

# North Dakota 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)
BCBS North Dakota	Yes	Yes	Yes	N/A	<a href="#">BCBS ND Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Sanford Health	Yes	Yes	Yes	N/A	<a href="#">Sanford eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
HealthNet	Yes	Yes	Yes	N/A	<a href="#">NIA Expanded Cardiac Guidelines</a>	<a href="#">NIA</a>
					<a href="#">NIA Advanced Imaging Guidelines</a>	
Medica Health Plan	Yes	Yes	Yes	N/A	<a href="#">Carelon Coronary CT Angiography (CCTA) and CT Derived Fractional Flow Reserve (FFR-CT)</a>	<a href="#">Carelon</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known policy	None
BCBS Federal Employee Plan	Yes	Yes	No	N/A	<a href="#">BCBS FEP cCTA with Selective Noninvasive FFR</a>	None
					<a href="#">BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation</a>	
Cigna	Yes	No	No	N/A	<a href="#">Cigna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
MAC: Noridian Jurisdiction F	Yes	No	No	N/A	<a href="#">Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease</a>	None
Medicaid	Yes	No	No	N/A	No Known Policy	None