Effective October 14, 2012, Anthem implemented claim filing requirements, based on ancillary provider type. The requirements reflect a Blue Cross Blue Shield Association (BCBSA) mandate and apply to the following ancillary provider types: **Independent Clinical Laboratory**, **Durable/Home Medical Equipment and Supplies** and **Specialty Pharmacy**.

As previously communicated the claim filing requirements include:

- **Independent Clinical Laboratory (Lab)** -- The claim must be filed to the BC/BS Plan where the specimen was drawn.

- **Durable/Home Medical Equipment and Supplies (D/HME)** -- The claim must be filed to the BC/BS Plan where the equipment was delivered to or rented/purchased at a retail store.

- **Specialty Pharmacy** -- The claim must be filed to the BC/BS Plan where the ordering/referring physician is located.

Other ancillary provider types, including Home Infusion Therapy providers, are not subject to this requirement. The mandate applies to all lines of Anthem business except FEP, also known as Federal Employee Health Benefits (FEHB).

The ancillary claim filing rules apply regardless of the provider’s contracting status with the Blue Plan where the claim is filed. If non-participating with the Plan, the provider must still file the claim to the Plan where the specimen is drawn; DME is rented, purchased or delivered; or the physician ordering the specialty Rx is located.

If you need more information about the BCBSA ancillary claim filing requirements, you may access the following FAQ documents:

- **Medicare Advantage Providers**
  [Medicare Advantage FAQs - Lab, DME, and Specialty Pharmacy Blue Claims](http://www.anthem.com/home-providers.html)

- **Anthem Commercial Providers**
  [http://www.anthem.com/home-providers.html](http://www.anthem.com/home-providers.html) > Answers@Anthem > Ancillary Claims Filing Requirements FAQs

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