

Delaware FFR_{CT} Coverage & Prior Authorization (PA) At-A-Glance



99% Covered Lives*

PAYOR	FFR _{CT} COVERAGE	cCTA PA REQUIRED	FFR _{CT} PA REQUIRED	PLAQUE PA REQUIRED	cCTA and FFR _{CT} MEDICAL POLICY LINK	RADIOLOGY BENEFITS MANAGER (RBM)
Highmark BCBS	Yes	Yes	Yes	No Coverage	Highmark Cardiac Imaging Guidelines	eviCore
Cigna	Yes	No	No*	No Coverage	Cigna Cardiac Imaging Guidelines *Medicare Advantage ONLY requires PA	eviCore
Aetna	Yes	Yes	Yes	No Coverage	Aetna Cardiac CT, CCTA, Calcium Scoring and FFRct Clinical Policy	eviCore
Humana	Yes	Yes	No	No Coverage	Humana CCTA, FFRct, and Calcium Scoring Medical Policy	HealthHelp
United Healthcare	Yes	Yes	Yes	No Coverage	UHC Cardiology and Radiology Imaging Guidelines	UHC
Dept. of Veteran Affairs	Conditional	No	No	N/A	No Known Policy	None
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	BCBS FEP CCTA for Coronary Artery Evaluation BCBS FEP CCTA with Selective Noninvasive FFR	None
Anthem	Yes	Yes	Yes	N/A	Carelton Cardiology Imaging Guidelines	Carelton
Delaware Medicaid	Yes	Yes	Yes	N/A	No Known Policy	None
MAC: Novitas Jurisdiction L	Yes	No	No	N/A	No Published LCD	None