Quick Guide: Understanding Your Benefits Investigation Results

Phone: 855-802-8746
Fax: 855-454-8746
MyQUTENZAConnect.com
Hours: (M-F) 9 AM–7 PM ET

After My QUTENZA Connect (MQC) receives the Benefits Investigation Request and Prescription Form, the team will provide your practice with the patient's QUTENZA Benefits Investigation Results.

Patient Information

This section includes the patient's name, date of birth, and ID as well as the Benefits Investigation (BI) Case Number. The BI Case Number is assigned by MQC and is specific to the benefits investigation outlined on the form. A new BI Case Number is generated each time a benefits investigation is performed on behalf of your patient.

Benefits at a Glance

Provides a summary of key components of your patient's insurance coverage and indicates whether your patient may be eligible for the QUTENZA Cost Savings Program.

Healthcare Professional Information

Overview of the provider's information.

Primary Medical Benefits

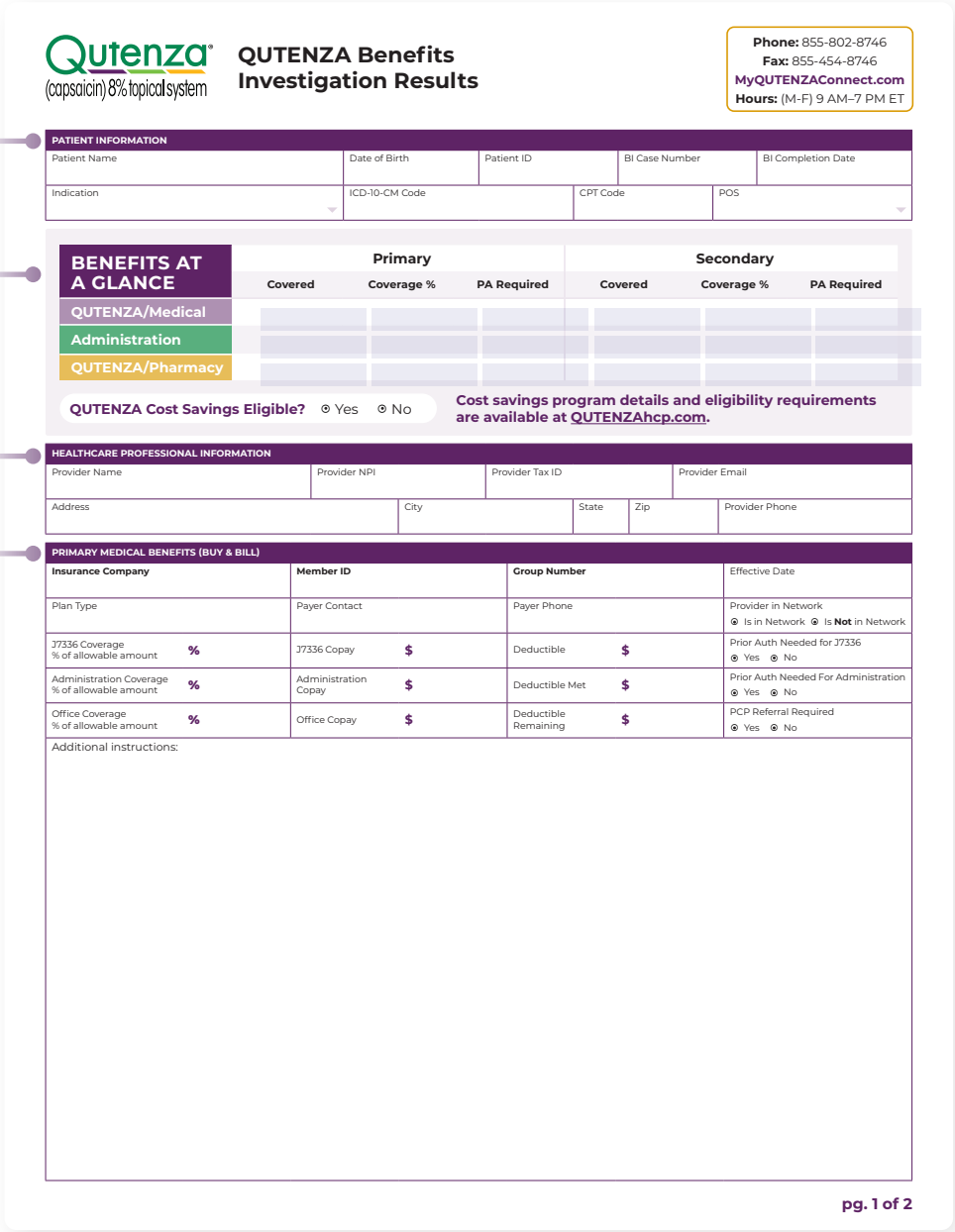
Shows your patient's primary medical plan details.

