

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



75% 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 Advanced Imaging Guidelines	Carelon
Humana	Yes	Yes	No	N/A	Humana HealthHelp CAC Scoring, cCTA and FFRct Policy	HealthHelp
Quartz Health Plan Corporation	Yes	Yes	Yes	N/A	No Known Policy	None
Dean Health Plan	Yes	Yes	Yes	N/A	Dean NIA Expanded Cardiac Guidelines Dean NIA Advanced Imaging Guidelines	NIA
Department of Veteran Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
MAC: NGS Jurisdiction 6	Yes	No	No	N/A	NGS Non-Invasive Fractional Flow Reserve LCD ID: L39075	None
Medicaid	No	Yes	N/A	N/A	No Known Policy	None