

Mapping US Commercial Payers' Coverage Policies for Medical Interventions

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In US healthcare, multiple public and commercial payers issue coverage policies for medical interventions.¹⁻³ Because payers conduct their own assessments and issue their own decisions, whether and how they cover medical interventions can vary, which, in turn, can affect patients' access to care. Researchers have highlighted variation in payer coverage policies and examined decision making.^{4,5} Recent research has studied trends in Medicare National Coverage Determinations (NCDs) and the consistency of coverage with the reviewed evidence.⁶⁻⁸ Another recent study found substantial variation in how Medicare and private payers cover medical devices.⁹

This study adds to the literature by examining coverage policies for medical interventions issued by the top 20 US commercial payers. First, we examined the coverage policies issued by the largest US-based commercial payers. Second, for a representative set of interventions, we compared coverage determinations across payers (ie, whether and how the payers cover the interventions and the types of evidence the payers reported reviewing when formulating their policies).

METHODS

We identified the 20 largest US-based commercial payers in terms of number of covered lives.¹⁰ We searched each payer's website to determine the availability of their medical benefit coverage policies. In many cases, payers provide memoranda, which describe the target patient population, any conditions on patient access to an intervention, and, frequently, the clinical trials, clinical guidelines, and other evidence the payer reports reviewing when formulating the coverage policy. We focused on coverage policies pertaining to the payers' commercial line of business by excluding coverage policies pertaining to their Medicaid managed care or Medicare Advantage lines of business. When we were unable to locate memoranda, we contacted the payer to confirm their unavailability.

We identified all coverage policies issued by each of the 20 payers (n = 7372). Included policies were current as of August 1, 2014.

ABSTRACT

OBJECTIVES: To examine coverage policies for medical interventions issued by the largest US commercial payers.

STUDY DESIGN: Review of publicly accessible coverage policies for medical interventions.

METHODS: We categorized the 20 largest commercial payers' medical benefit coverage policies for medical technologies—current as of August 1, 2014—with respect to technology type (eg, medical devices, pharmaceuticals, surgeries). We identified the interventions most commonly subject to coverage policies and compared payer coverage determinations in terms of whether they covered the intervention and the evidence they reported reviewing.

RESULTS: Eighteen payers made their coverage policies publicly available and 17 reported the evidence they reviewed in formulating policies. The types of technologies considered varied across payers, although most focused on devices and diagnostics. Of the 28 interventions most commonly subject to coverage policies, the coverage of 9 varied (ie, some payers covered the intervention and others did not). On average, payers reported reviewing clinical studies in 87% of coverage policies (range = 25%-100%). Two payers did not report reviewing systematic reviews or meta-analyses in any coverage policies, and 9 reported reviewing such evidence in at least half of their policies. Fourteen payers reported reviewing cost-effectiveness analyses at least some of the time, with frequency ranging from 8% to 43%. Commercial payers' coverage decisions did not appear to reflect direct input from patients or patient advocates, at least as stated in published coverage policies.

CONCLUSIONS: Coverage of medical interventions varies across US private payers. Payers often report reviewing different evidence when formulating coverage policies, but do not report considering input directly from patients in evidence assessments.

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TAKE-AWAY POINTS

This paper identifies important variation in the largest commercial payers' coverage policies for medical interventions. We found:

- ▶ Payers vary with respect to both the number of coverage policies they issue and the types of medical interventions they issue policies for.
- ▶ There is much variation in how payers cover medical interventions, meaning that patients in one insurance plan will have access to an intervention, but patients in another plan may not.
- ▶ Payers often report reviewing different evidence when formulating coverage policies, but no payer reported considering input specifically from patients.

We categorized each policy with respect to intervention type (eg, medical device, pharmaceutical, surgery, diagnostic imaging); categories were not mutually exclusive (eg, we included implantable cardiac defibrillators and artificial lumbar disc replacement in both the medical device and surgery categories).

Comparison of Payers' Coverage Determinations for a Representative Set of Interventions

We determined the 4 intervention types that accounted for the majority of coverage policies: medical devices, pharmaceuticals, surgeries, and diagnostic tests/imaging procedures. For each, we identified the 7 interventions for which the payers most often issued coverage policies (Table 1). We included 7 interventions of each type to ensure they were adequately represented across the payers. We used this representative set of 28 interventions to determine whether the payers covered the interventions and the types of evidence payers report reviewing in their policies.

