

District of Columbia FFR_{CT} Coverage & Prior Authorization (PA) At-A-Glance



100% Covered Lives*

PAYOR	FFR _{CT} COVERAGE	cCTA PA REQUIRED?	FFR _{CT} PA REQUIRED?	Plaque Analysis PA?	cCTA and FFR _{CT} LINK TO MEDICAL POLICY	RADIOLOGY BENEFITS MANAGER (RBM)
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	eviCore
CareFirst BCBS Amerihealth and CareFirst Medicaid	Yes	Yes	Yes	N/A	CareFirst BCBS cCTA and Selective Noninvasive FFR	evolent
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFR_{CT}	eviCore
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
Kaiser Permanente	Yes	Yes	Yes	N/A	No known policy	None
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	BCBS FEP cCTA with Selective Noninvasive FFR	None
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
DC Healthcare Alliance Medicaid	Yes	Yes	No	N/A	No Known Policy	None
MAC: Novitas Jurisdiction L	Yes	No	No	N/A	No existing LCD	None