

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



98% 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)
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
Anthem	Yes	Yes	Yes	N/A	Anthem Carelon Imaging of the Heart Guidelines	Carelon
Centene Corporation (Home State Health)	Yes	Yes	Yes	N/A	NIA Expanded Advanced Imaging Guidelines (CCTA)	Evolent
					NIA Expanded Cardiac Guidelines (FFRct)	
Cigna	Yes	No	No	N/A	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
					Aetna eviCore Cardiac Imaging Guidelines	
BCBS Kansas City Missouri	Yes	Yes	Yes	N/A	eviCore Cardiac Imaging Guidelines	eviCore
Humana	Yes	Yes	No	N/A	Humana cCTA, FFRct, CACS Guidelines	HealthHelp
					HealthHelp CTA Heart cCTA Medical Guidelines	
BCBS Federal Employee Plan	Yes	No	No	N/A	BCBS FEP cCTA with Selective Noninvasive FFR	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
MAC: WPS Jurisdiction 5	Yes	No	No	N/A	WPS LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
					WPS LCD Coronary Computed Tomography Angiography (cCTA)	
MO Medicaid	Yes	N/A	N/A	N/A	N/A	None