

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



100% Covered Lives*

PAYOR	FFR _{CT} COVERAGE	cCTA 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	Anthem Carelon Advanced Imaging Guidelines	Carelon
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
Humana	Yes	Yes	No	N/A	Humana HealthHelp CAC Scoring, cCTA and FFRct Policy	HealthHelp
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
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 Policy	None
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
MAC: WPS Jurisdiction 8	Yes	No	No	N/A	WPS Non-Invasive Fractional Flow Reserve LCD L38839	None
Medicaid	Yes	No	No	N/A	No Known Policy	None