a Medical Director at the health plan.

If Prior Authorization is Denied:

- **1st Level Appeal (3–30 Days)**
  - Expedited/Standard – Opportunity to request a Medical Director that did not review the initial submission. There may be one or two levels of internal appeals.
- **2nd Level Appeal (3–30 Days)**
  - Expedited/Standard — Opportunity to request a Medical Director that did not review the initial submission as well as the peer to peer.
- **External Appeal (5–45 Days)**
  - Following appeal denial at all available internal levels, the patient should pursue an External Appeal with the applicable State Department of Insurance.

Reimbursement and Coverage Access Resources

SImmetry
Coding Card

Current as of January 1st, 2020

SIMMETRY REIMBURSEMENT HOTLINE 866-325-4031 | reimbursement@rtix.com

SURGEON CODING AND PAYMENT OPTIONS

Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

CPT®[1] Code: 27279 | *For bilateral procedure: report 27279 with modifier 50*

Medicare National Average Payment[2]
$914.51

1. 2020 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.
2. CMS-1715-F; Medicare Physician Fee Schedule Final Rule CY2020. Effective through December 31, 2020. Conversion factor $360896

*Final Medicare payment will vary based on physician locality adjustments. Commercial payment will be determined by individually negotiated contracts.

NOTE: Final coding for minimally invasive sacroiliac joint fusion procedures is at the discretion of the healthcare provider and the directive of the payer. Providers are encouraged to contact their payer with questions pertaining to coding, coverage or claims submission for this procedure.

HOSPITAL INPATIENT/ OUTPATIENT PROCEDURE CODING AND REIMBURSEMENT

Hospital Inpatient Procedure Coding and Payment

Percutaneous sacroiliac joint fusion with internal fixation device, right side
ICD-10 Procedure Code[1]: 0SG734Z

Percutaneous sacroiliac joint fusion with internal fixation device, left side
ICD-10 Procedure Code[1]: 0SG834Z

DRG Assignment and Medicare National Average Payment[2]
DRG 460 Spinal fusion, except cervical
$24,787.99

Final payment will vary by individual hospital. Commercial insurance payment will be determined by individually negotiated contracts.
NOTE: Final DRG placement will be determined by procedures performed, level of severity of patient's overall health-related conditions and pre-existing comorbidities.

Hospital Outpatient Procedure Coding and Payment

Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

CPT®[3] Code: 27279 | **Status Indicator[4]: J1**
APC Assignment and Medicare National Average Payment[4]
5116 Level VI Musculoskeletal Procedures | **$15,946.08**

SImmetry System Device Category

Anchor/Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

HCPCS Code[5]: C1713

Medicare National Average Payment[4]
Status N1[5] | *No Separate Payment*
Packaged into Payment for Procedure

1. 2020 ICD Procedure Coding System (ICD-10-PCS) Expert for Hospitals. AAPC.
2. CMS-1716-F, CMS-1716-CN2; Medicare Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2020 Rates. Effective through September 30, 2020.
3. 2020 Current Procedural Terminology (CPT®) Professional Edition. CPT is a registered trademark of the American Medical Association. All rights reserved.
4. CMS-1717-CN; Medicare Outpatient Payment System Final Rule CY2020. Effective through December 31, 2020.
5. 2020 Healthcare Common Procedure Coding System (HCPCS) Level II Expert. AAPC.

*2020 Medicare national average payment. Final Medicare payment will vary based on locality adjustments. Commercial payment will be determined by individually negotiated contracts.

It is the responsibility of the healthcare provider to determine the best treatment for each patient based on each patient's condition and diagnosis. The codes denoted within are suggestions only. This information should not be construed as authoritative. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Therefore healthcare providers must use great care and validate billing and coding requirements ascribed by payers with whom they work. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. All values have been rounded to the nearest whole number solely for ease of presentation. All data referenced herein are based on publicly available information.

Reimbursement and Coverage Access Resources

SImmetry
Coding Card

Current as of January 1st, 2020

INTENDED USE/INDICATION FOR USE:

The SImmetry Sacroiliac Joint Fusion System is intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroiliitis.

Learn more at rtix.com/en_us/products/product-implant/simmetry-si-joint-fusion-system

SImmetry sacroiliac joint fusion

ASC CODING/REIMBURSEMENT

Procedure Coding and Payment

Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device.

CPT®[1] Code: 27279

Medicare National Average Payment[2]: $12,982.29

SImmetry System Device Category

Anchor/Screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

HCPCS Code[3]: C1713

Medicare National Average Payment[2]

Status N1 | No Separate Payment

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See product insert for complete labeling limitation related to this device. 510(K) FDA approval in 2011. K102907. Regulation number 21CFR888.3040.
The SImmetry device is manufactured for affiliates of RTI Surgical Holdings, Inc.

