

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



87% 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)
BCBS Massachusetts	Yes	Yes	Yes	N/A	BCBS Mass Carelon Advanced Imaging Guidelines	Carelon
Point32Health	Yes	Yes	Yes	N/A	NIA Expanded Cardiac Guidelines	Evolut
					NIA Advanced Imaging Guidelines	
United Healthcare	Yes	Yes	Yes	N/A	UHC Cardiology and Radiology Imaging Guidelines	UHC
WellSense Health Plan	Yes	Yes	Yes	N/A	eviCore Cardiac Imaging Guidelines	eviCore
					Coverage for Medicare Advantage ONLY	
Anthem	Yes	Yes	Yes	N/A	Carelon Cardiology Imaging Guidelines	Carelon
Mass General Brigham	Yes	Yes	Yes	N/A	No Known Policy	None
Cigna	Yes	No	No*	N/A	Cigna Cardiac Imaging Guidelines	eviCore
					*Medicare Advantage ONLY requires PA	
Aetna	Yes	Yes	Yes	N/A	Aetna Cardiac CT, CCTA, Calcium Scoring and FFRct Clinical Policy	eviCore
Massachusetts Medicaid	No	Yes	N/A	N/A	No Known Policy	None
MAC: NGS Jurisdiction K	Yes	No	No	N/A	NGS LCD ID: L39075 Non-Invasive FFR	None
					NGS LCD ID: L33559 CCT and CCTA	