

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



88% 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)
Anthem	Yes	Yes	Yes	N/A	<a href="#">Carelon Cardiology Imaging Guidelines</a>	<a href="#">Carelon</a>
Cigna	Yes	No	No*	N/A	<a href="#">Cigna Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
					*Medicare Advantage ONLY requires PA	
Point32Health	Yes	Yes	Yes	N/A	<a href="#">NIA Expanded Cardiac Clinical Guidelines</a>	<a href="#">Evolent</a>
					<a href="#">NIA Advanced Imaging Guidelines</a>	
WellSense Health Plan (BMCHP)	Yes	Yes	Yes	N/A	<a href="#">eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
United Healthcare	Yes	Yes	Yes	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	<a href="#">UHC</a>
Dept. of Veteran Affairs	Conditional	No	No	N/A	No Known Policy	None
Humana	Yes	Yes	No	N/A	<a href="#">Humana CCTA, FFRct, and Calcium Scoring Medical Coverage Policy</a>	<a href="#">HealthHelp</a>
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	<a href="#">BCBS FEP CCTA with Selective Noninvasive FFR</a>	None
Aetna	Yes	Yes	Yes	N/A	<a href="#">Aetna Cardiac CT, CCTA, Calcium Scoring and FFRct Clinical Policy</a>	<a href="#">eviCore</a>
New Hampshire Medicaid	Yes	Yes	Yes	N/A	No Known Policy	None
MAC: NGS Jurisdiction K	Yes	No	No	N/A	<a href="#">NGS LCD ID: L39075 Non-Invasive FFR</a>	None
					<a href="#">NGS LCD ID: L33559 CCT and CCTA</a>	