

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



100% Covered Lives*

PAYOR	FFR _{CT} COVERAGE	CTA PA REQUIRED?	FFR _{CT} PA REQUIRED?	Plaque Analysis PA?	cCTA and FFRct MEDICAL POLICY LINK	RADIOLOGY BENEFITS MANAGER (RBM)
Anthem/BCBS of Georgia	Yes	Yes	Yes	N/A	Anthem/BCBS Carelon Advanced Imaging Guidelines	Carelon
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	eviCore
Humana	Yes	Yes	No	N/A	Humana CAC Scoring, cCTA and FFRct Policy	HealthHelp
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac Imaging Guidelines	eviCore
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
CareSource	Yes	Yes	Yes	N/A	Caresource NIA cCTA Imaging Guidelines	evolent
					Caresource FFRct Medical Policy	
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	BCBS FEP cCTA with Selective Noninvasive FFRct	None
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Georgia Medicaid	Yes	Yes	Yes	N/A	No Known Policy	MMISGA
MAC: Palmetto Jurisdiction J	Yes	No	No	N/A	Palmetto LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
					Palmetto LCD Cardiac Computed Tomography & Angiography (cCTA)	