

# Oregon 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)
Kaiser Permanente	Yes	Yes	No	N/A	<a href="#">Kaiser General Medical Necessity Clinical Review Criteria</a>	None
Providence Health Plan	Yes	Yes	Yes	N/A	<a href="#">Providence General Requirements Policy</a>	None
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
Department of Veterans Affairs Health Plan	Conditional	No	No	N/A	No Known Policy	None
Moda Health	Yes	Yes	Yes	N/A	<a href="#">Moda eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Regence	Yes	Yes	Yes	N/A	<a href="#">Regence Carelon Cardiology Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
PacificSource	Yes	No	No	N/A	<a href="#">PacificSource Carelon Cardiology Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Oregon Health Plan	Yes	No	No	N/A	<a href="#">Medical Coverage Policy</a>	
					<a href="#">Oregon Medicaid Fee Schedule and Coverage</a>	
MAC: Noridian Jurisdiction F	Yes	No	No	N/A	<a href="#">Noridian LCD Non-Invasive FFR for Stable Ischemic Heart Disease</a>	None
					<a href="#">Bill &amp; Coding Article Non-invasive Fractional Flow Reserve</a>	