

# Washington 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)
Premera	Yes	Yes	No	N/A	<a href="#">Premera Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Regence	Yes	Yes	Yes	N/A	<a href="#">Regence Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Molina Healthcare	Yes	Yes	No	N/A	<a href="#">Molina Prior Auth and Coverage Policies</a>	
Kaiser Permanente	Yes	Yes	No	N/A	<a href="#">Kaiser General Medical Necessity Clinical Review Criteria</a>	None
Cigna	Yes	No	No	N/A	<a href="#">Cigna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
Tricare	Yes	No	No	N/A	<a href="#">Tricare Manual – Cardiovascular system</a>	None
Apple Health	Yes	No	Yes	N/A	<a href="#">Apple Health Prior Auth and Coverage Look Up</a>	None
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="#">Bill &amp; Coding Article Non-invasive Fractional Flow Reserve</a>	