We considered whether the payers reported reviewing 1 or more of the following 6 evidence types: clinical studies (eg, randomized controlled trials or observational studies), systematic literature reviews or meta-analyses, technology assessments, cost-effectiveness analyses, budget impact analyses, and clinical guidelines. A researcher read the coverage policies to determine whether payers cited each evidence type. The researcher then searched each policy for pertinent keywords; for example, when searching for cost-effectiveness analyses, the researcher searched for the terms, "cost-effectiveness," "economic evaluation," "cost-benefit," and so on. We also determined whether coverage decisions reflected input from patients (eg, whether comments from patients or patient advocacy organizations were accounted for).

RESULTS

Wide Variation in the Number of Coverage Policies That Payers Issue

Eighteen of 20 of the largest commercial payers made their medical benefit coverage policies publicly available (Kaiser Permanente and Centene Corporation were the exceptions). The number

of policies payers issued varied, from 146 by UnitedHealthcare to 698 by Aetna. Eighty-nine percent of payers issued the largest proportion of their coverage policies for medical devices; 11% issued the largest proportion for drugs (Table 2).

How Payers Cover Medical Technology Often Varies

Payers covered the representative set of interventions with different frequencies (eAppendix, available at www.ajmc.com). Highmark most often covered the interventions we examined (20 of the 23 interventions for which Highmark issued a coverage policy; 87%). Blue Shield of California least often covered the interventions (11 of 21; 52%) (Table 3).

Sixteen interventions in the representative set were covered by all the payers that issued a coverage policy for it (eg, cryosurgical ablation for prostate cancer). Three interventions in the set were not covered by any payer (eg, biochemical markers for Alzheimer's disease). The remaining 9 interventions in the set were covered by some payers but not others; for example, of the 11 payers that issued a coverage policy for microvolt t-wave alternans testing to identify patients at risk of sudden cardiac arrest, 5 covered the technology and 6 did not.

The Types of Evidence Payers Report Reviewing in Their Coverage Policies Varies

The types of evidence that payers report reviewing in their coverage policies for interventions in the representative set varied. On average, the 17 payers that reported the evidence they reviewed cited clinical studies in 87% of coverage policies (range = 25%-100%).

Payers reported evaluating systematic reviews and meta-analyses with different frequencies. Two payers did not report reviewing systematic reviews or meta-analyses in any of their coverage policies; the remaining 15 payers did so in an average of 50% of their coverage policies (range = 22%-89%). Payers also report reviewing cost-effectiveness analyses with different frequencies. Three payers did not report reviewing cost-effectiveness analyses in their coverage policies; the remaining 14 payers did so in an average of 14% of their coverage policies (range = 8%-43%). Four payers reported reviewing a budget impact analysis in one of their coverage policies for interventions in the representative set (Table 3).

Each payer reported reviewing clinical guidelines and did so in an average of 80% of their coverage policies (range = 62%-100%). Each payer reported reviewing technology assessments in a proportion of their coverage policies and did so in an average of 60% of their coverage policies (range = 22%-89%).

Coverage Policies Did Not Directly Reflect Patient Input

We found no indication of payers having a formal process for including patients and/or consumer input into decision mak-

ing. Furthermore, we found that no payers reported accounting for patient input (ie, from patients or patient advocacy organizations) in the evidence base they reported reviewing (Table 3).

DISCUSSION

Although researchers have previously examined variation in commercial payer coverage policies, this study is unique in describing the coverage policies issued by the largest US-based commercial payers.^{9,11-13} Our study highlights several points.

Coverage Policy Practices Among the Largest US Commercial Payers Varies

We found wide variation in the number of coverage policies promulgated by the largest commercial payers. Why some payers are more selective than others in this regard is unclear. The administrative burden of maintaining a large number of up-to-date coverage policies may lead payers to restrict those they make publicly available to big-ticket technologies or interventions for which patients' access is most ambiguous. Some payers may believe that limiting the number of publicly available policies affords them greater flexibility and allows them to more rapidly respond to new evidence or changing circumstances. Patients, however, may benefit from having more access to information about coverage of medical interventions.

Payers Often Cover Interventions Differently

We found that for the representative set of interventions, payers' coverage determinations often varied. Discrepancies could possibly be attributable to payers differentially weighing factors (eg, the influence of local physicians) in their decision making. Payers may interpret the supporting evidence-base differently or differentially weigh product price, value, and budget impact in decision making. Differences in how payers cover interventions may also be influenced by contractual language and/or state mandates. Interestingly, we found variation in the coverage policies issued by plans in our sample that are part of the Blue Cross Blue Shield Association. This variation suggests that despite having access to Blue Cross Blue Shield national model policies, the plans independently modify the policies to meet their own standards and priorities on occasion.

