

# Montana FFR<sub>CT</sub> Coverage & Prior Authorization (PA) At-A-Glance



100% Covered Lives

PAYOR	FFR <sub>CT</sub> COVERAGE	cCTA PA REQUIRED	FFR <sub>CT</sub> PA REQUIRED	PLAQUE PA REQUIRED	cCTA and FFR <sub>CT</sub> MEDICAL POLICY LINK	RADIOLOGY BENEFITS MANAGER (RBM)
Cigna	Yes	No	No	N/A	<a href="#">Cigna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
BCBS Montana	Yes	No	No	N/A	<a href="#">BCBS MT eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Humana	Yes	Yes	No	N/A	<a href="#">Coronary CT Angiography, Fractional Flow Reserve with CT and Adjunctive Testing</a>	None
HealthNet	Yes	Yes	Yes	N/A	<a href="#">HealthNet NIA Expanded Cardiac Guidelines</a>	<a href="#">evolent</a>
					<a href="#">HealthNet NIA Advanced Imaging Guidelines</a>	
Tricare	Yes	No	No	N/A	<a href="#">Tricare Manual – Cardiovascular system</a>	None
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
Montana Medicaid	Yes	No	No	N/A	<a href="#">Provider Manual</a>	None
					<a href="#">Montana Medicaid Fee Schedule</a>	
MAC: Noridian Jurisdiction F	Yes	No	No	N/A	<a href="#">Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease</a>	None
					<a href="#">Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease</a>	