

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



94% 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) |
|--|----------------------------|-------------------|--------------------------------|---------------------|---|----------------------------------|
| BCBS South Carolina | Yes | Yes | Yes | N/A | BCBS SC CTA Coronary Arteries Guidelines | NIA |
| | | | | | BCBS SC FFRct Guidelines | |
| Humana | Yes | Yes | No | N/A | Humana CAC Scoring, cCTA and FFRct Policy | HealthHelp |
| Cigna | Yes | No | No | N/A | Cigna eviCore Cardiac Imaging Guidelines | eviCore |
| United Healthcare | Yes | Yes | Auto | N/A | UHC Cardiology and Radiology Guidelines | eviCore |
| Aetna | Yes | Yes | Auto | N/A | Aetna Cardiac CT, cCTA, Calcium Scoring and FFRct | eviCore |
| Department of Veterans Affairs Health Plan | Conditional | No | No | N/A | No known policy | None |
| BCBS Federal Employee Plan | Yes | Yes | Yes | N/A | BCBS FEP cCTA with Selective Noninvasive FFRct | None |
| MAC: Palmetto Jurisdiction M | Yes | No | No | N/A | Palmetto LCD Non-Invasive FFRct for Stable Ischemic Heart Disease | None |
| | | | | | Palmetto LCD Cardiac Computed Tomography & Angiography (cCTA) | |

*Does not include Medicaid