The differences among coverage policies suggest that patients may have differential access to medical interventions that, in turn, may lead to variation in health outcomes.⁵ Differences between payer-covered benefits may also impact provider behavior, as physicians may tailor patient care to insurance coverage. However, variation among payer coverage determinations may have some salutatory effects if payers' coverage policies reflect their enrollees' unique characteristics.¹⁴

TABLE 1. Set of Interventions Most Commonly Subject to Coverage Policies by the Included Payers

Pharmaceuticals:
Abatacept
Ipilimumab
Natalizumab
Ocriplasmin
Ocriplasmin
Palivizumab
Pegloticase
Medical devices:
Implantable ventricular assist devices and total artificial hearts
Percutaneous intradiscal electrothermal annuloplasty and percutaneous intradiscal radiofrequency thermocoagulation
Ingestible pH and pressure capsule for assessing gastrointestinal motility
Transcranial magnetic stimulation
Oscillatory devices for the treatment of cystic fibrosis
Transcatheter aortic valve replacement
Tumor-treatment fields therapy for glioblastoma
Diagnostic tests and imaging:
Beta-amyloid imaging with positron emission tomography for Alzheimer's disease
Biochemical markers for Alzheimer's disease
Genetic testing for hereditary breast and/or ovarian cancer
Breast ductal lavage and fiberoptic ductoscopy
Measurement of exhaled nitric oxide and exhaled breath condensate in the diagnosis and management of asthma and other respiratory disorders
Microvolt T-wave alternans testing
Home prothrombin time testing
Surgical interventions:
Femoroacetabular impingement syndrome surgery
Blepharoplasty, blepharoptosis repair, and brow lift
Thermal capsulorrhaphy for joint instability
Lung volume reduction surgery for severe emphysema
Left-atrial appendage closure devices for stroke prevention in atrial fibrillation
Cryosurgical ablation of prostate cancer
Aqueous shunts and stents for glaucoma

Payers Report Using Different Evidence in Coverage Determinations

The evidence that payers reported reviewing in their coverage policies varied. As expected, we found that clinical evidence and clinical guidelines featured prominently in the payers' evidence review. Technology assessments also commonly featured in the reviewed coverage policies. In contrast, review of systematic reviews or me-

TRENDS FROM THE FIELD

TABLE 2. Coverage Policies for Medical Interventions Issued by the 20 Largest Commercial Payers

Largest Commercial Payers in Terms of Number of Covered Lives	Are Coverage Policies Available?	Evidence Cited and/or Reviewed?	Number of Coverage Policies	Proportion of Coverage Policies Pertaining to Each Intervention Type ^a				
				Medical Devices	Pharmaceuticals	Diagnostic Imaging and Tests	Surgery	Other ^b
UnitedHealthcare	Yes	Yes	146	44%	25%	25%	34%	10%
WellPoint, Inc	Yes	Yes	334	45%	16%	33%	35%	12%
Aetna, Inc ^c	Yes	Yes	698	26%	24%	30%	26%	25%
Health Care Service Corporation	Yes	Yes	444	40%	14%	36%	26%	18%
Cigna Corporation	Yes	Yes	337	28%	27%	28%	26%	20%
Humana, Inc	Yes	Yes	614	14%	72%	12%	11%	5%
Kaiser Permanente	No	-	-	-	-	-	-	-
Health Net, Inc	Yes	Yes	351	46%	10%	32%	36%	16%
Highmark, Inc	Yes	Yes	367	32%	20%	26%	29%	13%
Independence Blue Cross	Yes	Yes	296	33%	30%	21%	31%	9%
Blue Cross Blue Shield of Michigan	Yes	Yes	691	37%	12%	40%	26%	17%
CareFirst BlueCross BlueShield	Yes	Yes	286	44%	11%	38%	28%	14%
BlueCross BlueShield of Tennessee	Yes	No	551	33%	28%	33%	22%	12%
Blue Cross Blue Shield of Alabama	Yes	Yes	503	40%	13%	39%	27%	13%
Blue Shield of California	Yes	Yes	274	49%	10%	35%	32%	17%
Blue Cross and Blue Shield of Florida	Yes	Yes	447	33%	39%	24%	22%	10%
Medical Mutual of Ohio	Yes	Yes	230	44%	18%	23%	35%	9%
Blue Cross Blue Shield of Massachusetts	Yes	Yes	581	39%	15%	37%	25%	18%
Centene Corporation	No	-	-	-	-	-	-	-
Blue Cross and Blue Shield of Minnesota	Yes	No	222	43%	15%	31%	27%	22%

^aCategories are not mutually exclusive.

^b"Other" category includes interventions that did not fall clearly into the other categories (eg, foot care for diabetes, alternative medicine, counseling, physical therapy).

^cAetna completed acquisition of Coventry Health Care, Inc, in 2013.

ta-analyses and economic studies varied considerably. Notably, the majority of payers reported reviewing cost-effectiveness analyses in at least some of the representative set of coverage policies, presumably reflecting the continued introduction of high-cost treatments.¹⁵ Few payers reported reviewing budget impact analyses.

A greater appreciation of payers' use of evidence could help providers understand how patients' benefit packages are designed. It is essential for manufacturers to understand the role of evidence in coverage policies as they design clinical development programs to demonstrate the efficacy, safety, and value of their products.

The Patient Voice in Coverage Determinations Is Lacking

We found that payers did not report considering input from patients in their coverage policies. This finding is at odds with recent initiatives that seek to emphasize the patient perspective in the drug approval process and evidence generation.¹⁶⁻¹⁸ This finding is also inconsistent with other countries' health technology assessment agencies that engage with the public at various levels of decision making.¹⁹⁻²³

Limitations

We were unable to account for policies that payers did not make publicly available and for the fact that an appeals process is typically available when coverage is denied. With respect to the reviewed evidence, payers may not disclose all sources of information that contribute to their decision. Furthermore, payers may independently perform their own analyses (eg, budget impact and cost-effectiveness analysis), but do not report those results in coverage policies.

Not all payers in our sample issued a policy for each intervention. In addition, by choosing to include interventions for which payers most commonly have written policies, we may have introduced bias to the sample. For instance, it may be that these interventions are those for which the evidence is most ambiguous, and thus, the identified variation may not be generalizable to other interventions.

We do not account for issues specific to the included intervention types that may influence payer coverage. As an example, drugs and devices are often subject to different patient cost-shar-

TABLE 3. Comparison of Commercial Payers Issuing Coverage Policies

Largest Commercial Payers in Terms of Number of Covered Lives	Number of Policies Covered		Type of Evidence Considered in the Coverage Policy					
			Clinical Studies ^a	Systematic Reviews/ Meta-Analyses	Technology Assessments	Budget Impact Analysis	Cost-Effectiveness Analyses	Clinical Guidelines
UnitedHealthcare	13	77%	92%	54%	69%	8%	8%	92%
WellPoint, Inc	25	64%	100%	48%	52%	0%	12%	88%
Aetna, Inc	28	71%	100%	79%	89%	0%	43%	75%
Health Care Service Corporation	27	74%	93%	48%	52%	0%	11%	74%
Cigna Corporation	19	74%	89%	58%	58%	0%	11%	89%
Humana, Inc	24	63%	25%	0%	67%	0%	0%	88%
Health Net, Inc	17	82%	100%	71%	88%	6%	12%	94%
Highmark, Inc	23	87%	100%	65%	22%	0%	17%	83%
Independence Blue Cross	21	81%	95%	48%	24%	0%	10%	71%
Blue Cross Blue Shield of Michigan	26	69%	85%	46%	62%	0%	12%	62%
CareFirst BlueCross BlueShield	18	67%	94%	44%	89%	0%	17%	67%
BlueCross BlueShield of Tennessee	23	61%	43%	0%	48%	0%	0%	65%
Blue Cross Blue Shield of Alabama	25	80%	96%	64%	64%	4%	28%	72%
Blue Shield of California	21	52%	100%	76%	71%	0%	19%	95%
Blue Cross Blue Shield of Florida	22	68%	82%	64%	73%	5%	18%	100%
Medical Mutual of Ohio ^b	18	78%	83%	22%	56%	0%	0%	78%
Blue Cross Blue Shield of Massachusetts	25	60%	96%	60%	44%	0%	16%	72%

^aThe clinical study category includes all randomized controlled trials, nonrandomized controlled trials, prospective cohort studies, consecutive case series studies, etc.

^bMedical Mutual of Ohio did not cite any evidence in 3 coverage policies.

ing rules, and although payers must negotiate drug prices with manufacturers, price negotiations for devices are left to hospitals. We also do not account for differences among covered patient populations. For instance, one payer may limit coverage of an intervention to a patient subgroup (eg, patients suffering from severe disease), whereas another payer may cover this subgroup and also cover patients suffering from less severe disease.

