

Benefits Review Results Form

XX/XX/XXXX

PATIENT INFORMATION

NAME: JANE DOE

DATE OF BIRTH: XX/XX/XXXX

RECORD ID: PAT-XXXXXXXX

PROVIDER INFORMATION

PRESCRIBER: JOHN SMITH, MD

SITE NAME: ABC TESTING COMPANY

SITE OF SERVICE: Hospital (Outpatient)

NETWORK STATUS: In Network

TREATMENT INFORMATION

ICD CODE(S): XXXXX

PAYER-SUGGESTED CPT CODE(S):

PAYER-SUGGESTED J CODE(S):

PRIMARY INSURANCE INFORMATION

PAYER NAME: ABC INSURANCE COMPANY

PAYER TYPE: Commercial Insurance

PAYER CONTACT:

PAYER PHONE: (XXX) XXX-XXXX

PLAN NAME: ABC INSURANCE COMPANY PPO

PLAN TYPE: PPO

PRODUCT CO-PAY/CO-INSURANCE:

GROUP #: XXXXXX

POLICY #: XXXXXXXXXXXXXXX

OFFICE CO-PAY/CO-INSURANCE:

POLICY RENEWAL DATE: XX/XX/XXXX

POLICY EFFECTIVE DATE: XX/XX/XXXX

ADMINISTRATION CO-PAY/CO-INSURANCE:

(OOP) MAX:

BENEFIT TYPE: Medical Benefits Profile

DEDUCTIBLE:

LIFETIME MAX:

☐ SELF-FUNDED

☒ FULLY-FUNDED

COVERAGE/PRIOR AUTHORIZATION INFORMATION *All claims subject to insurer review and approval.*

PRODUCT(S) NAME: OPDIVO® (nivolumab) + YERVOY® (ipilimumab)

COVERAGE

☐ COVERED

☒ NOT COVERED

☐ PENDING PA

☐ UNDISCLOSED

☐ PENDING MEDICAL NECESSITY

PA REQUIREMENTS

☒ PA REQUIRED

☐ PRE-DETERMINATION AVAILABLE

☐ PA NOT REQUIRED

☐ UNDISCLOSED

NOTES/DETAILS:

AUTHORIZATION INFORMATION:

Benefits are subject to prior authorization approval, which has been denied for Opdivo+Yervoy, Diagnosis Code XX.XX. Denied as of XX/XX/XXXX due to the hospital based setting. No coverage is available for Opdivo+Yervoy. To request appeal please provide clinical notes and treatment regimen as well as the patient name and policy # and contact provider assistance at (XXX) XXX-XXXX.

PHONE: (XXX) XXX-XXXX

FAX: (XXX) XXX-XXXX

AUTH #:

PRODUCT ACQUISITION OPTIONS *List of SPPs may not include all available options. If preferred SPP is not listed, check with payer.*

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☐ UNDISCLOSED

OPTION 1

OPTION 2

☒ BUY AND BILL

NAME:

NAME:

☐ SPECIALTY PHARMACY OPTIONAL

PHONE:

PHONE:

☐ SPECIALTY PHARMACY REQUIRED

NOTES/DETAILS:

ADDITIONAL COMMENTS

Coverage reviewed for Opdivo+Yervoy. When Opdivo+Yervoy is billed in a Hospital Outpatient setting, benefits will be as follows; Opdivo+Yervoy is not covered as there is a denial on file for Opdivo+Yervoy, Diagnosis code CXX.XX. Coverage for this medicine is not approved to be given in a hospital based setting.

If approved benefits are as follow:

Benefits reviewed for Opdivo JXXXX. When Opdivo+Yervoy is billed in a Hospital Outpatient setting, the patient's cost share will be the following: \$XXX deductible (\$XXX met), 20% co-insurance which includes administration and the cost of Opdivo+Yervoy for the remainder of the year. The Hospital Outpatient Facility is in of network with this patient's plan.

Claims Address:

PO BOX XXXXX CITY, STATE ZIP CODE

LIST OF THIRD PARTY CHARITABLE FOUNDATIONS The foundation(s) listed are independent from Bristol-Myers Squibb Company and have their eligibility criteria and evaluation process. Bristol-Myers Squibb cannot guarantee that a patient will receive assistance.

BMS Patient Assistance Foundation - (800) 736-0003

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