Medical Record Submission Guidelines

This reference document was created to assist Indiana providers in the submission of medical records related to claim payments and benefit determinations. It is not intended to cover all situations for which medical records may be needed. Questions on this information should be directed to your Indiana Network Relations Consultant.

Commercial Membership Definitions

Local Anthem Members: These are members who are either insured by, or have benefit administration (self-funded accounts) performed by, Anthem. You can recognize these members by the Anthem logo on the front of the member identification card and/or tagline appearing on the bottom right corner on the back of the card, as indicated in the examples below:

- If the member is insured by Anthem, the tagline on the back of the member identification card will hold a statement that notifies all of the risk bearing Anthem Plan.
- If the member is part of a self-funded (administrative services only) group, the tagline will indicate that “benefits are administered by….”

BlueCard® Members: BlueCard® is a program that links health care providers and the independent Blue Cross and Blue Shield Plans across the country and around the world through a single electronic network for claims processing reimbursement. Contracted providers “host” or render services to Blue Plan members that are not insured or administered by your local Anthem Plan. Your local Anthem Plan is responsible for pricing according to the terms of your contract and remitting payment to you. Your local Anthem Plan is your single point of contact for issues related to BlueCard members. The member’s Home (the Blue Plan insuring or administering benefits) Plan determines the benefits and rules such as medical necessity and sends the member an explanation of benefits (EOB).

You can recognize BlueCard® members by the logo and tagline appearing on the member’s identification card. The member’s Blue Plan will be identified next to the BlueCross BlueShield logo and in the taglines appearing on the back of the card, as indicated in the standardized card example below. All Blue plans will use this standardized format by January 1, 2011.

Medical Record Requests

Medical Records Associated with Local Claims

Medical records are requested when additional information is needed in order to process a claim. Letters sent to request this information will be sent via regular mail. The letters include the route queue to which the returned documentation should be sent. To ensure that the returned letters are routed to the appropriate area for review in a timely manner, the letter must be returned with the records. Without the letter, the routing of the records to the appropriate area may be delayed resulting in a delayed review and payment of the claim in question.

Medical records may be mailed to the PO Box on the letter or faxed to the Fax Number included on the letter. Again, to ensure the quickest turn-around time the letter must be included on top with the requested medical records.

Medical Records Associated with BlueCard® Claims

Anthem bar codes most letters requesting medical records. The bar code on the letter helps assure that returned records are attached directly to the open claim requesting the information. For this automated process to work, the bar-coded letter must be returned with the records. Without it, the process reverts to a manual procedure which may result in duplicate requests and delays. **Whether or not a bar code is present, please put the letter on top and return it with all requested records to help ensure the records are appropriately handled.**
Anthem will send two written requests for medical records. If we do not receive the record(s) after the first letter, we send a second letter after 20 days. If the request still remains open, a follow-up call is made to the provider’s office 10 days later. This follow-up call addresses ALL open medical record requests within the provider’s tax identification number which prevents numerous calls being made to the office throughout the day.

Medical Records may be mailed or faxed to Anthem. Again, to ensure the quickest turn-around time, the letter, with or without a bar code, must be included with the requested medical records. Please send mail requested information to the address specified in the letter or fax them to 888-859-3046. If a duplicate copy of the letter requesting medical record(s) is needed, please call 614-880-3215.

Unsolicited Medical Records

Commercial Membership (Local and BlueCard®)
There may be occasions where you disagree with the disposition of a claim and believe that medical records support your position. In these cases, please complete the Provider Adjustment Form (PAR) available at www.anthem.com. Select Provider>State>Answers@Anthem>Provider Adjustment Form. The form is available in both an Adobe Acrobat and MSWord versions for your convenience. Please complete the form, attach records, and send them to the address listed on Provider Adjustment Form Instruction Sheet. This will ensure proper routing to our provider correspondence area that will review your request and respond accordingly.

Other Member Programs

Anthem Medicare Advantage
Medical records are requested when additional information is needed to determine eligibility for coverage in order to process a claim. Letters sent to request this information will be sent via regular mail. To ensure that the returned letters are routed to the appropriate area for review in a timely manner, the letter must be returned with the records. Without the letter, the routing of the records to the appropriate area may be delayed resulting in a delayed review and payment of the claim in question. Records should be returned with a copy of the letter within 15-days to Anthem, PO Box 105187 Atlanta GA 30348. If records are not received within the timeframe indicated, the claim may be denied for additional information.

Federal Employee Program (FEP)
All BlueCross BlueShield Service Benefit Plan, (also known as Federal Employee Plan or FEP), members identification numbers begin with an R followed by 8 numbers. Medical records that have been requested via an Explanation Of Benefits (EOB) message can be submitted to the member’s local plan address on the back of the identification card. Please submit these with a reference to the claim number from the EOB. Future services may be prior approved by submitting medical documentation through the Advanced Benefit Determination process on www.anthem.com. Select Provider>State>Precertification>Clinical Data Submission Tools>Federal Employee Program Clinical Data Submission Tools (Member ID beginning with letter R). For assistance you can contact the local plan FEP customer service at the number located on the back of the member’s identification card.