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www.rtisurgical.com

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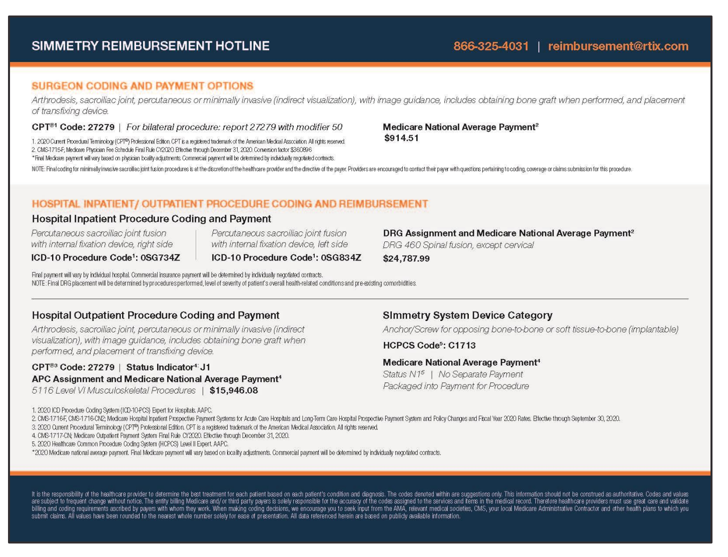
11542 R0 6/2020

Reimbursement and Coverage Access Resources

- 2020 Coding Card
- Pre-authorization Checklist
- SI Diagnostic Worksheet



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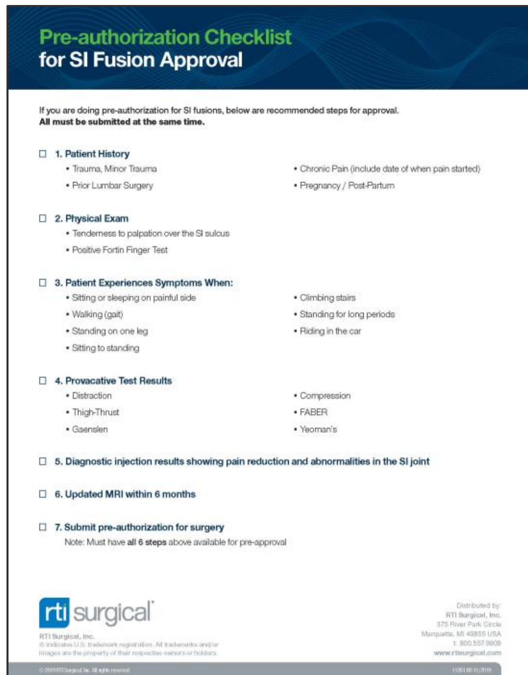

Pre-authorization Checklist for SI Fusion Approval

If you are doing pre-authorization for SI fusions, below are recommended steps for approval.
All must be submitted at the same time.

☐ **1. Patient History**
- Trauma, Minor Trauma
- Prior Lumbar Surgery
- Chronic Pain (include date of when pain started)
- Pregnancy / Post-Partum

☐ **2. Physical Exam**
- Tenderness to palpation over the SI sulcus
- Positive Fortin Finger Test

☐ **3. Patient Experiences Symptoms When:**
- Sitting or sleeping on painful side
- Walking (gait)
- Standing on one leg
- Sitting to standing
- Climbing stairs
- Standing for long periods
- Riding in the car

☐ **4. Provacative Test Results**
- Distraction
- Thigh-Thrust
- Gaenslen
- Compression
- FABER
- Yeoman's

☐ **5. Diagnostic injection results showing pain reduction and abnormalities in the SI joint**

☐ **6. Updated MRI within 6 months**

☐ **7. Submit pre-authorization for surgery**
Note: Must have **all 6 steps** above available for pre-approval