Lastly, we do not account for the fact that the payers' coverage policies may not be entirely independent. For instance, several health plans that are part of the Blue Cross Blue Shield Association may use Blue Cross Blue Shield national model policies as the basis of their policies.

Future Research

Research is needed to better understand variability between payers' coverage policies and how payers formulate their coverage decisions. Future research should examine a more representative set of interventions (eg, the highest spend interventions) and whether the evidence that payers report reviewing in their coverage policies varies for different intervention types. Examining

whether payer characteristics, such as size, geographic breadth, region, etc, correlates with different coverage policy characteristics (eg, number of issued coverage policies, determination decisions, use of evidence) would also be useful.

CONCLUSIONS

Coverage of medical interventions differs across payers, as does the evidence payers report reviewing in their policies. The variation has potentially important implications for patients' access to medical interventions, providers delivering care, and manufacturers bringing their products to market. The largest payers do not directly reflect input from patients in their coverage policies.

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TRENDS FROM THE FIELD

Dr Neumann has previously served on the advisory boards of Merck, Bayer, Pacira, Novo Nordisk, Shire, and Amgen for health economics topics; he has served on the advisory board for the Congressional Budget Office; he has consulted for Boston Health Economics, Purdue, Vertex, and Precision Health Economics. The CEA Registry has been funded by NSF, NLM, AHRQ, CDC, and a variety of pharmaceutical and device companies who subscribe to the data. Unrelated to this research, Dr Chambers previously participated in an advisory board for Sanofi.

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eAppendix

Table A. Coverage of the representative set of drugs across included payers

Payer	Abatacept	Ipilimumab	Natalizumab	Ocriplasmin	Omalizumab	Palivizumab	Pegloticase
UnitedHealth Group	Yes	N/A	Yes	N/A	Yes	Yes	N/A
WellPoint, Inc.	Yes	Yes	N/A	Yes	Yes	Yes	N/A
Aetna, Inc.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Health Care Service Corporation	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cigna Corporation	Yes	N/A	Yes	Yes	Yes	Yes	Yes
Humana, Inc.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Health Net, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Highmark, Inc.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Independence Blue Cross	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Blue Cross Blue Shield of Michigan	Yes	N/A	Yes	Yes	Yes	Yes	Yes
CareFirst BlueCross BlueShield	N/A	N/A	N/A	N/A	N/A	Yes	N/A
BlueCross BlueShield of Tennessee	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blue Cross and Blue Shield of Alabama	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blue Shield of California	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Blue Cross and Blue Shield of Florida	Yes	Yes	Yes	N/A	Yes	Yes	N/A
Medical Mutual of Ohio	Yes	N/A	Yes	N/A	Yes	Yes	Yes
Blue Cross Blue Shield of Massachusetts	Yes	N/A	Yes	Yes	Yes	Yes	N/A

Table B. Coverage of the representative set of medical devices across included payers

Payer	Implantable Ventricular Assist Devices and Total Artificial Hearts	Ingestible pH and Pressure Capsule for Assessing Gastrointestinal Motility	Oscillatory Devices for the Treatment of Cystic Fibrosis	Percutaneous Intradiscal Electrothermal Annuloplasty and Percutaneous Intradiscal Radiofrequency Thermocoagulation	Transcatheter Aortic Valve Replacement	Tumor-Treatment Fields Therapy for Glioblastoma	Transcranial Magnetic Stimulation
UnitedHealth Group	Yes	N/A	N/A	N/A	Yes	N/A	No
WellPoint, Inc.	Yes	No	Yes	No	Yes	No	Yes
Aetna, Inc.	Yes	No	Yes	No	Yes	Yes	No
Health Care Service Corporation	Yes	No	Yes	No	Yes	No	Yes
Cigna Corporation	Yes	N/A	Yes	N/A	Yes	N/A	No
Humana, Inc.	Yes	No	Yes	No	Yes	No	No
Health Net, Inc.	Yes	Yes	Yes	No	Yes	Yes	Yes
Highmark, Inc.	Yes	Yes	Yes	No	Yes	No	Yes
Independence Blue Cross	Yes	No	Yes	No	Yes	N/A	Yes
Blue Cross Blue Shield of Michigan	Yes	No	Yes	No	Yes	No	Yes
CareFirst BlueCross BlueShield	Yes	Yes	Yes	No	Yes	No	Yes
BlueCross BlueShield of Tennessee	Yes	No	Yes	No	N/A	No	Yes
Blue Cross and Blue Shield of Alabama	Yes	Yes	Yes	No	N/A	No	Yes
Blue Shield of California	Yes	No	Yes	No	Yes	No	Yes
Blue Cross and Blue Shield of Florida	Yes	No	Yes	No	Yes	N/A	Yes
Medical Mutual of Ohio	Yes	No	Yes	No	Yes	N/A	No
Blue Cross Blue Shield of Massachusetts	Yes	No	Yes	No	Yes	No	Yes

