

Oregon 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)
Kaiser Permanente	Yes	Yes	No	N/A	Kaiser General Medical Necessity Clinical Review Criteria	None
Providence Health Plan	Yes	Yes	Yes	N/A	Providence General Requirements Policy	None
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
Moda Health	Yes	Yes	Yes	N/A	Moda eviCore Cardiac Imaging Guidelines	eviCore
Regence	Yes	Yes	Yes	N/A	Regence Carelon Cardiology Advanced Imaging Guidelines	Carelon
PacificSource	Yes	No	No	N/A	PacificSource Carelon Cardiology Advanced Imaging Guidelines	Carelon
Oregon Health Plan	Yes	No	No	N/A	Medical Coverage Policy	
					Oregon Medicaid Fee Schedule and Coverage	
MAC: Noridian Jurisdiction F	Yes	No	No	N/A	Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
					Bill & Coding Article Non-invasive Fractional Flow Reserve	