

Alabama FFR_{CT} Coverage & Prior Authorization (PA) At-A-Glance



100% Covered Lives*

PAYOR	FFR _{CT} COVERAGE	cCTA PA REQUIRED	FFR _{CT} PA REQUIRED	Plaque PA REQUIRED	cCTA and FFR _{CT} MEDICAL POLICY LINK	RADIOLOGY BENEFITS MANAGER (RBM)
BCBS Alabama	Yes	Yes	Yes	N/A	Carelon Imaging of the Heart Medical Guidelines	carelon
Humana	Yes	Yes	No	N/A	Humana cCTA, FFRct, CACS Guidelines HealthHelp CTA Heart cCTA Medical Guidelines	HealthHelp
Tricare/Military (Humana)	Yes	No	No	N/A	Tricare Policy Manual – Cardiovascular System *Referral required if Prime members	None
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
BCBS Federal Employee Plan	Yes	No	No	N/A	BCBS FEP cCTA with Selective Noninvasive FFR BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	None
Cigna	Yes	No	No	N/A	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct Aetna eviCore Cardiac Imaging Guidelines	eviCore
MAC: Palmetto Jurisdiction J	Yes	No	No	N/A	Palmetto LCD Non-Invasive FFR for Stable Ischemic Heart Disease Palmetto LCD Cardiac Computed Tomography & Angiography (cCTA)	None
AL Medicaid	Yes	N/A	N/A	N/A	N/A	None