



# 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#: 712371 Completed: 09-30-2019 11:22 AM

CPT Code: Medication: GELSYN

## PATIENT INFORMATION

Last Name:	First Name:	ICD: <b>M17.12</b>	DOB
Home Phone:	Alternate Phone:	Gender: <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Male

## PHYSICIAN INFORMATION

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

## INSURANCE INFORMATION

Plan Name: <b>ANTHEM BCBS IWA</b>	Plan Type:	Member ID: <b>EXAMPLE</b>	Group #: <b>003330094PCAP002</b>
Insured Name:	Relation to Patient: <b>self</b>	Effective Date: <b>05/07/2014</b>	Renewal Date:

## MEDICAL BENEFITS (in order to Buy & Bill)

IN NETWORK  OUT OF NETWORK

Medication Coverage %:	Medication Copay:	<p>Additional Notes:</p> <p>Patient has Commercial Blue Card PPO with an effective date of 05/07/2014.</p> <p>**Effective 12/01/2017, Intra articular Hyaluronan injections of the knee are considered NOT medically necessary and will no longer be covered with Anthem BCBS. Administration 20610,20611 are also not covered. Specialist office visit is covered at 80% of the allowable amount after deductible has been met. If out of pocket is met, coverage goes to 100%. No pre-certifications or referrals needed.</p> <p>Reference no:021927344449000</p>
Admin Coverage %:	Admin Copay:	
Office Copay:	Filing Deadline: <b>as per contract</b>	
Deductible: <b>500.0</b>	Deductible Met: <b>147.35</b>	
Out of Pocket Max: <b>4000.0</b>	Out of Pocket Met: <b>242.46</b>	
Annual Max:	Annual Max Met:	
Insurance Contact: <b>Keran F</b>	Insurance Phone: <b>(800) 676-2583</b>	
Claims Phone: <b>(800) 676-2583</b>	Claims Fax:	
Claims Mailing Address:	<b>File to Local</b>	
Information to Include:	-----	
<b>COVERAGE ALERTS</b>		
<input type="checkbox"/> MAY BILL FOR PRODUCT <input type="checkbox"/> MUST FILL THROUGH PHARMACY		
<b>REQUIRED ACTIONS / DOCUMENTATION</b>		
<input type="checkbox"/> MEDICAL NOTES <input type="checkbox"/> PRE-CERT <input type="checkbox"/> PCP REFERRAL		

## PHARMACY BENEFITS (script medication through the pharmacy)

Mandated Pharmacy: <b>Accredo</b>	Benefits Manager:	<p>Additional Notes:</p> <p>-Accredo Specialty Pharmacy Transfer ?Prior Authorization Required</p> <p>Gelsyn is not considered the preferred product. 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> <p>The Bioventus BV360 Reimbursement Service will transfer this prescription to Accredo Specialty Pharmacy 800-803-2523. Please allow Accredo 72 hours to dispense the medication to the office. If you have any questions, please contact us at 1-833-692-8360.</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:	
<b>COVERAGE ALERTS</b>		
<input checked="" type="checkbox"/> NO RETAIL COVERAGE <input checked="" type="checkbox"/> SPECIALTY PHARMACY ONLY		
<b>REQUIRED ACTIONS / DOCUMENTATION</b>		
<input type="checkbox"/> CONTACT BV360 FOR DISPENSE <input checked="" type="checkbox"/> PRIOR AUTH		
<b>PHARMACY TRANSFER INFORMATION*</b>		
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.