

# Kansas FFR<sub>CT</sub> Coverage & Prior Authorization (PA) At-A-Glance



98% Covered Lives\*

PAYOR	FFR <sub>CT</sub> COVERAGE	cCTA PA REQUIRED	FFR <sub>CT</sub> PA REQUIRED	Plaque PA REQUIRED	cCTA and FFR <sub>CT</sub> MEDICAL POLICY LINK	RADIOLOGY BENEFITS MANAGER (RBM)
BCBS Kansas	Yes	No	No	N/A	<a href="#">BCBS KS cCTA with Selective Noninvasive FFR</a>	None
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	None
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a> <a href="#">Aetna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Cigna	Yes	No	No	N/A	<a href="#">Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	None	None
Humana	Yes	Yes	No	N/A	<a href="#">Humana cCTA, FFRct, CACS Guidelines</a> <a href="#">HealthHelp CTA Heart cCTA Medical Guidelines</a>	<a href="#">HealthHelp</a>
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	<a href="#">BCBS FEP cCTA with Selective Noninvasive FFR</a> <a href="#">BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation</a>	None
MAC: WPS Jurisdiction 5	Yes	No	No	N/A	<a href="#">WPS LCD Non-Invasive FFR for Stable Ischemic Heart Disease</a> <a href="#">WPS LCD Coronary Computed Tomography Angiography (cCTA)</a>	None
KS Medicaid	Yes	N/A	N/A	N/A	N/A	None