

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



75% 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)
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	None
Anthem	Yes	Yes	Yes	N/A	<a href="#">Anthem Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Humana	Yes	Yes	No	N/A	<a href="#">Humana HealthHelp CAC Scoring, cCTA and FFRct Policy</a>	<a href="#">HealthHelp</a>
Quartz Health Plan Corporation	Yes	Yes	Yes	N/A	No Known Policy	None
Dean Health Plan	Yes	Yes	Yes	N/A	<a href="#">Dean NIA Expanded Cardiac Guidelines</a>	<a href="#">NIA</a>
					<a href="#">Dean NIA Advanced Imaging Guidelines</a>	
Department of Veteran Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
Cigna	Yes	No	No	N/A	<a href="#">Cigna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
MAC: NGS Jurisdiction 6	Yes	No	No	N/A	<a href="#">NGS Non-Invasive Fractional Flow Reserve LCD ID: L39075</a>	None
Medicaid	No	Yes	N/A	N/A	No Known Policy	None