

Utah 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)
Regence BCBS Utah	Yes	Yes	No	N/A	Carelon Cardiac Imaging Guidelines	Carelon
Select Health	Yes	No	No	N/A	Select Health Prior Auth and Coverage Policies	None
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiovascular and Radiology Imaging Guidelines	None
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
BCBS FEP	Yes	Yes	Yes	N/A	BCBS FEP cCTA with Selective Noninvasive FFR	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
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
Utah Medicaid	Yes	No	No	N/A	Coverage and Reimbursement Code Lookup	
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	