

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



72% 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)
BCBS Vermont	Yes	Yes	Yes	N/A	<a href="#">Carelon Advanced Imaging Guidelines</a>	<a href="#">Carelon</a>
Aetna	Yes	Yes	Auto	N/A	<a href="#">Aetna Cardiac CT, CCTA, Calcium Scoring, and FFRct Clinical Policy</a>	<a href="#">eviCore</a>
MVP Health Care	Yes	Yes	Auto	N/A	<a href="#">eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
Cigna	Yes	No	No	N/A	<a href="#">eviCore Cardiac Imaging Guidelines</a>	<a href="#">eviCore</a>
United Healthcare	Yes	Yes	Auto	N/A	<a href="#">UHC Cardiology and Radiology Imaging Guidelines</a>	<a href="#">UHC</a>
BCBS Federal Employee Plan	Yes	Yes	Yes	N/A	<a href="#">BCBS FEP CCTA with Selective Noninvasive FFR</a>	None
Humana	Yes	Yes	No	N/A	<a href="#">Humana CCTA, FFRCT, and Calcium Scoring Medical Coverage Policy</a>	<a href="#">HealthHelp</a>
Vermont Medicaid	No	Yes	No	N/A	No Known Policy	None
MAC: NGS Jurisdiction K	Yes	No	No	N/A	<a href="#">NGS LCD ID: L39075 for Non-Invasive FFR</a>	None
					<a href="#">NGS LCD ID: L33559 CCT and CCTA</a>	