



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

# ANCILLARY CLAIMS FILING GUIDELINES

## User Guide



# ANCILLARY CLAIMS FILING REMINDERS

## Where do labs, durable medical equipment (DME) and specialty pharmacy providers file claims?

Generally, as a health care provider, you should file claims for your Blue® Plan patients to BlueCross BlueShield of South Carolina as your local Plan. There are times, however, when claims filing directions will differ based on the type of provider and service.

Ancillary providers are independent clinical laboratory, DME and supplies, and specialty pharmacy providers. This is the local Blue Plan, as defined for ancillary services:

- ◆ **Independent Clinical Laboratory (Lab):** The Plan in whose state the specimen was drawn
- ◆ **DME:** The Plan in whose state the equipment was shipped to or purchased at a retail store
- ◆ **Specialty Pharmacy:** The Plan in whose state the ordering physician is located

**Note:** *If you contract with more than one Plan in a state for the same product type (i.e., preferred provider organization or traditional), you can file the claim with either Plan.*

## Ancillary Services

These rules apply regardless of your contracting status with the Blue Plan where you file the claim. The ancillary claim filing rules apply regardless of the providers' contracting status with the Blue Plan where the claim is filed.

- ◆ You are encouraged to verify member eligibility and benefits by calling the phone number on the back of the member ID card or 800-676 BLUE (2583) prior to providing ancillary services.
- ◆ If you use an outside vendor to provide services (e.g., if you send a blood specimen for special analysis the lab where the specimen was drawn cannot do), please use an in-network ancillary provider. This will reduce the possibility the member will be liable for more costs.
- ◆ Members are financially liable for ancillary services not covered under their benefit plans. It is your responsibility to request payment directly from the member for noncovered services.

## Contiguous Counties

A contiguous area is generally a border county in another Plan's service area, one county over from the Plan's own service area. File ancillary claims incurred in a contiguous county directly to the member's Plan, but solely for its members who live or work in its service area. File claims for all other members to the local Plan, as defined for ancillary services.

Claims filing rules for contiguous-area providers are based on the permitted terms of the provider contract, which may include:

- ◆ Provider location (i.e., in which Plan service area the provider's office is located).
- ◆ Provider contract status with the two contiguous counties (i.e., if the provider contracts with only one or both service areas).
- ◆ The member's home Plan and where the member works and resides (i.e., if the member's home Plan is with one of the contiguous counties' Plans).
- ◆ The location of where the member received services (i.e., if the member works and resides in one contiguous county and sees a provider in another contiguous county).

## Prior Authorization Requests

Please remember we cannot authorize equipment or supplies for DME without clinical information. We base all prior authorization requests on medical necessity. We can't determine medical necessity without clinical information. You must submit this information before we can finalize a prior authorization. You can do this either by phone or by using My Insurance Manager™ (MIM), which is our preferred method.

You can access MIM by visiting one of our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

This table demonstrates how to identify the local Plan, as defined for ancillary services.

| Provider Type  | How To File (required fields)   | Where To File   | Example  |
|--|---|---|--|
| <p><b>Independent Clinical Lab</b><br/>(any nonhospital-based lab)</p> <p>Types of service include but are not limited to blood and urine samples and analysis, etc.</p>   | <p><b>Referring Provider (one of the following):</b></p> <ul style="list-style-type: none"> <li>- Field 17 on CMS 1500 Health Insurance Claim Form</li> <li>- Loop 2310A (claim level) on the 837 Professional Electronic</li> </ul>  | <p>File the claim to the Plan in which state the <i>specimen was drawn</i>.*</p> <p>*Determined by which state the referring provider is located.</p> | <p>Blood is drawn in a lab located in <b>Alabama</b>. Blood analysis* is done in <b>South Carolina</b>.</p> <p><b>File to</b> Blue Cross and Blue Shield of Alabama.</p> <p>*You must file claims for the analysis of a lab to the Plan in which state the <i>specimen was drawn</i>.</p>  |
| <p><b>Durable Medical Equipment</b><br/>(includes supplies)</p> <p>Types of service include but are not limited to hospital beds, oxygen tanks, crutches, etc</p>  | <p><b>Patient's Address (one of the following):</b></p> <ul style="list-style-type: none"> <li>- Field 5 on CMS 1500 Health Insurance Claim Form</li> <li>- Loop 2010CA on the 837 Professional Electronic Submission</li> </ul> <p><b>Ordering Provider (one of the following):</b></p> <ul style="list-style-type: none"> <li>- Field 17 on CMS 1500 Health Insurance Claim Form</li> <li>- Loop 2420E (line level) on the 837 Professional Electronic Submission</li> </ul> <p><b>Place of Service (one of the following):</b></p> <ul style="list-style-type: none"> <li>- Field 24B on CMS 1500 Health Insurance Claim Form</li> <li>- Loop 2300, CLM05-1 on the 837 Professional Electronic Submissions</li> </ul> <p><b>Service Facility Location Information (one of the following):</b></p> <ul style="list-style-type: none"> <li>- Field 32 on CMS 1500 Health Insurance Form</li> <li>- Loop 2310C (claim level) on the 837 Professional Electronic Submission</li> </ul> | <p>File the claim to the Plan in which state the equipment was <i>shipped to or purchased in a retail store</i>.</p>                                  | <p>A wheelchair is purchased at a retail store in <b>South Carolina</b>.</p> <p><b>File to</b> BlueCross BlueShield of South Carolina.</p> <p><b>HIPAA Place of Service:</b> 99</p> <p>A wheelchair is purchased on the internet from an online retail supplier in <b>Ohio</b> and then shipped to <b>South Carolina</b>.</p> <p><b>File to</b> BlueCross BlueShield of South Carolina.</p> <p><b>HIPAA Place of Service:</b> 12</p> |
| <p><b>Specialty Pharmacy</b></p> <p>Types of service include nonroutine, biological therapeutics ordered by a health care professional as a covered medical benefit as defined by the member's Plan's specialty pharmacy formulary.</p> <p>These 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</li> <li>- Loop 2310A (claim level) on the 837 Professional Electronic Submission.</li> </ul>  | <p>File the claim to the Plan whose state the <i>ordering physician is located</i>.</p>   | <p>The patient is seen by a physician in <b>Ohio</b> who orders a specialty pharmacy injectable for the patient. The patient will receive the injections in <b>South Carolina</b>, where the member lives for six months of the year.</p> <p><b>File to</b> Blue Cross Blue Shield of Ohio.</p>  |



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

In the event of any inconsistency between information in this handbook and agreement(s) between you and BlueCross BlueShield of South Carolina, the terms of such agreement(s) shall govern. The information included is general information and in no event should be deemed to be a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.