

# Ancillary Claims Filing Guidelines—Examples

Provider Type	How to file (required fields)	Where to file	Example
<p><b>Independent Clinical Laboratory</b> (Any type of non- hospital based laboratory) Types of service include, but are not limited to: blood, urine, samples, analysis, etc.</p>	<p><b>Referring Provider (or other source):</b> <i>Electronic:</i> On the 837 Professional, use Loop 2310A (claim level) <i>Paper:</i> On the CMS 1500 Health Insurance Claim Form, use Field 17</p> <p><b>Referring Provider NPI:</b> <i>Electronic:</i> On the 837 Professional, use Loop 2310A, Segment NM109 <i>Paper:</i> On the CMS 1500 Health Insurance Claim Form, use Field 17B</p> <p><b>Place of Service:</b> <i>Electronic:</i> On the 837 Professional, use Loop 2300, Segment CLM05-1 <i>Paper:</i> On the CMS 1500 Health Insurance Claim Form, use Field 24B</p> <p><b>Note:</b> If the Place of Service code is "81" then claim is identified as an ancillary independent clinical lab claim.</p>	<p><b>File lab claim to:</b> If the Referring Provider is located in the <b>same</b> state as where the specimen was drawn, file to BCBS Plan where specimen was drawn. If Referring Provider and specimen are in <b>different</b> states, file claim to BCBS Plan in the state where the Referring Provider is located. <i>The zip code of the referring provider, as registered at CareFirst, is used to identify claims that are processed by CareFirst.</i></p>	<p>A. Blood drawn in a lab* or office setting located in Maryland. Blood analysis is done in Florida. <b>File to:</b> CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. *Claims for the analysis of a lab specimen must be filed to the local BCBS Plan in the state where the <b>specimen was drawn.</b></p> <p>B. Patient sees Provider* in Rockville, MD where he works, but Patient takes script to lab in York, PA where he lives to have blood drawn. <b>File to:</b> CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. *Claims where Provider and blood drawing lab are in different states, would be sent to local BCBS Plan in the state where the <b>Referring Provider is located.</b></p> <p>C. Patient sees Referring Provider in Florida and has blood drawn in Florida by either the provider or a Florida lab. Blood is sent to a Maryland provider for analysis. <b>File to:</b> BlueCross BlueShield of Florida *Claims where the blood is drawn by a provider and/or lab are in the same service area but is sent to a different state for analysis would be filed to the BCBS Plan where the <b>specimen was drawn.</b></p>

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<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>  <i>Electronic:</i> On the 837 Professional, use Loop 2010CA  <i>Paper:</i> On the CMS 1500 Health Insurance Claim Form, use Field 5</p> <p><b>Billing Provider Taxonomy Code:</b>  <i>Electronic:</i> On the 837 Professional, use Loop 2000A, Segment PRV  <i>Paper:</i> On the CMS 1500 Health Insurance Claim Form, use Field 33B</p> <p><b>Rendering Provider Taxonomy Code:</b>  <i>Electronic:</i> On the 837 Professional, use Loop 2310B, Segment PRV  <i>Paper:</i> N/A</p> <p><b>Place of Service:</b>  (Used when the place of service is home.)  <i>Electronic:</i> On the 837 Professional, use Loop 2300, CLM05-1  <i>Paper:</i> On the CMS 1500 Health Insurance Claim Form, use Field 24B</p> <p><b>Service Facility Location Information:</b>  (Used when the place of service is <u>not</u> home.)  <i>Electronic:</i> On the 837 Professional, use Loop 2310C (claim level)  <i>Paper:</i> On the CMS 1500 Health Insurance Form, use Field 32</p>	<p>File claims to the Plan in the service area <b>where the equipment was shipped.</b></p> <p><b>Or</b>, if purchased from a retail store, file claims to the BCBS plan in the state <b>where the purchase was made.</b></p>	<p>A. A wheelchair is purchased at a retail store in Baltimore, MD.  <b>File to:</b> CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc.</p> <p>B. A wheelchair is purchased on the internet from an online retail supplier in Atlanta, GA and shipped to Hagerstown, MD.  <b>File to:</b> CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc.</p> <p>C. A wheelchair is purchased on the internet from an online retail supplier in Baltimore, MD and shipped to Pittsburgh, PA.  <b>File to:</b> Highmark BlueShield in PA.</p> <p>D. A wheelchair is purchased at a retail store in Baltimore, MD and shipped to an address in Baltimore, MD.  <b>File to:</b> CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc.</p>

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<p><b>Specialty Pharmacy</b> Types of Service include: 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: injectables, etc.</p>	<p><b>Referring Provider:</b> <i>Electronic:</i> On the 837 Professional, use Loop 2310A (claim level) <i>Paper:</i> On CMS 1500 Health Insurance Claim Form, use Field 17</p> <p><b>Referring Provider NPI:</b> <i>Electronic:</i> On the 837 Professional, use Loop 2310A, Segment NM109 <i>Paper:</i> On CMS 1500 Health Insurance Claim Form, use Field 17B</p> <p><b>Billing Provider Taxonomy Code:</b> <i>Electronic:</i> On the 837 Professional, use Loop 2000A, Segment PRV <i>Paper:</i> On the CMS 1500 Health Insurance Form, use Field 33B</p> <p><b>Rendering Provider Taxonomy Code:</b> <i>Electronic:</i> On the 837 Professional, use Loop 2310B, Segment PRV <i>Paper:</i> N/A</p>	<p>File the claim with the local BCBS Plan in the state where the <b>ordering physician is located</b>. <i>The zip code of the referring provider, as registered at CareFirst, is used to identify claims that are processed by CareFirst.</i></p>	<p>A. A physician in Cumberland, MD orders a specialty pharmacy injectable for a patient. This patient will receive the injections in Alabama where the member lives for 6 months out of the year. <b>File to:</b> CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc.</p> <p>B. Provider in Seattle, WA orders specialty oncology drug for patient who will be receiving it at Baltimore, MD hospital when traveling here for treatments. <b>File to:</b> Regence BlueShield</p>

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