

Ohio 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) |
|--|----------------------------|------------------|-------------------------------|--------------------|---|----------------------------------|
| Anthem | Yes | Yes | Yes | N/A | Anthem Carelon Advanced Imaging Guidelines | Carelon |
| CareSource | Yes | Yes | Yes | N/A | CareSource FFRct Policy | None |
| United Healthcare | Yes | Yes | Auto | N/A | UHC Cardiology and Radiology Imaging Guidelines | None |
| Aetna | Yes | Yes | Auto | N/A | Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct | eviCore |
| Humana | Yes | Yes | No | N/A | Humana HealthHelp CAC Scoring, cCTA and FFRct Policy | HealthHelp |
| 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 |
| BCBS Federal Employee Plan | Yes | No | No | N/A | BCBS FEP cCTA with Selective Noninvasive FFR | None |
| | | | | | BCBS FEP Contrast-Enhanced CTA for Coronary Artery Evaluation | |
| MAC: CGS Jurisdiction J15 | Yes | No | No | N/A | CGS Non-Invasive Fractional Flow Reserve LCD ID: L38771 | None |
| Medicaid | Yes | No | No | N/A | No Known Policy | None |