

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



90% 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)
United Healthcare	Yes	Yes	Yes	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	<a href="#">UHC</a>
Fidelis Care	Yes	Yes	Yes	N/A	<a href="#">NIA Advanced Imaging Guidelines</a>	<a href="#">Evotent</a>
Aetna	Yes	Yes	Yes	N/A	<a href="#">Aetna Cardiac CT, CCTA, Calcium Scoring and FFRct Clinical Policy</a>	<a href="#">eviCore</a>
Anthem (Empire)	Yes	Yes	Yes	N/A	<a href="#">Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
HealthFirst	Yes	Yes	Yes	N/A	<a href="#">eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Excellus	Yes	Yes	Yes	N/A	<a href="#">Excellus Medical Policy for CCTA with Noninvasive FFR</a>	<a href="#">eviCore</a>
Cigna	Yes	No	No*	N/A	<a href="#">Cigna Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
					*Medicare Advantage ONLY requires PA	
MVP Health Care	Yes	Yes	Yes	N/A	<a href="#">eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
New York Medicaid	No	Yes	No	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>	