

South Dakota 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)
Wellmark	Yes	Yes	Yes	N/A	Wellmark eviCore Cardiac Imaging Guidelines	eviCore
Avera Health Plan	Yes	Yes	Yes	N/A	No known Policy	None
Sanford Health	Yes	Yes	Yes	N/A	Sanford eviCore Cardiac Imaging Guidelines	eviCore
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
HealthNet	Yes	Yes	No	N/A	HealthNet NIA Expanded Cardiac Guidelines	NIA
					HealthNet NIA Advanced Imaging Guidelines	
Medica Health Plan	Yes	Yes	Yes	N/A	Coronary CT Angiography (CCTA) and CT Derived Fractional Flow Reserve (FFR-CT)	None
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
MAC: Noridian Jurisdiction F	Yes	No	No	N/A	Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease	None
Medicaid	Yes	No	No	N/A	No Known Policy	None