

Florida FFR_{CT} Coverage & Prior Authorization (PA) At-A-Glance



97% Covered Lives*

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