



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 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.

## TEXAS SLEEP STUDIES CENTER CREDENTIALING CRITERIA CHECKLIST

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

- ☐ **Insurance:** A current Certificate of General or Professional Liability including:
  - Policy Number
  - Effective and Termination Dates
  - Liability Coverage of **\$500,000 per Occurrence and \$1,000,000 Aggregate.**
- ☐ **Accreditation:** Current accreditation letter/certificate from one of the following:
  - Joint Commission (JC); or
  - American Academy of Sleep Medicine (AASM); or
  - Accreditation Commission for Health Care, Inc (ACHC)
- ☐ **NPI Confirmation:** An Official Document confirming your current NPI
- ☐ Must have **Supervising Physician** licensed in the state where the facility is located. Supervising Physician and be “available” while the sleep study is being performed. Information regarding Medical Director and copy of state license
- ☐ **Copy of the registered polysomnographic technologist’s certificate.**
- ☐ **Supervising Physician/Medical Director:**
  - Must have **Supervising Physician/Medical Director** licensed in the state where the facility is located. Supervising Physician must be “available” while the sleep study is being performed. Information regarding Medical Director and copy of state license
  - **Copy of current Physician State License**
  - **Copy of Board Certification**

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

**Email: [AncillaryContracting\\_SW@BCBSTX.com](mailto:AncillaryContracting_SW@BCBSTX.com)**