Montana 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)
Cigna	Yes	No	No	Yes	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Blue Cross Blue Shield of Montana	Yes	No	No	Yes	BCBS MT eviCore Cardiac Imaging Guidelines	eviCore
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
HealthNet (Centene Corporation)	Yes	Yes	Yes	Yes	Evolent Expanded Cardiac Guidelines	Evolent
Tricare West	Yes	No	No	Yes	Tricare Policy Manual – Cardiovascular System *Referral required if Prime members	None
Aetna	Yes	Yes	Auto	Yes	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct Aetna eviCore Cardiac Imaging Guidelines	eviCore
United Healthcare	Yes	Yes	Auto	Yes	UHC Cardiovascular and Radiology Imaging Guidelines	None
MAC: Noridian Jurisdiction F	Yes	No	No	No	Noridian LCD ID: L38613 Non-Invasive FFR Noridian LCD ID: L39881 AI-CPA	None