

Colorado 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)
Anthem	Yes	Yes	Yes	N/A	Carelton Imaging of the Heart Medical Guidelines	carelon
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
Cigna	Yes	No	No	N/A	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Kaiser Permanente	Yes	Yes	Yes	N/A	No Known Policy	None
HealthNet	Yes	Yes	Yes	N/A	2024 NIA Clinical Guidelines for Expanded Cardiac	Evolut
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
					Aetna eviCore Cardiac Imaging Guidelines	
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	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
MAC: Novitas Jurisdiction H	Yes	No	No	N/A	No existing LCD	None
CO Medicaid	Yes	N/A	N/A	N/A	N/A	None