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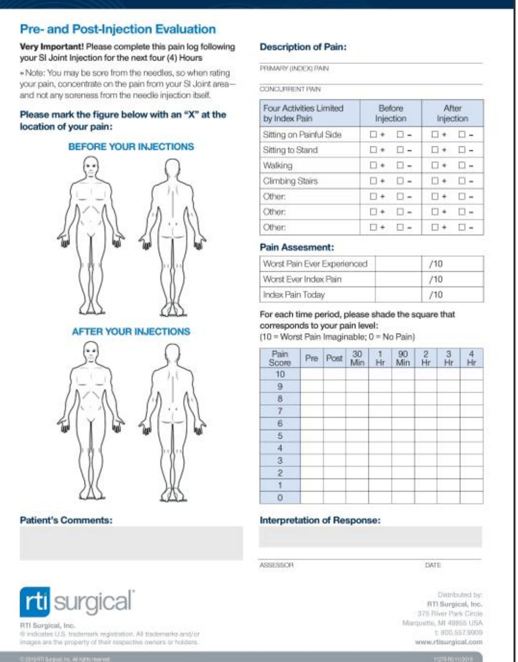

Pre- and Post-Injection Evaluation

Very Important! Please complete this pain log following your SI Joint Injection for the next four (4) Hours

» Note: You may be sore from the needles, so when rating your pain, concentrate on the pain from your SI Joint area—and not any soreness from the needle injection itself.

Please mark the figure below with an "X" at the location of your pain:

BEFORE YOUR INJECTIONS

AFTER YOUR INJECTIONS

Patient's Comments:

Description of Pain:

PRIMARY (INDEX) PAIN

CONCURRENT PAIN

Four Activities Limited by Index Pain	Before Injection	After Injection
Sitting on Painful Side	☐ + ☐ –	☐ + ☐ –
Sitting to Stand	☐ + ☐ –	☐ + ☐ –
Walking	☐ + ☐ –	☐ + ☐ –
Climbing Stairs	☐ + ☐ –	☐ + ☐ –
Other:	☐ + ☐ –	☐ + ☐ –
Other:	☐ + ☐ –	☐ + ☐ –
Other:	☐ + ☐ –	☐ + ☐ –

Pain Assesment:

Worst Pain Ever Experienced	/10
Worst Ever Index Pain	/10
Index Pain Today	/10

For each time period, please shade the square that corresponds to your pain level:
(10 = Worst Pain Imaginable; 0 = No Pain)

Pain Score	Pre	Post	30 Min	1 Hr	90 Min	2 Hr	3 Hr	4 Hr
10								
9								
8								
7								
6								
5								
4								
3								
2								
1								
0								

Interpretation of Response:

ASSESSOR DATE

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Reimbursement and Coverage Access Resources

- ISASS Policy 2016 Update
- Sample Letter to Secure Pre-Authorization
- Key Points of Reference to Assist Surgeons with Peer to Peer Reviews

ISASS Policy 2016 Update – Minimally Invasive Sacroiliac Joint Fusion

Coverage Indications, Limitations, and/or Medical Necessity

Updated July 5, 2016
(This supplements the ISASS Policy Statement – Minimally Invasive Sacroiliac Joint Fusion in IJSS)

Author: ISASS Coding & Reimbursement Task Force Chair, Morgan P. Lorio, MD, FACS

Rationale

The index 2014 ISASS Policy Statement - Minimally Invasive Sacroiliac Joint Fusion was generated out of necessity to provide an ICD9-based background and emphasize tools to ensure correct diagnosis. A timely ICD10-based 2016 Update provides a granular threshold selection with improved level of evidence and a more robust, relevant database.

Introduction

The sacroiliac joints (SIJ) are diarthrodial articulations of the sacrum and ilium. The SIJ serves as the biomechanical mediator between the spine and pelvis. The subchondral bone, capsule, and surrounding ligaments of the SIJ are innervated by spinal nerves.[1]

Sacroiliac joint (SIJ) pain is likely responsible for chronic back pain in some patients; furthermore in some studies the prevalence is reported to be 15-30%.[2-6] Convergence of the sensory pathway from the hip, the SIJ and the lumbar spine may result in overlap of pain patterns from dysfunction of these structures. As such, proper SIJ pain diagnosis is key to appropriate patient management. Patients with SIJ pain typically report pain in the buttock(s), with possible radiation into the groin or upper legs. Specific physical examination tests that stress the SIJ (e.g., distraction test, compression test, thigh thrust, FABER (Patrick's) test, Gaenslen's maneuver) are typically performed in the physician's office; in combination, these tests are thought to be predictive of SIJ pain.[7]

The spectrum of pain and disability from SIJ dysfunction is wide. Patients may be affected mildly or may have substantial functional impairment (e.g., cannot sit or stand for more than five minutes, cannot perform normal activities of daily living (ADLs), cannot walk up or down stairs, may require a wheelchair). Patients with chronic SIJ dysfunction seeking surgical treatment have marked impairment of quality of life,[8] similar to that observed in other conditions commonly treated surgically.[9] Apart from ankylosing spondylitis, in which MRI can show edema consistent with inflammation, imaging of the SIJ typically does not provide valuable diagnostic information. In many cases, imaging can show non-specific findings in the SIJ.[10] Rather, imaging is used to ensure that the patient does not have alternative diagnoses that could mimic SIJ pain (e.g., hip osteoarthritis, occasionally L5/S1 spine degeneration).

