

Hawaii FFR_{CT} Coverage & Prior Authorization (PA) At-A-Glance



75% 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)
Hawaii Medical Services Association	Yes	Yes	No	N/A	HMSA NIA Advanced Imaging and Cardiac Guidelines for FFR_{CT}	evolent
					HMSA NIA Advanced Imaging Guidelines for cCTA	
Kaiser Permanente	Yes	Yes	Yes	N/A	No known policy	None
Tricare	Yes	No	No	N/A	Tricare Manual – Cardiovascular system	None
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiovascular and Radiology Imaging Guidelines	None
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	BCBS FEP cCTA with Selective Noninvasive FFR	None
					BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation	
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
MAC: Noridian Jurisdiction E	Yes	No	No	N/A	Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
					Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease	