

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 (BCBSTX) that matches your billing information (Billing NPI and Tax Identification Number (TIN)), 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 PPO<sup>SM</sup>, Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup>, MyBlue Health<sup>SM</sup>, Blue Cross Medicare Advantage (HMO)<sup>SM</sup>, Blue Cross Medicare Advantage (PPO)<sup>SM</sup> 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.



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

**License & Registration:** A current copy of the following for the applicable licenses and registrations from the Texas Department of State Health Services

- Certificate of Equipment Registration
- Radioactive Materials License

**Insurance:** A current Certificate of Professional Liability including:

- Policy Number,
- Effective and Termination Dates, and
- Liability Coverage of **\$500,000 per Occurrence and \$1,000,000 Aggregate.**

**Accreditation:** A current Certificate or Letter of Accreditation from one of the Accreditation Programs below:

**Mammography Services:**

- Current American College of Radiology (ACR); and
- Current certification by FDA or Department of State Health Services (DSHS); and
- Certificate of Equipment Registration for Mammography, only required if separately certified by the FDA

**CT / MRI/Nuclear Medicine/PET:** Accreditation from one of the following:

- The American College of Radiology (ACR);
- The Intersocietal Accreditation Commission (IAC); or
- The Joint Commission (JC);

**Ultrasound Accreditation:** Accreditation from one of the following is preferred but not required:

- The American College of Radiology (ACR); or
- American Institute of Ultrasound Medicine(AIUM)

**Nuclear Medicine Services:** Accreditation from one of the following is required:

- The American College of Radiology
- The Intersocietal Accreditation Commission; or
- The Joint Commission;

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

**W9:**

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

**Email: [AncillaryContracting\\_N@BCBSTX.com](mailto:AncillaryContracting_N@BCBSTX.com)**