

# California 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)
Kaiser Permanente	Yes	Yes	Yes	N/A	<a href="#">No known policy</a>	None
Anthem	Yes	Yes	Yes	N/A	<a href="#">Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Blue Shield California	Yes	No	No	N/A	<a href="#">BS CA NIA Advanced Imaging Guidelines</a>	<a href="#">evolent</a>
Cigna	Yes	No	No	N/A	<a href="#">Cigna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	<a href="#">No Known Policy</a>	None
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC eviCore Cardiology and Radiology Imaging Guidelines</a>	<a href="#">eviCore</a>
Medi-Cal	Yes	No	No	N/A	<a href="#">Medi-Cal Radiology Provider Manual</a>	None
MAC: Noridian Jurisdiction E	Yes	No	No	N/A	<a href="#">Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease</a> <a href="#">Noridian FFRct Billing and Coding Guide</a>	None