

Arizona 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)
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
BCBS Arizona	Yes	No	No	N/A	BCBS AZ eviCore Cardiac Imaging Guidelines	eviCore
					BCBS AZ CCTA with Selective Noninvasive FFR	
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
					Aetna eviCore Cardiac Imaging Guidelines	
Cigna	Yes	No	No	N/A	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Tricare West	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
Humana	Yes	Yes	No	N/A	Humana cCTA, FFRct, CACS Guidelines	HealthHelp
					HealthHelp CTA Heart cCTA Medical Guidelines	
BCBS Federal Employee Plan	Yes	No	No	N/A	BCBS FEP cCTA with Selective Noninvasive FFRct	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
MAC: Noridian Jurisdiction F	Yes	No	No	N/A	Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
AZ Medicaid	No	No	N/A	N/A	No Known Policy	None