

Hawaii 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) |
|--|----------------------------|------------------|-------------------------------|--------------------|---|----------------------------------|
| Hawaii Medical Services Association | Yes | Yes | No | N/A | HMSA NIA Advanced Imaging and Cardiac Guidelines for FFR_{CT} | evolent |
| | | | | | HMSA NIA Advanced Imaging Guidelines for cCTA | |
| Kaiser Permanente | Yes | Yes | Yes | N/A | No known policy | None |
| Tricare | Yes | No | No | N/A | Tricare Manual – Cardiovascular system | None |
| United Healthcare | Yes | Yes | Auto | N/A | UHC Cardiovascular and Radiology Imaging Guidelines | None |
| BCBS Federal Employee Plan | Yes | Yes | Yes | N/A | BCBS FEP cCTA with Selective Noninvasive FFR | None |
| | | | | | BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation | |
| 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 |
| MAC: Noridian Jurisdiction E | Yes | No | No | N/A | Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease | None |
| | | | | | Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease | |