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# Ancillary Claims Filing Guidelines

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## Ancillary Claims Filing Reminders

### *Where do labs, 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 unique circumstances, however, when claims filing directions will differ based on the type of provider and service.

Ancillary providers are independent clinical laboratory, durable medical equipment 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.
  
- **Durable Medical Equipment (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., PPO or traditional), you can file the claim with either Plan.

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> (Any non-hospital-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:</b></p> <ul style="list-style-type: none"> <li>- Field 17 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 which state the <b><i>specimen was drawn.</i></b> *</p> <p>*Determined by which state the referring provider is located.</p>	<p>Blood is drawn in lab located in <b>Alabama</b>. Blood analysis* is done in <b>South Carolina</b>.</p> <p><b>File to</b> BlueCross BlueShield of Alabama.</p> <p>*You must file claims for the analysis of a lab to the Plan in which state the <b><i>specimen was drawn.</i></b></p>
<p><b>Durable Medical Equipment</b> (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:</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 17 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 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 which state the equipment was <b><i>shipped to or purchased in a retail store.</i></b></p>	<p>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>Wheelchair is purchased on the Internet from an online retail supplier in <b>Ohio</b> and 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: Non- routine, 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>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><i>ordering physician is located.</i></b></p>	<p>Patient is seen by a physician in <b>Ohio</b> who orders a specialty pharmacy injectable for the patient. 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>

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 contacting the phone number on the back of the member ID card or call 800-676-BLUE (2583), prior to providing any ancillary service.
- If you use an outside vendor to provide services (e.g., you send a blood specimen for special analysis that the lab where the specimen was drawn cannot do), please use an in-network ancillary provider. This will reduce the possibility that 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 non-covered 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 services were received (i.e., does the member work and reside in one contiguous county and see a provider in another contiguous county).

## **Prior Authorization Requests**

Please remember that we cannot authorize equipment or supplies for DME without clinical information. We base all pre-certification (pre-cert) requests on medical necessity. We can't determine medical necessity without clinical information. You must submit this information before we can finalize a pre-cert. You can do this either by phone or by using My Insurance Manager<sup>SM</sup> (MIM), which is our preferred method. You can access MIM by visiting our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).