The diagnosis of SIJ pain is confirmed by performing a fluoroscopy-guided percutaneous SIJ block with local anesthetic (e.g., lidocaine). An acute reduction in typical pain indicates a positive test, suggesting that the injected joint is a pain generator. A study of patients undergoing blinded injection of saline or local anesthetic showed markedly high responses to the latter, validating the test.[11] Because other pathologic processes can coexist with SIJ pain, physicians should discuss with patients the degree to which treatment of the SIJ may relieve overall pain and disability without addressing other pain generators.

Occasionally, bilateral SIJ pain can occur. Diagnosis of bilateral SIJ pain should be made on the basis of typical history (bilateral symptoms), physical examination showing positive responses to SIJ-stressing

1

This template is designed to assist providers secure coverage for sacroiliac joint fusion with the SImmetry System reported with CPT code 27279. There are several places *in red* within this template that patient-specific information is needed. Please insert the information pertinent to your patient and their individual condition. In addition, surgeons are encouraged to include their professional opinions and experience with this procedure and treatment of this disease. This template is not intended to replace any professional judgment; it is merely to assist with the structure of a coverage request.

Sample Letter to Secure Pre-Authorization
Minimally Invasive Sacroiliac Joint Fusion Procedure 27279

Date: *XXXXXX*

Contact: *XXXXXX*
Insurance Company: *XXXXXX*
Address: *XXXXXX*
Fax: *XXXXXX*

Patient: *XXXXXX*
Subscriber: *XXXXXX*
Policy ID number: *XXXXXX*
Group Number: *XXXXXX*

Principal Diagnosis: *XXXXXX*
Secondary Diagnosis: *XXXXXX*
Procedure/Service: Sacroiliac Joint Fusion
CPT code: 27279 Minimally Invasive Sacroiliac Joint Arthrodesis with Instrumentation

RE: Request for Coverage of Minimally Invasive Sacroiliac Joint Fusion with Instrumentation

Dear *(contact at payer):*

I am contacting you on behalf of my patient, *(name)* to establish medical necessity and gain pre-authorization for hospitalization and surgical intervention for a minimally invasive sacroiliac joint fusion to treat their *(medical condition)*. This surgical procedure will alleviate their debilitating lower back, hip, buttock, and leg pain resulting from the above medical condition. In addition, my patient has the inability to sustain a sitting position for an average period of time, which greatly impacts their ability to partake in routine, daily activities and greatly disrupts their quality of life. If not treated, this medical condition may be a major contributor to obesity, disability, and lost production.

I have been following *(patient name)* for the past *(# months or years)* and their specific complaints affiliated with their condition have been the following:

1

SAMPLE

Key Points of Reference to Assist Surgeons with Peer to Peer Reviews with Payers to Establish Coverage for a Minimally Invasive Sacroiliac Joint Fusion Procedure

Background
Historically, treating sacroiliac joint dysfunction or sacroiliitis has been challenging in part due to the complexity of the joint structure, the overlap with other degenerative joint issues, and the variability of symptoms that can arise in this load-bearing diarthrodial synovial joint. Common symptoms include referred pain due to a range of innervation from free unmyelienated nerve endings and the posterior rami from L2-S3. Hypermobility and/or hypomobility effect support due to "sacroiliac joint insufficiency." Despite these challenges, this legitimate pain generator has been recognized since the 1800's and has remained under-appreciated and under-treated until the emergence of advanced diagnostic methods, and the development of reasonable, effective, and less morbid interventional modalities, and consequent incorporation into the spine surgeon's armamentarium.

There are various techniques/approaches that can be utilized to access and fuse the SI joint. The procedure that I perform accesses the SI joint via a minimally invasive approach. There are many clinical benefits associated with this approach. Traditional invasive methods of accessing the SIJ have been replaced with these minimally invasive techniques that offer benefits to the patient without the side effects of open, more invasive procedures.

