

California 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	Yes	N/A	No known policy	None
Anthem	Yes	Yes	Yes	N/A	Carelton Advanced Imaging Guidelines	Carelton
Blue Shield California	Yes	No	No	N/A	BS CA NIA Advanced Imaging Guidelines	evolent
Cigna	Yes	No	No	N/A	Cigna eviCore Cardiac Imaging Guidelines	eviCore
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Aetna	Yes	Yes	Auto	N/A	Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct	eviCore
United Healthcare	Yes	Yes	Auto	N/A	UHC eviCore Cardiology and Radiology Imaging Guidelines	eviCore
Medi-Cal	Yes	No	No	N/A	Medi-Cal Radiology Provider Manual	None
MAC: Noridian Jurisdiction E	Yes	No	No	N/A	Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease Noridian FFRct Billing and Coding Guide	None