

Washington 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)
Premera	Yes	Yes	No	N/A	Premera Carelon Advanced Imaging Guidelines	Carelon
Regence	Yes	Yes	Yes	N/A	Regence Carelon Advanced Imaging Guidelines	Carelon
Molina Healthcare	Yes	Yes	No	N/A	Molina Prior Auth and Coverage Policies	
Kaiser Permanente	Yes	Yes	No	N/A	Kaiser General Medical Necessity Clinical Review Criteria	None
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
Tricare	Yes	No	No	N/A	Tricare Manual – Cardiovascular system	None
Apple Health	Yes	No	Yes	N/A	Apple Health Prior Auth and Coverage Look Up	None
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	