

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



89 % 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 Rhode Island	Yes	Yes	No	N/A	<a href="#">eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	<a href="#">UHC</a>
Cigna	Yes	No	No	N/A	<a href="#">Cigna Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Dept. of Veterans Affairs	Conditional	No	No	N/A	No Known Policy	None
Point32Health	Yes	No	No	N/A	<a href="#">NIA Expanded Cardiac Clinical Guidelines</a>	<a href="#">Evolent</a>
					<a href="#">NIA Advanced Imaging Guidelines</a>	
Humana	Yes	Yes	No	N/A	<a href="#">Humana CCTA, FFRCT, and Calcium Scoring Medical Policy</a>	<a href="#">HealthHelp</a>
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	<a href="#">BCBS FEP CCTA with Selective Noninvasive FFR</a>	None
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, CCTA, Calcium Scoring, and FFRct Clinical Policy</a>	<a href="#">eviCore</a>
Rhode Island Medicaid	No	Yes	No	N/A	No Known Policy	None
MAC: NGS Jurisdiction K	Yes	No	No	N/A	<a href="#">NGS LCD ID: L39075 for Non-Invasive FFR</a>	None
					<a href="#">NGS LCD ID: L33559 CCT and CCTA</a>	