

Texas 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)
BCBS Texas	Yes	Yes	No	N/A	Carelton Imaging of the Heart Medical Guidelines BCBS TX Carelon RQI Procedure Codes * Subject to RQI (Prenotification Radiology Quality Initiative)	carelon
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct Aetna eviCore Cardiac Imaging Guidelines	eviCore
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiology and Radiology Imaging Guidelines	None
Cigna	Yes	No	No	N/A	Cigna Medical Coverage Policies – Radiology Cardiac Imaging Guidelines	eviCore
Tricare/Military (Humana)	Yes	No	No	N/A	Tricare Policy Manual – Cardiovascular System *Referral required if Prime members	None
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
BCBS Federal Employee Plan	Yes	No	No	N/A	BCBS FEP cCTA with Selective Noninvasive FFR BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	None
Humana	Yes	Yes	No	N/A	Humana cCTA, FFRct, CACS Guidelines HealthHelp CTA Heart cCTA Medical Guidelines	HealthHelp
MAC: Novitas Jurisdiction H	Yes	No	No	N/A	No existing LCD	None
TX Medicaid	Yes	N/A	N/A	N/A	N/A	None