

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



100% Covered Lives*

PAYOR	FFR _{CT} COVERAGE	CTA 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
Humana	Yes	Yes	No	N/A	Humana cCTA, FFRct, CACS Guidelines	HealthHelp
					HealthHelp CTA Heart cCTA Medical Guidelines	
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
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
Cigna	Yes	No	No	N/A	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
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	
Caresource	Yes	Yes	Yes	N/A	CareSource FFRct Medical Policy Marketplace	Evolut
MAC: CGS Jurisdiction J15	Yes	No	No	N/A	N/A	None
KY Medicaid	Yes	N/A	N/A	N/A	N/A	None