California 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)
Aetna	Yes	Yes	Auto	Yes	eviCore Cardiac Imaging Guidelines	eviCore
Kaiser Permanente	Yes	Yes	Yes	Yes	No Known Policy	None
Blue Shield California	Yes	No	No	Yes	Coronary Computed Tomography Angiography With Selective Noninvasive Fractional Flow Reserve	None
Department of Veterans Affairs Health Plan	Conditional	No	No	Unknown	No Known Policy	None
Anthem	Yes	Yes	Yes	Yes	Carelon Advanced Imaging Guidelines	Carelon
Cigna	Yes	No	No	Yes	eviCore Cardiac Imaging Guidelines	eviCore
United Healthcare	Yes	Yes	Auto	Yes	UHC Cardiovascular and Radiology Imaging Guidelines	None
Medi-Cal	Yes	No	No	Yes	Medi-Cal Radiology Provider Manual	None
MAC: Noridian Jurisdiction E	Yes	No	No	No	Noridian LCD ID: L38613 Non-invasive FFR Noridian LCD ID: DL39881 AI-CPA (Plaque Analysis)	None