

# PROVIDER QUICK POINTS

## Provider information



Note: See QP5-14 for correction on submitting independent clinical lab claims

September 25, 2012

### **Clarification to ancillary claims through the BlueCard® program (Independent Clinical Labs, DME and Specialty Pharmacy)**

*This Quick Points includes additional information to further clarify Quick Points QP8-11 that was published on June 2, 2011.*

Generally, as a health care provider, you should file claims to your local Blue plan\*. However, there are unique circumstances when claims filing directions will differ based on the type of provider and the service rendered.

#### **Claims filing instructions**

##### **Independent Clinical Labs**

- Claims must be submitted to the state in which the specimen was drawn, regardless of the location of the lab, the member's Home plan, or the provider's participation status in that state.
- Independent clinical labs must include the referring provider National Provider Identifier number (NPI #) when filing the claim, or the claim will be rejected.

##### **Referring/Ordering Providers**

When possible, we encourage referring and ordering providers who utilize outside vendors (for example, sending blood specimen for special analysis that cannot be done by the lab where the specimen was drawn), to utilize participating providers in the state of Minnesota. We appreciate your support of this effort to reduce the possibility of additional member liability.

##### **Durable Medical Equipment (DME)**

Claims must be submitted to the plan in which the item/supply was shipped to regardless of the location of the provider, the member's Home plan, or the provider's participation status in that state. If an item/supply is purchased at a retail location, the claim must be submitted to the plan where the retail location is located.

##### **Specialty Pharmacy**

Self-administered specialty pharmacy providers should file the claim to the Blue plan where the ordering physician is located. The claim will be reimbursed based on provider's participation status with that Blue plan.

#### **Claim denials**

Claims that are incorrectly submitted to Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) after October 14, 2012, will be rejected and displayed on your 277CA report. These claims will need to be billed through the local plan as defined for ancillary claims above.

#### **Exceptions**

Medicare Crossover claims and claims for Federal Employee Program® (FEP) members are excluded from these billing requirements.

\* Each Blue plan is an independent licensee of the Blue Cross and Blue Shield Association

## Claims Filing Scenarios

Provider Type	How to file (required fields)	Where to file	Example
<p><b>Independent Clinical Laboratory</b></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 Submission.</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>Minnesota</b>. Blood analysis is done in <b>Florida</b>. <i>File to: Minnesota.</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 Medical Equipment and Supplies (DME)</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 Submission.</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 <b>Minnesota</b>. <i>File to: Minnesota</i></p> <p>B. Wheelchair is purchased on the internet from an online retail supplier in <b>Minnesota</b> and shipped to <b>North Carolina</b>. <i>File to: North Carolina</i></p> <p>C. Wheelchair is purchased at a retail store in <b>Minnesota</b> and shipped to <b>North Carolina</b>. <i>File to: Minnesota</i></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. 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 <b>Minnesota</b> who orders a specialty pharmacy injectable for this patient. Patient will receive the injections in <b>Texas</b> where the member lives for 6 months of the year. <i>File to: Minnesota.</i></p>

Providers are encouraged to verify member eligibility and benefits by submitting an electronic 270/271 HIPAA transaction, using the **Availity.com** provider portal, contacting the phone number on the back of the member ID card or calling **1-800-676-BLUE**, prior to providing any ancillary service.

### Questions?

If you have any questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.