

# Alaska 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)
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
BCBS FEP	Yes	Yes	Yes	N/A	<a href="#">BCBS FEP cCTA with Selective Noninvasive FFR</a>	None
					<a href="#">BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation</a>	
Premera	Yes	Yes	No	N/A	<a href="#">Premera Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Cigna	Yes	No	No	N/A	<a href="#">Cigna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiovascular and Radiology Imaging Guidelines</a>	None
Alaska Medicaid	Under Review	No	No	N/A	<a href="#">Alaska Medicaid Provider Manual</a>	None
					<a href="#">Comagine Health Prior Auth List</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="#">Bill &amp; Coding Article Non-invasive Fractional Flow Reserve</a>	