

## Where Do Labs, DME and Specialty Pharmacy Providers File Blue Claims?

Generally, as a health care provider you should file claims for your Blue Cross and Blue Shield patients to your local Blue Plan - Blue Cross and Blue Shield of North Carolina (BCBSNC). However, there are unique circumstances when claims filing directions will differ based on the type of provider and service.

Ancillary providers are independent clinical laboratory, durable/home medical equipment and supplies, and specialty pharmacy providers. The local Blue Plan\* as defined for ancillary services is as follows:

### **Independent Clinical Laboratory (Lab)**

- File with the Plan in the state in which the specimen was drawn.

### **Durable/Home Medical Equipment and Supplies (DME)**

- File with the Plan in the state where the equipment was shipped to or purchased at a retail store.

### **Specialty Pharmacy**

- File with the Plan in the state where the ordering physician is located.

\*If you contract with more than one Blue Plan in a state for the same product type (i.e., PPO or traditional), you may file the claim with either Blue Plan.

## Helpful Tips

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 member's ID card or by calling 1-800-676-BLUE (2583), prior to providing any ancillary service.
3. Providers who use 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 use 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 by contacting the BCBSNC Provider Blue Line<sup>SM</sup> at 1-800-214-4844 or online at [www.bcbsnc.com](http://www.bcbsnc.com).
4. Members are financially liable for ancillary services not covered by their benefits. It is the provider's responsibility to request payment directly from the member for non-covered services.
5. If you have any questions about where to file your claim, please contact the BCBSNC Provider Blue Line at 1-800-214-4844.

Provider and Service 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 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 submission</li> </ul>	<ul style="list-style-type: none"> <li>- File with the Plan in the state in which the <b>specimen was drawn</b>*.</li> </ul> <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 a lab or office setting located in <b>North Carolina</b>. Blood analysis is done in <b>Florida</b>.</p> <p><i>File to: BCBSNC</i></p> <p>*Claims for lab analysis must be filed to the Blue Plan in the state in which the <b>specimen was drawn</b>.</p>
<p><b>Durable/Home Medical Equipment and Supplies</b></p> <p>Types of service include, but 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 claim form, or</li> <li>- Loop 2310C (claim level)</li> </ul>	<ul style="list-style-type: none"> <li>- File with the Plan in the state where the equipment was <b>shipped to or purchased at a retail store</b>.</li> </ul>	<p>A. Wheelchair is purchased at a retail store in <b>Florida</b>. <i>File to: BCBSFL</i></p> <p>B. Wheelchair is purchased on the Internet from an online retail supplier in <b>North Carolina</b> and shipped to a member in <b>Florida</b> . <i>File to: BCBSFL</i></p> <p>C. Wheelchair is purchased at a retail store in <b>North Carolina</b> and shipped to <b>Florida</b>. <i>File to: BCBSFL</i></p>

Provider and Service Type	How to File (required fields)	Where to File	Example
	on the 837 professional electronic submission		
<p><b>Specialty Pharmacy</b></p> <p>Types of service: nonroutine, biological therapeutics ordered by a health care professional as a covered medical benefit as defined by the member's specialty pharmacy formulary. Includes, but 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>	<ul style="list-style-type: none"> <li>- File with the Plan in the state where the <b>ordering physician is located.</b></li> </ul>	<p>Patient is seen by a physician in <b>North Carolina</b> who orders a specialty pharmacy injectable for the patient. Patient will receive the injections in <b>Florida</b> where the member lives for six months of the year. <i>File to: <b>BCBSNC</b></i></p>