Wisconsin Reimbursement At-A-Glance

75% 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 Cardiology and Radiology Imaging Guidelines	None
Anthem	Yes	Yes	Yes	Yes	Anthem Carelon Advanced Imaging Guidelines	Carelon
Quartz Health Plan Corporation	Yes	Yes	Yes	Yes	No Known Policy	None
Dean Health Plan	Yes	Yes	Yes	Yes	Dean Evolent Expanded Cardiac Guidelines Dean Evolent Advanced Imaging Guidelines	Evolent
Department of Veteran Affairs Health Plan	Conditional	No	No	Unknown	No Known Policy	None
Humana	Yes	Yes	No	Yes	Humana cCTA and FFRct Policy	HealthHelp
Aetna	Yes	Yes	Auto	Yes	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
Cigna	Yes	No	No	Yes	Cigna eviCore Cardiac Imaging Guidelines	eviCore
Medicaid	No	Yes	N/A	Yes	No Known Policy	None
MAC: NGS Jurisdiction 6	Yes	No	No	No	NGS LCD ID: L39075 Non-invasive FFR	None

**Excludes Medicaid*