

# New Jersey 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)
Horizon BCBS New Jersey	Yes	Yes	Yes	N/A	<a href="#">Horizon BCBS CCTA with Selective Noninvasive FFR Clinical Policy</a>	<a href="#">eviCore</a>
United Healthcare	Yes	Yes	Yes	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	<a href="#">UHC</a>
Aetna	Yes	Yes	Yes	N/A	<a href="#">Aetna Cardiac CT, CCTA, Calcium Scoring, and FFRct Clinical Policy</a>	<a href="#">eviCore</a>
Cigna	Yes	No	No*	N/A	<a href="#">Cigna Cardiac Imaging Guidelines</a> *Medicare Advantage ONLY requires PA	<a href="#">eviCore</a>
Anthem	Yes	Yes	Yes	N/A	<a href="#">Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Dept. of Veterans Affairs	Conditional	No	No	N/A	No Known Policy	None
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	<a href="#">BCBS FEP CCTA with Selective Noninvasive FFR</a>	None
Humana	Yes	Yes	No	N/A	<a href="#">Humana CCTA, FFRct, and Calcium Scoring Medical Coverage Policy</a>	<a href="#">HealthHelp</a>
New Jersey Medicaid	Yes	Yes	Yes	N/A	No Known Policy	None
MAC: Novitas Jurisdiction L	Yes	No	No	N/A	No Current LCD	None