

## New Claim Filing Procedures for Ancillary Providers

Provider Type	How to file (required fields)	Where to file	Example
<p><b>Independent Clinical Laboratory</b> (any type of non hospital based laboratory)</p> <p>Types of Service include, but are not limited to: Blood, urine, samples, analysis, etc.</p>	<p><b>Referring Provider:</b></p> <ul style="list-style-type: none"> <li>- Field 17B on CMS 1500 Health Insurance Claim Form or</li> <li>- Loop 2310A (claim level) on the 837 Professional Electronic</li> </ul>	<p>File the claim to the Plan in whose state the <b>specimen was drawn*</b></p> <p>* Where the <b>specimen was drawn</b> will be determined by which state the referring provider is located.</p>	<p>Blood is drawn* in lab or office setting located in <b>Tennessee</b>. Blood analysis is done in <b>Georgia</b>. <i>File to: Tennessee.</i></p> <p>*Claims for the analysis of a lab must be filed to the Plan in whose state the <b>specimen was drawn</b>.</p>
<p><b>Durable/Home Medical Equipment and Supplies (D/HME)</b></p> <p>Types of Service include, but are not limited to: Hospital beds, oxygen tanks, crutches, etc.</p>	<p><b>Patient's Address:</b></p> <ul style="list-style-type: none"> <li>- Field 5 on CMS 1500 Health Insurance Claim Form or</li> <li>- Loop 2010CA on the 837 Professional Electronic Submission.</li> </ul> <p><b>Ordering Provider:</b></p> <ul style="list-style-type: none"> <li>- Field 17B on CMS 1500 Health Insurance Claim Form or</li> <li>- Loop 2420E (line level) on the 837 Professional Electronic Submission.</li> </ul> <p><b>Place of Service:</b></p> <ul style="list-style-type: none"> <li>- Field 24B on the CMS 1500 Health Insurance Claim Form or</li> <li>- Loop 2300, CLM05-1 on the 837 Professional Electronic Submissions.</li> </ul> <p><b>Service Facility Location Information:</b></p> <ul style="list-style-type: none"> <li>- Field 32 on CMS 1500 Health Insurance Form or</li> <li>- Loop 2310C (claim level) on the 837 Professional Electronic Submission.</li> </ul>	<p>File the claim to the Plan in whose state the equipment was <b>shipped to or purchased in a retail store.</b></p>	<p>A. Wheelchair is purchased at a retail store in Georgia]. <i>File to: Georgia</i></p> <p>B. Wheelchair is purchased on the internet from an online retail supplier in Tennessee and shipped to Georgia. <i>File to: Georgia</i></p> <p>C. Wheelchair is purchased at a retail store in <b>Tennessee</b> and shipped to Georgia. <i>File to: Georgia</i></p>
<p><b>Specialty Pharmacy</b></p> <p>Types of Service: Non-routine, biological therapeutics ordered by a healthcare professional as a covered medical benefit as defined by the member's Plan's Specialty Pharmacy formulary. Include, but are not limited to: injectable, infusion therapies, etc.</p>	<p><b>Referring Provider:</b></p> <ul style="list-style-type: none"> <li>- Field 17B on CMS 1500 Health Insurance Claim Form or</li> <li>- Loop 2310A (claim level) on the 837 Professional Electronic Submission.</li> </ul>	<p>File the claim to the Plan whose state the <b>Ordering Physician is located.</b></p>	<p>Patient is seen by a physician in Tennessee who orders a specialty pharmacy injectable for this patient. Patient will receive the injections in <b>Georgia</b> where the member lives for 6 months of the year. <i>File to: Tennessee</i></p>

Please keep in mind the information below when filing a claim for ancillary services:

1. The ancillary claim filing rules apply regardless of the provider's contracting status with the Blue Plan where the claim is filed.
2. Providers are encouraged to verify Member Eligibility and Benefits by contacting the phone number on the back of the Member ID card or call 1-800-676-BLUE, prior to providing any ancillary service.
3. Providers that utilize outside vendors to provide services (example: Sending blood specimen for special analysis that cannot be done by the Lab where the specimen was drawn) should utilize in-network participating Ancillary Providers to reduce the possibility of additional member liability for covered benefits. A list of in-network participating providers may be obtained through our website at [www.bcbst.com](http://www.bcbst.com)
4. Members are financially liable for ancillary services not covered under their benefit plan. It is the provider's responsibility to request payment directly from the member for non-covered services. For VSHP members, please refer to your remittance advice to determine liability.
5. Providers who wish to establish Electronic Billing with other Plans should contact Provider Service at 1-800-924-7141 option 2 to obtain electronic provider profile or visit our website at [www.bcbst.com/providers/ecom/](http://www.bcbst.com/providers/ecom/)
6. A new requirement for the claim is that it must include the referring physician or it will be rejected.
7. Should a facility choose to partner with a DME supplier to provide equipment/supplies associated with the facility services; the facility will be responsible for submitting all charges to BCBST as well as payment to the DME supplier.

For more information about the new claim procedures, please visit our website at [www.bcbst.com](http://www.bcbst.com). If you have any questions about where to file your claim, please contact us at 1-800-705-0391.