

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



98% 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	No Coverage	Carelon Cardiology Imaging Guidelines	Carelon
United Healthcare	Yes	Yes	Yes	No Coverage	UHC Cardiology and Radiology Imaging Guidelines	UHC
Aetna	Yes	Yes	Yes	No Coverage	Aetna Cardiac CT, CCTA, Calcium Scoring and FFRct Clinical Policy	eviCore
Cigna	Yes	No	No*	No Coverage	Cigna Cardiac Imaging Guidelines *Medicare Advantage ONLY requires PA	eviCore
EmblemHealth	Yes	Yes	Yes	No Coverage	eviCore Cardiac Imaging Guidelines	eviCore
Dept. of Veterans Affairs	Conditional	No	No	No Coverage	No Known Policy	None
Humana	Yes	Yes	No	No Coverage	Humana CCTA, FFRct, and Calcium Scoring Medical Coverage Policy	HealthHelp
BCBS Federal Employee Plan	Yes	Yes	Yes	No Coverage	BCBS FEP CCTA with Selective Noninvasive FFR	None
Connecticut Medicaid (Husky)	Yes	Yes	Yes	N/A	eviCore Cardiology and Radiology Imaging Guidelines	eviCore
MAC: NGS Jurisdiction K	Yes	No	No	N/A	NGS LCD ID: L39075 for Non-Invasive FFR NGS LCD ID: L33559 CCT and CCTA	None