



Benefits Investigation Summary

The following details only pertain to this specific patient and are obtained solely using the information provided.

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CASE ID#: 715837 Completed: 10-14-2019 12:16 PM

CPT Code: Medication: DUROLANE

PATIENT INFORMATION

Last Name:	First Name:	ICD: M17.0	DOB
Home Phone:	Alternate Phone:	Gender: <input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male

PHYSICIAN INFORMATION

Name:	NPI:	Tax ID:	License:	PTAN:
Address	City:	St	Zip:	Phone:
				Fax:

INSURANCE INFORMATION

Plan Name: Aetna	Plan Type:	Member ID: Example	Group #: 866345-018-00041
Insured Name:	Relation to Patient: self	Effective Date: 09/01/2018	Renewal Date:

MEDICAL BENEFITS (in order to Buy & Bill)

IN NETWORK OUT OF NETWORK

Medication Coverage %: 80.0	Medication Copay:	<p>Additional Notes: Patient has an Open Access Aetna Select EPO plan. Effective 09/01/2018.</p> <p>Specialist Office Visits, Durolane J7318 and administration codes 20610/20611 are covered at 80% of allowable amount after deductible is met. If out of pocket is met, coverage will go to 100%. No PCP referrals required.</p> <p>A pre-cert is required for this patient's plan, someone from our Authorizations Team will reach out to collect clinical information to assist with the pre-cert process. You may also fax the information ahead of time to 833-692-8329 or upload it using the online portal.</p>
Admin Coverage %: 80.0	Admin Copay:	
Office Copay:	Filing Deadline: 120 days from date of service	
Deductible: 1200.0	Deductible Met: 709.5	
Out of Pocket Max: 7900.0	Out of Pocket Met: 910.32	
Annual Max:	Annual Max Met:	
Insurance Contact: Sue	Insurance Phone: (888) 632-3862	
Claims Phone: (888) 632-3862	Claims Fax:	
Claims Mailing Address: Aetna P.O. 981106 El Paso TX 79998-1106		
Information to Include: Pre-cert/Medical notes		

COVERAGE ALERTS

MAY BILL FOR PRODUCT MUST FILL THROUGH PHARMACY

REQUIRED ACTIONS / DOCUMENTATION

MEDICAL NOTES PRE-CERT PCP REFERRAL

Reference # - 4825028341

PHARMACY BENEFITS (script medication through the pharmacy)

Mandated Pharmacy: CVS SPECIALTY Pharmacy	Benefits Manager:	<p>Additional Notes: Caremark Specialty Pharmacy Transfer Option</p> <p>A Prior Authorization is required. The BV360 Authorization team will be contacting your office for clinical information. You may also fax the information ahead of time to 833-692-8329 or upload it using the online portal.</p>
Medication Coverage %:	Medication Copay:	
Rx Benefit Max:	Rx Benefit Max Met:	
Deductible:	Deductible Met:	
Out of Pocket Max:	Out of Pocket Met:	
Annual Max:	Annual Max Met:	

COVERAGE ALERTS

NO RETAIL COVERAGE SPECIALTY PHARMACY ONLY

REQUIRED ACTIONS / DOCUMENTATION

CONTACT BV360 FOR DISPENSE PRIOR AUTH

PHARMACY TRANSFER INFORMATION*

Pharmacy:	Transfer Date:
Phone #:	Fax #:

* Transfer information will only be provided when your Rx has been transferred to a pharmacy for fulfillment. Updates on your Rx may then be obtained via the listed information.