

Payer ID provider number reference — Professional

Use this guide as a reference tool when submitting professional 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		
	Keystone Health Plan East	Independence			
QCG	Keystone Health Plan East POS	54704	95056	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	Valid and registered NPI is required. Electronic (837P) Loop 2010AA NM108 = XX NM109 = NPI # Paper (CMS-1500) NPI # – Box 33A
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				
QAC	IBC HMO Proactive Individual – Off Exchange				
QSP	IBC HMO Proactive Small Group				
QND	IBC HMO Proactive Individual – On Exchange				
QEB	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				
	Keystone HMO Silver Classic – On Exchange				
YXR	Small Group POS – On Exchange*				
QBW	Keystone HMO Platinum – Off Exchange*				
	Keystone HMO Gold – Off Exchange				
	Keystone HMO Silver Classic – Off Exchange*				
	Keystone HMO Bronze – Off Exchange				
	Personal Choice®	Independence			
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 SM PPO Personal Choice 65 Prime Rx PPO				

Payer ID provider number reference — Professional

Effective January 2024

Prefix	Product name	Payer information for electronic claims		Paper claim mailing address	Billing provider
		ISA-08	GS-03		
	Personal Choice® (continued)	Independence			
QBJ	Personal Choice PPO Platinum – Off Exchange*	54704	54704	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	Valid and registered NPI is required . Electronic (837P) Loop 2010AA NM108 = XX NM109 = NPI # Paper (CMS-1500) NPI # – Box 33A
	Personal Choice PPO Gold – Off Exchange Personal Choice PPO Gold Preferred – Off Exchange				
	Personal Choice PPO Silver – Off Exchange*				
	Personal Choice PPO Bronze – Off Exchange Personal Choice PPO Bronze Reserve – Off Exchange*				
QBU	Personal Choice PPO Platinum – On Exchange*				
	Personal Choice PPO Gold – On Exchange Personal Choice PPO Gold Preferred – On Exchange Personal Choice PPO Gold Classic – On Exchange				
	Personal Choice PPO Silver Classic – On Exchange				
	Personal Choice PPO Bronze – On Exchange Personal Choice PPO Bronze Reserve – On Exchange*				
YXU	Small Group PPO – On Exchange*				
QBY	Personal Choice EPO Catastrophic, Bronze Basic, Bronze Classic, Bronze Reserve, Gold*, Platinum*, and Silver Reserve* – On Exchange				
QBZ	Personal Choice EPO Catastrophic, Bronze Basic, Bronze Classic, Bronze Reserve, Gold*, Platinum*, Silver Reserve*, Silver Reserve Select* – Off Exchange				
	BlueCard®	Independence			
All National PPO Prefixes	PPO Professional Blue Cross or Blue Shield member ID card with “PPO” in a suitcase and a prefix not defined previously†‡ Medicare Advantage PPO Blue Cross or Blue Shield member ID card with “MA PPO” in a suitcase and a prefix not defined previously	54704	54704	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	

Payer ID provider number reference — Professional

Prefix	Product name	Payer information for electronic claims		Paper claim mailing address	Billing provider
		ISA-08	GS-03		
	BlueHPN®	Independence			
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	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	<p>Valid and registered NPI is required.</p> <p>Electronic (837P) Loop 2010AA NM108 = XX NM109 = NPI #</p> <p>Paper (CMS-1500) NPI # – Box 33A</p>
	Blue Cross®	Independence			
QMO	MedigapFreedom	54704	54704	Claims Receipt Center P.O. Box 211184 Eagan, MN 55121	
	Blue Shield®	Highmark			
QCA QCC	Traditional Blue Cross® Blue Shield® Concurrent Major Medical	54771	54771	Highmark Blue Shield P.O. Box 890062 Camp Hill, PA 17089-0062	
QCE	Security 65®, 65 Special, and MedigapSecurity				
QCN QCO	Comprehensive Major Medical (CMM) Blue Cross Indemnity				
QCR	Medigap, Blue Cross only				
	Federal Blue Cross	Highmark			
R followed by 8 numeric characters	Federal Employee Program (FEP) member ID starts with an “R”	54771	54771	Highmark Blue Shield P.O. Box 890062 Camp Hill, PA 17089-0062	

Payer ID provider number reference — Professional

Effective January 2024

Prefix	Product name	Payer information for electronic claims		Paper claim mailing address	Billing provider
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	Third-party administrators	Independence Administrators			
Independence Administrators National PPO prefixes	<p>Independence Administrators logo on the ID card with “PPO” in a suitcase and a prefix not defined previously</p> <p>Independence Administrators For additional claims information, visit www.ibxtpa.com/providers.</p>				
Independence Administrators Blue HPN prefixes	<p>ID card front: Blue HPN members will be identified by the Blue High Performance Network name and the “Blue HPN in a suitcase” logo</p> <p>ID card back: A disclaimer indicates that the member has limited benefits outside of Blue HPN product areas</p> <p>Prefixes will be added to this grid, as assigned.</p> <p>Independence Administrators For additional claims information, visit www.ibxtpa.com/providers.</p>	54704	TA720 or 54763	<p>Independence Administrators c/o Processing Center P.O. Box 21974 Eagan, MN 55121</p>	<p>Valid and registered NPI is required.</p> <p>Electronic (837I) Loop 2010AA NM108 = XX NM109 = NPI #</p> <p>Paper (UB-04) NPI # – Box 56</p>

* This product is no longer offered.

† When treating Highmark members, professional claims must be submitted directly to Highmark.

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