

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



100% 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)
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
Tricare	Yes	No	No	N/A	Tricare Manual – Cardiovascular system	None
BCBS FEP	Yes	Yes	Yes	N/A	BCBS FEP cCTA with Selective Noninvasive FFR	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
Premera	Yes	Yes	No	N/A	Premera Carelon Advanced Imaging Guidelines	Carelon
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiovascular and Radiology Imaging Guidelines	None
Alaska Medicaid	Under Review	No	No	N/A	Alaska Medicaid Provider Manual	None
					Comagine Health Prior Auth List	
MAC: Noridian Jurisdiction F	Yes	No	No	N/A	Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
					Bill & Coding Article Non-invasive Fractional Flow Reserve	