



# Benefits Investigation Summary

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

hub.mybv360.com Phone 1-833-MyBV-360 Fax 1-833-MyBV-FAX

CASE ID#: 715738 Completed: 10-14-2019 10:30 AM

CPT Code: Medication: DUROLANE

## PATIENT INFORMATION

Last Name:	First Name:	ICD: M17.12	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: BCBS TEXAS	Plan Type:	Member ID: Example	Group #: 253560
Insured Name:	Relation to Patient: self	Effective Date: 12/01/2018	Renewal Date:

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

IN NETWORK  OUT OF NETWORK

Medication Coverage %: 100.0	Medication Copay:	<p>Additional Notes:            The Patient has a Fully Funded PPO Plan with an effective date of 12/01/2018.             Specialist office visits, DUROLANE J7318 and procedures 20610/20611 are covered at 100% of the allowable amount. Deductible and out of pocket must be met before coverage applies. No pre-certifications or referrals needed.             Ref# 1-15408704199</p>
Admin Coverage %: 100.0	Admin Copay:	
Office Copay:	Filing Deadline: 12 months after the date of service	
Deductible: 6550.0	Deductible Met: 0.0	
Out of Pocket Max: 6550.0	Out of Pocket Met: 0.0	
Annual Max:	Annual Max Met:	
Insurance Contact: Andrew W	Insurance Phone: (800) 451-0287	
Claims Phone: (800) 451-0287	Claims Fax:	
Claims Mailing Address: PO Box 660044, Dallas, TX 75266-0044		
Information to Include: See Notes		

### COVERAGE ALERTS

MAY BILL FOR PRODUCT  MUST FILL THROUGH PHARMACY

### REQUIRED ACTIONS / DOCUMENTATION

MEDICAL NOTES  PRE-CERT  PCP REFERRAL

## PHARMACY BENEFITS (script medication through the pharmacy)

Mandated Pharmacy: <small>revers Specialty Pharmacy Corston</small>	Benefits Manager:	<p>Additional Notes:            - Walgreens Pharmacy Transfer Option             . If you would like the Bioventus BV360 Reimbursement Service to transfer this prescription to Walgreens Specialty Pharmacy 888-347-3416, 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:	
<h3>COVERAGE ALERTS</h3> <p><input checked="" type="checkbox"/> NO RETAIL COVERAGE <input checked="" type="checkbox"/> SPECIALTY PHARMACY ONLY</p>		
<h3>REQUIRED ACTIONS / DOCUMENTATION</h3> <p><input checked="" type="checkbox"/> CONTACT BV360 FOR DISPENSE <input type="checkbox"/> PRIOR AUTH</p>		
<h3>PHARMACY TRANSFER INFORMATION*</h3>		
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.