BlueCross BlueShield Kansas

1133 SW Topeka Blvd.
Topeka, KS 66629-0001

bcbsks.com

In Topeka: 785-291-7000
In Kansas: 800-432-0216

Facility Provider Type Credentialing Requirements

Facility Type	Criteria
Acute Care Hospital	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Ambulance Service	• State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicare/Medicaid Participation Letter • Signed Authorization
Ambulatory Surgical Center	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Dialysis Facility	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Durable Medical Equipment	• Kansas Registration/License • Professional Liability Insurance • Medicare/Medicaid Participating Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Federally Qualified Health Center	• CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Participation Letter (Dental Offices may be excluded) • Signed Authorization

An independent licensee of the Blue Cross Blue Shield Association.

Facility Type	Criteria
Health Department	• CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Participating Letter • Signed Authorization
Home Health Agency	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Home Infusion	• State License • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Hospice	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Independent / Clinical Laboratory	• CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Residential Treatment Facility **IP Substance Abuse Facility**	• State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Rural Health Clinic	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization

Facility Type	Criteria
Skilled Nursing Facility	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Outpatient Substance Abuse Facility	• State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Free Standing Birth Center	• State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Acute Psychiatric Hospital	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Acute Rehabilitation Hospital	• State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Free Standing Sleep Laboratory	• CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization

Facility Type	Criteria
Imaging (MRI)	• Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Methadone	• State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Pharmacy	• State license • CLIA Certificate, if applicable • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization