

# Florida FFR<sub>CT</sub> Coverage & Prior Authorization (PA) At-A-Glance



97% Covered Lives\*

PAYOR	FFR <sub>CT</sub> COVERAGE	cCTA PA REQUIRED?	FFR <sub>CT</sub> PA REQUIRED?	Plaque Analysis PA?	cCTA and FFR <sub>CT</sub> MEDICAL POLICY LINK	RADIOLOGY BENEFITS MANAGER (RBM)
Florida Blue	Yes	Yes	Yes	N/A	<a href="#">Florida Blue cCTA and FFRct Clinical Guidelines</a>	<a href="#">Carelon</a>
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	<a href="#">eviCore</a>
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct</a>	<a href="#">eviCore</a>
Humana	Yes	Yes	No	N/A	<a href="#">Humana CAC Scoring, cCTA and FFRct Policy</a>	<a href="#">HealthHelp</a>
Cigna	Yes	No	No	N/A	<a href="#">Cigna Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
BCBS Federal Employee Plan (Florida Blue)	Yes	Yes	Yes	N/A	<a href="#">BCBS FEP cCTA with Selective Noninvasive FFRct</a>	None
MAC: First Coast Service Options Jurisdiction JN	Yes	No	No	N/A	No existing LCD	None