

Arizona Reimbursement At-A-Glance



100% Covered Lives

PAYOR	FFR _{CT} COVERAGE	cCTA PA REQUIRED	FFR _{CT} PA REQUIRED	AI-CPA PA REQUIRED	cCTA and FFR _{CT} MEDICAL POLICY LINK	RADIOLOGY BENEFITS MANAGER (RBM)
United Healthcare	Yes	Yes	Auto	Yes	UHC Cardiovascular and Radiology Imaging Guidelines	None
Blue Cross Blue Shield AZ	Yes	No	No	Yes	BCBS AZ CCTA with Selective Noninvasive FFR	eviCore
					BCBS AZ eviCore Cardiac Imaging Guidelines	
Aetna	Yes	Yes	Auto	Yes	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
					Aetna eviCore Cardiac Imaging Guidelines	
Cigna	Yes	No	No	Yes	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Tricare West	Yes	No	No	Yes	Tricare Policy Manual – Cardiovascular System *Referral required if Prime members	None
Department of Veterans Affairs Health Plan	Yes	No	No	Unknown	No Known Policy	None
Humana	Yes	Yes	No	Yes	Humana cCTA, FFRct, CACS Guidelines	Cohere
BCBS Federal Employee Plan	Yes	No	No	Yes	BCBS FEP cCTA with Selective Noninvasive FFR	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
MAC: Noridian Jurisdiction F	Yes	No	No	No	Noridian LCD ID: L38613 Non-Invasive FFR	None
					Noridian LCD ID: L39881 AI-CPA	