

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



95% Covered Lives\*

PAYOR	FFR <sub>CT</sub> COVERAGE	cCTA PA REQUIRED?	FFR <sub>CT</sub> PA REQUIRED?	LINK TO MEDICAL POLICY	RADIOLOGY BENEFITS MANAGER (RBM)
BCBS Mississippi	Yes	No	No	<a href="#">BCBS MS FFRct Policy</a> <a href="#">BCBS MS cCTA Policy</a>	None
United Healthcare	Yes	Yes	Auto	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	None
Cigna	Yes	No	No	<a href="#">Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Humana	Yes	Yes	No	<a href="#">Humana cCTA, FFRct, CACS Guidelines</a> <a href="#">HealthHelp CTA Heart cCTA Medical Guidelines</a>	<a href="#">HealthHelp</a>
Aetna	Yes	Yes	Auto	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a> <a href="#">Aetna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Tricare/Military (Humana)	Yes	No	No	<a href="#">Tricare Policy Manual – Cardiovascular System</a> *Referral required if Prime members	None
Department of Veterans Affairs Health Plan	Conditional	No	No	No Known Policy	None
Centene Corporation - Magnolia Health	Yes	Yes	Yes	<a href="#">Centene NIA Expanded Cardiac Guidelines</a>	<a href="#">Evolent</a>
MAC: Novitas Jurisdiction JH	Yes	No	No	No existing LCD	None
MS Medicaid	No	N/A	N/A	N/A	None