Lists prior authorization, referral requirements, and in-network status.

Lists information on your patient's medical coverage, and outlines the patient's copay and deductible.

The Additional instructions field includes a narrative of key points and any pertinent details related to the research of your patient's coverage.

It is the provider's responsibility to submit coverage or reimbursement related documentation. Averitas makes no representation or guarantee concerning coverage or reimbursement for any service or item.



Qutenza (capsaicin) 8% topical system

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PATIENT INFORMATION

Patient Name	Date of Birth	Patient ID	BI Case Number	BI Completion Date

Indication	ICD-10-CM Code	CPT Code	POS

BENEFITS AT A GLANCE	Primary			Secondary		
	Covered	Coverage %	PA Required	Covered	Coverage %	PA Required
QUTENZA/Medical						
Administration						
QUTENZA/Pharmacy						

QUTENZA Cost Savings Eligible? ⊙ Yes ⊙ No

Cost savings program details and eligibility requirements are available at QUTENZAhcp.com.

HEALTHCARE PROFESSIONAL INFORMATION

Provider Name	Provider NPI	Provider Tax ID	Provider Email

Address	City	State	Zip	Provider Phone

PRIMARY MEDICAL BENEFITS (BUY & BILL)

Insurance Company	**Member ID**	**Group Number**	Effective Date
Plan Type	Payer Contact	Payer Phone	Provider in Network ◉ Is in Network ◉ Is **Not** in Network
J7336 Coverage % of allowable amount %	J7336 Copay $	Deductible $	Prior Auth Needed for J7336 ◉ Yes ◉ No
Administration Coverage % of allowable amount %	Administration Copay $	Deductible Met $	Prior Auth Needed For Administration ◉ Yes ◉ No
Office Coverage % of allowable amount %	Office Copay $	Deductible Remaining $	PCP Referral Required ◉ Yes ◉ No

Additional instructions:

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Secondary or Supplemental Medical Benefits

This section includes the same information as the Primary Medical Benefits section and will be completed if your patient has applicable secondary or supplemental medical benefits.

