

### Payer ID provider number reference — Facility

Use this guide as a reference tool when submitting facility claims. The information was current at the time of publication. We will announce changes on the [Provider News Center](#) and the Provider Engagement, Analytics & Reporting (PEAR) [portal](#).

Prefix	Product name	Payer information for electronic claims		Paper claim mailing address	Billing provider
		ISA-08	GS-03		
	<b>Keystone Health Plan East</b>	<b>Independence</b>			
QCG	Keystone Health Plan East POS	54704	95056	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	Valid and registered NPI is <b>required</b> .  Electronic (837I) Loop 2010AA NM108 = XX NM109 = NPI #  Paper (UB-04) NPI # – Box 56
QCH	Keystone Health Plan East HMO				
QCI	Keystone 65 HMO				
	Keystone 65 Focus Rx HMO				
QCJ	Keystone Health Plan East ERISA POS				
QCK	Keystone 65 POS				
QCL	Keystone Health Plan East ERISA HMO				
QHX	IBC HMO Proactive Individual – Off Exchange				
QSP	IBC HMO Proactive Small Group				
QXJ	IBC HMO Proactive Individual – On Exchange				
YXQ	Keystone HMO Platinum – On Exchange*				
	Keystone HMO Gold – On Exchange				
	Keystone HMO Silver Classic – On Exchange Keystone HMO Silver Basic – On Exchange Keystone HMO Bronze – On Exchange Keystone HMO Gold Classic – On Exchange				
	Small Group POS – On Exchange*				
YXR	Keystone HMO Platinum – Off Exchange*				
	Keystone HMO Gold – Off Exchange				
	Keystone HMO Silver Classic – Off Exchange				
	Keystone HMO Bronze – Off Exchange				
	<b>Personal Choice®</b>	<b>Independence</b>			
WYX	Personal Choice EPO – HSA	54704	54704	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	
YXF	Personal Choice PPO				
YXK	Personal Choice 65 <sup>SM</sup> PPO Personal Choice 65 Prime Rx PPO				

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	<b>Personal Choice® (continued)</b>	<b>Independence</b>			
YXO	Personal Choice PPO Platinum – Off Exchange*	54704	54704	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	Valid and registered <b>NPI is required.</b> Electronic (837I) Loop 2010AA NM108 = XX NM109 = NPI # Paper (UB-04) NPI # – Box 56
	Personal Choice PPO Gold – Off Exchange				
	Personal Choice PPO Silver – Off Exchange				
	Personal Choice PPO Bronze – Off Exchange				
	Personal Choice PPO Bronze Reserve – Off Exchange*				
YXP	Personal Choice PPO Platinum – On Exchange*				
	Personal Choice PPO Gold – On Exchange				
	Personal Choice PPO Gold Classic – On Exchange				
	Personal Choice PPO Silver – On Exchange				
	Personal Choice PPO Bronze – On Exchange				
YXU	Personal Choice PPO Bronze Reserve – On Exchange*				
	Small Group PPO – On Exchange*				
YXX	Personal Choice EPO Catastrophic, Bronze Basic, Gold*, Bronze Reserve, Platinum*, and Silver Reserve* – On Exchange				
YXY	Personal Choice EPO Catastrophic, Bronze Basic, Gold*, Bronze Reserve, Platinum*, Silver Reserve*, and Silver Reserve Select* – Off Exchange				
	<b>BlueCard®</b>	<b>Independence</b>			
All National PPO Prefixes	PPO Blue Cross or Blue Shield member ID card with “PPO” in a suitcase and a prefix not defined previously†‡	54704	54704	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	
	Medicare Advantage PPO Blue Cross or Blue Shield member ID card with “MA PPO” in a suitcase and a prefix not defined previously†				

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	<b>BlueHPN®</b>	<b>Independence</b>			
All BlueHPN Prefixes	<p>ID Card Front: BlueHPN members will be identified by the Blue High Performance Network name and the “BlueHPN in a suitcase” logo</p> <p>ID Card Back: A disclaimer indicates that the member has limited benefits outside of BlueHPN product areas</p> <p>Prefixes will be added to this grid, as assigned.</p>	54704	54704	<p>Claims Receipt Center P.O. Box 211184 Eagan, MN 55121</p>	<p>Valid and registered NPI is <b>required</b>.</p> <p>Electronic (837I) Loop 2010AA NM108 = XX NM109 = NPI #</p> <p>Paper (UB-04) NPI # – Box 56</p>
	<b>Blue Cross®</b>	<b>Independence</b>			
QCA	Traditional Blue Cross® Blue Shield®	54704	54704	<p>Claims Receipt Center P.O. Box 211184 Eagan, MN 55121</p>	
QCC	Concurrent Major Medical				
QCE	Security 65®, 65 Special, and MedigapSecurity				
QCN	Comprehensive Major Medical (CMM)				
QCO	Blue Cross Indemnity				
QCR	Medigap, Blue Cross only				
QMO	MedigapFreedom				

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	<b>Federal Blue Cross</b>	<b>Independence</b>			
R followed by 8 numeric characters	Federal Employee Program (FEP) member ID starts with an "R"	54704	54704	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	Valid and registered NPI is <b>required</b> .  Electronic (8371) Loop 2010AA NM108 = XX NM109 = NPI #  Paper (UB-04) NPI # – Box 56
	<b>Third-party administrators</b>	<b>Independence Administrators</b>			
Independence Administrators National PPO prefixes	Independence Administrators logo on the ID card with "PPO" in a suitcase and a prefix not defined previously  Independence Administrators  For additional claims information, visit <a href="http://www.ibxtpa.com/providers">www.ibxtpa.com/providers</a> .	54704	TA720 or 54763	Independence Administrators c/o Processing Center P.O. Box 21974 Eagan, MN 55121	
Independence Administrators BlueHPN prefixes	ID Card Front: BlueHPN members will be identified by the Blue High Performance Network name and the "BlueHPN in a suitcase" logo  ID Card Back: A disclaimer indicates that the member has limited benefits outside of BlueHPN product areas  Prefixes will be added to this grid, as assigned.  Independence Administrators  For additional claims information, visit <a href="http://www.ibxtpa.com/providers">www.ibxtpa.com/providers</a> .	54704	TA720 or 54763	Independence Administrators c/o Processing Center P.O. Box 21974 Eagan, MN 55121	

\*This product is no longer offered.

† Providers outside of our five-county service area (Bucks, Chester, Delaware, Montgomery, and Philadelphia counties) as well as out-of-state providers should submit BlueCard-related claims to their local plan, with the exception of providers who are contracted with Independence for the member's plan or who meet the conditions of the Ancillary Claim Filing rules.

‡ When treating non-Independence members, facilities contracted with other local area Blue Cross and/or Blue Shield (BCBS) health plans (e.g., Capital Blue Cross, Horizon Blue Cross Blue Shield of New Jersey, and Highmark BCBS Delaware) must submit claims to the contracted BCBS health plan for the member based on their member ID card.