

# Idaho 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)
Blue Cross Idaho	Yes	Yes	Yes	N/A	<a href="#">Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve</a>	None
Regence	Yes	Yes	Yes	N/A	<a href="#">Carelon Imaging of the Heart Guidelines</a>	<a href="#">Carelon</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Tricare	Yes	No	No	N/A	<a href="#">Tricare Manual – Cardiovascular system</a>	None
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiovascular and Radiology Imaging Guidelines</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 FFR<sub>CT</sub></a>	<a href="#">eviCore</a>
Idaho Medicaid	Yes	No	No	N/A	<a href="#">Idaho Dept. of Health and Welfare</a>	<a href="#">Gainwell</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="#">Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease</a>	