

Dear **Ancillary** Provider,

Welcome to the Ancillary Provider Credentialing and Contracting process!

If you do not already have a Facility/Provider Record ID established with Blue Cross and Blue Shield of Texas that matches your billing information (Billing NPI and Tax Identification Number), you must complete the [Ancillary Provider Record Request Form](#) first, located under the **Provider Onboarding Process** on our [How to Join /Network Participation](#) page, to set up your BCBSTX Provider Record ID.

Obtaining a BCBSTX Facility/Provider Record ID does not automatically activate the Blue Choice PPOSM, Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM, MyBlue HealthSM, Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM and/or Medicaid (STAR), CHIP and STAR Kids networks.

Claims will be processed out-of-network until the provider has been approved and activated in the network. If you wish to be a contracted provider, you will need to complete the **Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire** located under the **Credentialing and Contracting Process for Ancillary Providers** section of the [How to Join/Network Participation](#) page and include the licensing, liability insurance, accreditation and additional information requirements included below.



TEXAS DURABLE MEDICAL EQUIPMENT CREDENTIALING CRITERIA CHECK LIST

*Please return the following documents along with your signed the
Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire:*

☐ **License:** **Current** copy of your applicable Texas Department of State Health Services licenses below:

- Bedding
- Device Distributor
- Prescription Drug Manufacturer
- Class A Pharmacy License | Texas State Board of Pharmacy
- Wholesale Distributor of Compressed Medical Gas (Requires Respiratory Therapist License)

*****Please do not copy more than one license per page. Each license should be on a separate page.**

☐ **Insurance:** **Current** Certificate of Professional Liability including:

- Policy Number
- Effective and Termination Dates
- Liability Coverage of \$100,000 per Occurrence and \$300,000 Aggregate

☐ **Must Provide Accreditation:** **Current** Certificate or Letter of Accreditation from one of the Accreditation Programs listed below must be provided:

- ABC – American Board for Certification in Orthotics & Prosthetics, Inc
- ACHC – Accreditation Commission for Health Care, Inc
- BOC – Board of Orthotics/Prosthetics Certification
- CARF – Commission on Accreditation of Rehabilitation Facilities
- CHAP – Community Health Accreditation Program
- CT – Compliance Team
- HQAA – Healthcare Quality Association of America
- JC – The Joint Commission
- NABP – National Association of Boards of Pharmacy

Also, FDA approval is required, as applicable, for Out-of-State providers

☐ **NPI Confirmation:** An Official Document confirming your current NPI

☐ **W9:** Submit W9 Form

**Please submit above required documents along with completed
Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire
within 30 days to:**

Email: AncillaryContracting_SCT@BCBSTX.com