

Minnesota 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)
BCBS Minnesota	Yes	Yes	Yes	N/A	BCBS MN eviCore Cardiac Imaging Guidelines	eviCore
HealthPartners	Yes	No	No	N/A	None	None
Medica Health Plan	Yes	No	No	N/A	Medica cCTA and FFRct for Coronary Artery Evaluation Policy	None
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	BCBS FEP cCTA with Selective Noninvasive FFR	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
MAC: NGS Jurisdiction 6	Yes	No	No	N/A	NGS Non-Invasive FFR for Ischemic Heart Disease	None
Medicaid	Yes	Yes	No	N/A	No Known Policy	None