Table C. Coverage of the representative set of diagnostic tests and imaging interventions across included payers

Payer	Beta Amyloid Imaging with Positron Emission Tomography for Alzheimer's Disease	Biochemical Markers for Alzheimer's Disease	Breast Ductal Lavage and Fiberoptic Ductoscopy	Genetic Testing For Hereditary Breast and/or Ovarian Cancer	Home Prothrombin Time Testing	Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders	Microvolt T-Wave Alternans Testing
UnitedHealth Group	N/A	N/A	No	Yes	N/A	N/A	N/A
WellPoint, Inc.	No	No	No	Yes	Yes	N/A	No
Aetna, Inc.	No	No	Yes	Yes	Yes	No	Yes
Health Care Service Corporation	No	No	Yes	Yes	Yes	Yes	Yes
Cigna Corporation	N/A	No	No	Yes	Yes	No	N/A
Humana, Inc.	N/A	No	No	Yes	Yes	No	N/A
Health Net, Inc.	N/A	N/A	No	Yes	Yes	N/A	Yes
Highmark, Inc.	Yes	N/A	Yes	Yes	Yes	N/A	No
Independence Blue Cross	N/A	N/A	N/A	Yes	Yes	No	N/A
Blue Cross Blue Shield of Michigan	No	No	Yes	Yes	Yes	No	Yes
CareFirst BlueCross BlueShield	Yes	No	N/A	Yes	N/A	Yes	No
BlueCross BlueShield of Tennessee	No	No	No	N/A	N/A	No	N/A
Blue Cross and Blue Shield of Alabama	N/A	No	Yes	Yes	Yes	No	N/A
Blue Shield of California	No	No	No	Yes	Yes	No	No
Blue Cross and Blue Shield of Florida	No	No	No	Yes	Yes	N/A	No
Medical Mutual of Ohio	N/A	N/A	N/A	Yes	Yes	N/A	Yes
Blue Cross Blue Shield of Massachusetts	No	No	No	Yes	Yes	No	No

Table D. Coverage of the representative set of surgical interventions across included payers

Payer	Aqueous Shunts and Stents for Glaucoma	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	Cryosurgical Ablation of Prostate Cancer	Femoroacetabular Impingement (FAI) Syndrome Surgery	Left-Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation	Lung Volume Reduction Surgery for Severe Emphysema	Thermal Capsulorrhaphy for Joint Instability
UnitedHealth Group	Yes	Yes	N/A	Yes	N/A	N/A	No
WellPoint, Inc.	Yes	Yes	Yes	Yes	No	Yes	No
Aetna, Inc.	Yes	Yes	Yes	Yes	No	Yes	No
Health Care Service Corporation	Yes	Yes	Yes	Yes	No	N/A	No
Cigna Corporation	Yes	Yes	N/A	Yes	N/A	N/A	No
Humana, Inc.	No	Yes	Yes	Yes	N/A	N/A	No
Health Net, Inc.	Yes	Yes	N/A	Yes	No	Yes	Yes
Highmark, Inc.	Yes	N/A	Yes	Yes	N/A	Yes	N/A
Independence Blue Cross	Yes	Yes	Yes	Yes	N/A	Yes	No
Blue Cross Blue Shield of Michigan	Yes	N/A	Yes	Yes	No	Yes	No
CareFirst BlueCross BlueShield	Yes	N/A	N/A	Yes	No	Yes	No
BlueCross BlueShield of Tennessee	Yes	Yes	Yes	Yes	No	N/A	No
Blue Cross and Blue Shield of Alabama	Yes	Yes	Yes	Yes	No	Yes	Yes
Blue Shield of California	Yes	Yes	Yes	Yes	No	Yes	No
Blue Cross and Blue Shield of Florida	Yes	Yes	Yes	Yes	N/A	N/A	No
Medical Mutual of Ohio	N/A	Yes	Yes	N/A	N/A	Yes	No
Blue Cross Blue Shield of Massachusetts	Yes	N/A	Yes	Yes	No	Yes	No