CPT Code 27279 was implemented in January 2015 and describes "sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization) includes obtaining and applying autograft or allograft (structural or morselized) when performed; includes image guidance when performed (e.g. CT or fluoroscopic)". The AMA concluded that this procedure satisfied the American Medical Association's requirements for a Category I CPT code including:

- Professional society support
- Widespread utilization
- FDA approval through the 510(k) review process
- Clinical efficacy is well documented in peer-reviewed literature that meets the AMA's level of evidence criteria

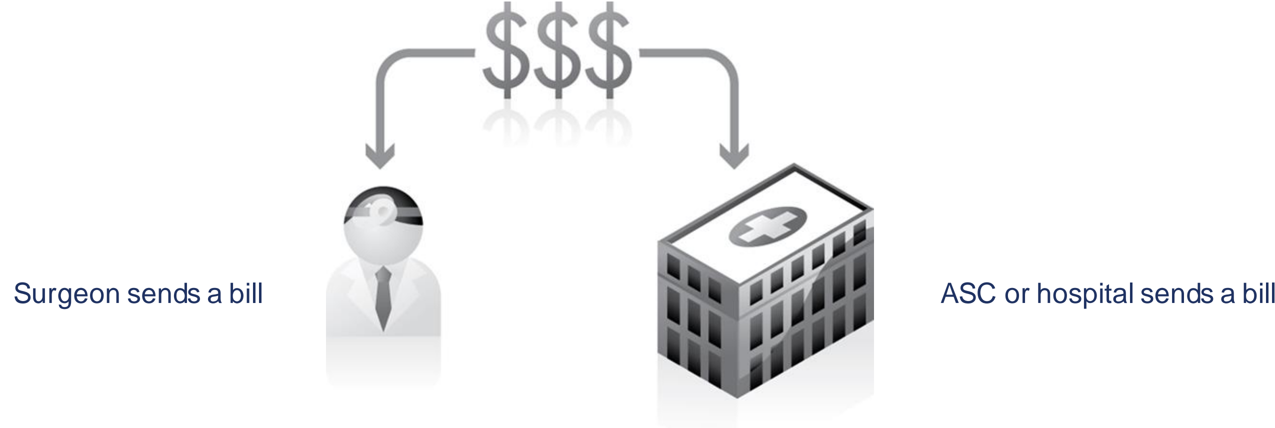
Surgical Technique
There are varying approaches, surgical techniques, and instrumentation utilized today to fuse the SI joint. These include a variance in the size of the incision, instrumentation (screws, bolts, threaded cages, pins), and the use or non-use of allografts or bone graft substitutes. There is not one gold standard approach or technique. The surgeon's surgical approach (transilial, lateral, posterior, percutaneous, open, etc.) and the device used to stabilize the joint are intended to provide the best clinical outcomes for the individual patient and to treat their medical condition. The availability of image guidance in the surgical suite has been a great advancement for all aspects of spine and orthopedic surgery. This technology provides surgeons the ability to visualize see critical structures and anatomy not observable with direct visualization (naked eye).

1

SAMPLE

Reimbursement Process Overview

Two separate claims are submitted, even if surgeon is employed by hospital or if the surgeon has ownership of ASC



Payer makes TWO payments for one procedure

REMEMBER: Payment is only made if the procedure is COVERED!

Payer Coverage for SI Joint Fusion

National Government Policies:

- Medicaid – 44 state programs and Washington DC
- Medicare – all Medicare Administrative Contractors (MACs)
- Tricare – coverage for U.S. uniformed service members and their families around the world

Commercial Payer Coverage for SI Joint Fusion

- Delaware (Highmark Blue Cross Blue Shield)
- Michigan, Blue Cross Blue Shield Blue Care Network
- Nebraska, Blue Cross Blue Shield
- Pennsylvania (Highmark Blue Cross Blue Shield)
- Vermont, Blue Cross Blue Shield
- West Virginia (Highmark Blue Cross Blue Shield)
- Emblem Health of NY
- Geisinger Health Plan
- Health Partners
- Paramount Health (coverage for Advantage and Elite plans)
- HAP Alliance (for Medicare Members)
- Harvard Pilgrim
- Health New England
- Inland Empire Health Plan (IEHP)
- Kaiser Permanente (California & Northwest)
- Kern Health Systems
- Minuteman Health
- Network Health
- PEHP Health & Benefits (Nonprofit trust providing benefits to Utah's public employees)
- Priority Health
- United Healthcare Medicare Advantage Plan
- United Healthcare (case-by-case basis, covers every case with documentation)
- Aetna
- Cigna

In Summary…

- Every insurance plan is different
- Provide updated information about the ***SImmetry*** system
- There are coverage access resources available
- The CCS team is here to support the coverage access process

Thank You!

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11583 R0_SImmetry Insurance and Reimbursement

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