Pharmacy Benefits

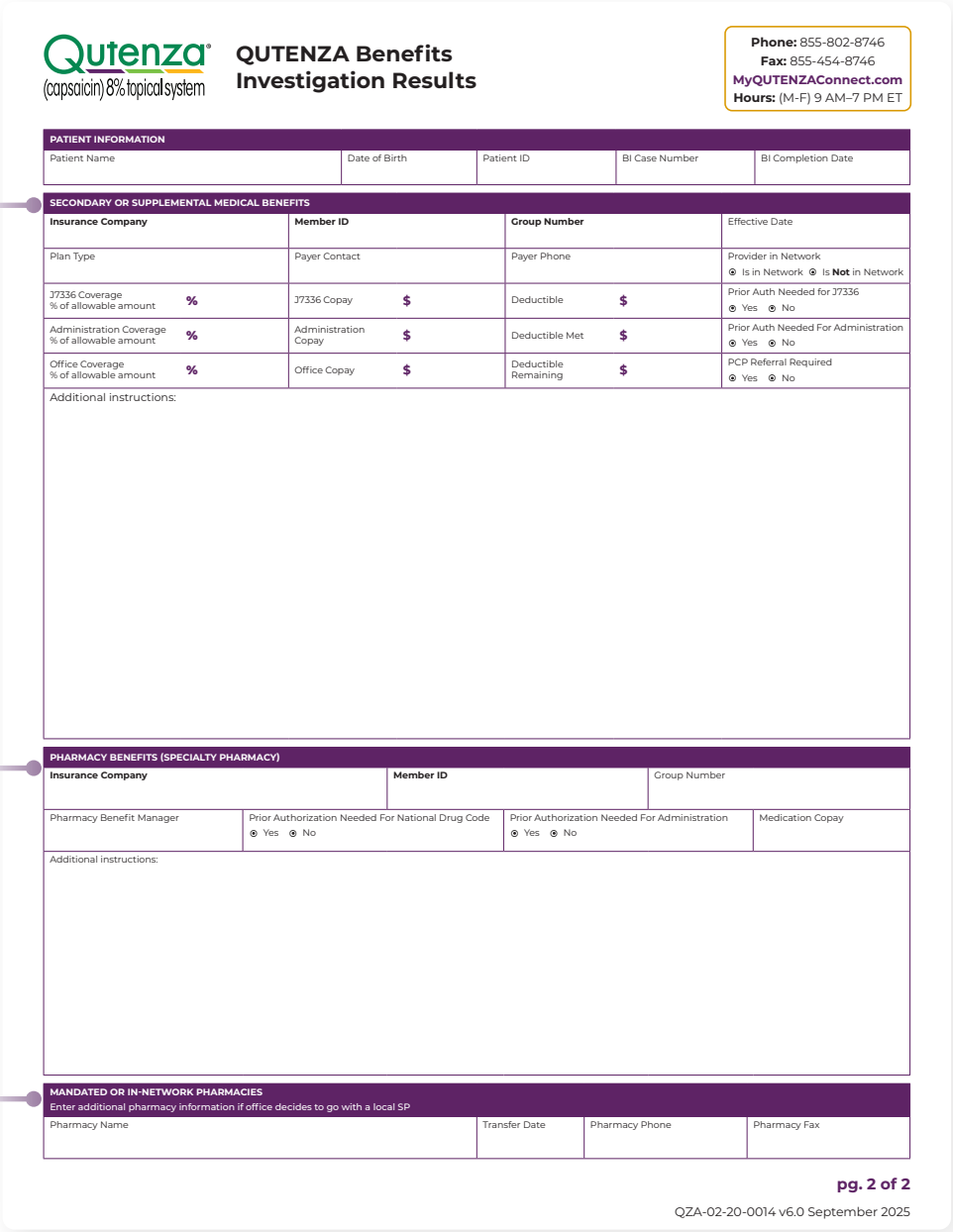
Outlines your patient's pharmacy plan details, including the Pharmacy Benefit Manager.

Lists the plan's prior authorization requirements for your patient's in-office application and QUTENZA treatment copay.

The Additional instructions field includes a narrative of key points and any pertinent details related to the research of your patient's coverage.

Mandated or In-Network Pharmacies

Identifies pharmacies mandated or preferred by the patient's insurance plan and details related to the research of your patient's coverage.



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SECONDARY OR SUPPLEMENTAL MEDICAL BENEFITS

Insurance Company	**Member ID**	**Group Number**	Effective Date
Plan Type	Payer Contact	Payer Phone	Provider in Network ◉ Is in Network ◉ Is **Not** in Network
J7336 Coverage % of allowable amount **%**	J7336 Copay **$**	Deductible **$**	Prior Auth Needed for J7336 ◉ Yes ◉ No
Administration Coverage % of allowable amount **%**	Administration Copay **$**	Deductible Met **$**	Prior Auth Needed For Administration ◉ Yes ◉ No
Office Coverage % of allowable amount **%**	Office Copay **$**	Deductible Remaining **$**	PCP Referral Required ◉ Yes ◉ No

Additional instructions:

PHARMACY BENEFITS (SPECIALTY PHARMACY)

Insurance Company	**Member ID**	Group Number

Pharmacy Benefit Manager	Prior Authorization Needed For National Drug Code ◉ Yes ◉ No	Prior Authorization Needed For Administration ◉ Yes ◉ No	Medication Copay

Additional instructions:

MANDATED OR IN-NETWORK PHARMACIES
Enter additional pharmacy information if office decides to go with a local SP

Pharmacy Name	Transfer Date	Pharmacy Phone	Pharmacy Fax

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