Texas 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)
Blue Cross Blue Shield of Texas	Yes	Yes	No	Yes	Carelon Imaging of the Heart Medical Guidelines	Carelon
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
Cigna	Yes	No	No	Yes	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Tricare/Military	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
BCBS Federal Employee Plan	Yes	No	No	Yes	BCBS FEP cCTA with Selective Noninvasive FFR BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	None
Humana	Yes	Yes	No	Yes	Humana cCTA, FFRct, CACS Guidelines	Cohere
MAC: Novitas Jurisdiction H	Yes	No	No	No	No existing LCD's	None