



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#: 712494 Completed: 09-30-2019 12:46 PM

CPT Code: Medication: DUROLANE

PATIENT INFORMATION

Last Name:	First Name:	ICD: M17.12	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: CARE COORDINATOR	Plan Type:	Member ID: Example	Group #: WHSP001
Insured Name:	Relation to Patient: self	Effective Date: 01/01/2002	Renewal Date:

MEDICAL BENEFITS (in order to Buy & Bill)

IN NETWORK OUT OF NETWORK

Medication Coverage %: 90.0	Medication Copay:	Additional Notes: Patient has PPO (Commercial) plan with an effective date of 01/01/2002. DUROLANE (J7318), Procedures (20610-20611) and Specialist office visit are covered at 90% of the allowable amount after deductible has been met. If out of pocket is met, coverage goes to 100% of the allowable amount. Pre-certification, Medical notes and referrals are not required. **A referral is required from PCP, please contact patient for PCP's information. This must be submitted with the claim. However Referral is already on file. Referral #2526093 . Valid from 09/03/2019 to 09/02/2020. Pre-certification and Medical notes are not required.
Admin Coverage %: 90.0	Admin Copay:	
Office Copay:	Filing Deadline: 12 Months from the date of service	
Deductible: 600.0	Deductible Met: 206.66	
Out of Pocket Max: 1450.0	Out of Pocket Met: 226.66	
Annual Max:	Annual Max Met:	
Insurance Contact: Nick P	Insurance Phone: (866) 874-2786	
Claims Phone: (866) 874-2786	Claims Fax:	
Claims Mailing Address: P.O. Box 94648 Cleveland, OH 44110		
Information to Include: See Notes		

COVERAGE ALERTS

MAY BILL FOR PRODUCT MUST FILL THROUGH PHARMACY

REQUIRED ACTIONS / DOCUMENTATION

MEDICAL NOTES PRE-CERT PCP REFERRAL

Ref #37661663

PHARMACY BENEFITS (script medication through the pharmacy)

Mandated Pharmacy:	Benefits Manager:	Additional Notes: -Not covered through pharmacy benefits- This member is not covered for the injections through their pharmacy benefits. If you have any questions, please contact us at 833-692-8360.
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.