Hawaii 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)
Hawaii Medical Services Association	Yes	Yes	No	N/A	HMSA Clinical Guidelines CT Coronary Angiography	Evolent
Kaiser Permanente	Yes	Yes	Yes	N/A	No Known Policy	None
Tricare	Yes	No	No	N/A	Tricare Manual – Cardiovascular system	None
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	BCBS FEP cCTA with Selective Noninvasive FFR BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	None
Cigna	Yes	No	No	N/A	eviCore Cardiac Imaging Guidelines	eviCore
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiovascular and Radiology Imaging Guidelines	None
MAC: Noridian Jurisdiction E	Yes	No	No	No	Noridian LCD ID: L38613 Non-invasive FFR Noridian LCD ID: DL39881 AI-CPA	None