

# Minnesota 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 Minnesota	Yes	Yes	Yes	N/A	<a href="#">BCBS MN eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
HealthPartners	Yes	No	No	N/A	None	None
Medica Health Plan	Yes	No	No	N/A	<a href="#">Medica cCTA and FFRct for Coronary Artery Evaluation Policy</a>	None
Cigna	Yes	No	No	N/A	<a href="#">Cigna eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	None
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
BCBS Federal Employee Plan	Yes	Yes	Yes	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>	
MAC: NGS Jurisdiction 6	Yes	No	No	N/A	<a href="#">NGS Non-Invasive FFR for Ischemic Heart Disease</a>	None
Medicaid	Yes	Yes	No	N/A	No Known Policy	None