

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



85% 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)
United Healthcare	Yes	Yes	Auto	N/A	UHC Cardiovascular and Radiology Imaging Guidelines	None
Anthem	Yes	Yes	No	N/A	Anthem Carelon Imaging of the Heart	Carelon
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Tricare	Yes	No	No	N/A	Tricare Manual – Cardiovascular system	None
Sierra Health & Life Plan	Yes	Yes	Yes	N/A	SHL UHC eviCore Cardiology and Radiology Imaging Guidelines	eviCore
MAC: Noridian Jurisdiction E	Yes	No	No	N/A	Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
					Bill & Coding Article Non-invasive Fractional Flow Reserve	

* No Medicaid coverage*