

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



100% 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)
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
BCBS Montana	Yes	No	No	N/A	BCBS MT eviCore Cardiac Imaging Guidelines	eviCore
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Humana	Yes	Yes	No	N/A	Coronary CT Angiography, Fractional Flow Reserve with CT and Adjunctive Testing	None
HealthNet	Yes	Yes	Yes	N/A	HealthNet NIA Expanded Cardiac Guidelines	evolent
					HealthNet NIA Advanced Imaging Guidelines	
Tricare	Yes	No	No	N/A	Tricare Manual – Cardiovascular system	None
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
Montana Medicaid	Yes	No	No	N/A	Provider Manual	None
					Montana Medicaid Fee Schedule	
MAC: Noridian Jurisdiction F	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	