

Nebraska 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)
Nebraska Blue	Yes	Yes	No	N/A	Carelon Imaging of the Heart	Carelon
United Healthcare	Yes	Yes	Auto	N/A	United Healthcare cCTA and FFRct Reimbursement Notice	None
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
Centene Corporation	Yes	Yes	Yes	N/A	NIA FFRct Medical Policy Link	NIA
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Medica Health Plan	Yes	Yes	Yes	N/A	Carelon Coronary CT Angiography (CCTA) and CT Derived Fractional Flow Reserve (FFR-CT)	Carelon
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
MAC: WPS Jurisdiction 5	Yes	No	No	N/A	WPS LCD Non-Invasive FFR for Stable Ischemic Heart Disease WPS LCD Coronary Computed Tomography Angiography (cCTA)	None
Medicaid	Yes	Yes	No	N/A	No Known Policy	None