

Arkansas 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 Arkansas	Yes	Yes	Yes	N/A	Carelon Imaging of the Heart Medical Guidelines	carelon
					BCBS AR cCTA, CT Derived Fractional Flow Reserve Guidelines	
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
Centene Corporation (QualChoice)	Yes	Yes	Yes	N/A	QualChoice NIA Cardiac Imaging Guidelines	NIA
Cigna	Yes	No	No	N/A	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Humana	Yes	Yes	No	N/A	Humana cCTA, FFR_{CT}, CACS Guideline	HealthHelp
					HealthHelp CTA Heart cCTA Medical Guidelines	
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFR_{CT}	eviCore
					Aetna eviCore Cardiac Imaging Guidelines	
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
BCBS Health Advantage	Yes	Yes	Yes	N/A	Carelon Imaging of the Heart Medical Guidelines	carelon
					BCBS Health Advantage cCTA, FFR_{CT}, CACS Guidelines	
MAC: Novitas Jurisdiction H	Yes	No	No	N/A	No existing LCD	None
AR Medicaid	Yes	N/A	N/A	N/A	N/A	None