## Claim Filing Addresses – Western Region Only

Electronic Claim Submission NaviNet<sup>SM</sup> is the fastest way to submit claims to Highmark. If your office is not NaviNet enabled and you would like more information on electronic claims submission via NaviNet please contact your Highmark Blue Cross Blue Shield Provider Relations representative.

Claim Submission Postal Addresses If you are not submitting claims electronically, use the chart below to determine the correct address if you are a western region provider.

What Region Am I?

| If Type Of Claim Is                   | Then Mail To                           |
|---------------------------------------|--|
| KeystoneBlue                          | Highmark Blue Shield                   |
| DirectBlue (group)                    | Claims Processing                      |
| ShortTermBlue                         | P.O. Box 898819                        |
|                                       | Camp Hill, PA 17089-8819               |
| DirectBlue (individual)               | Claims Processing                      |
| PreferredBlue                         | P.O. Box 890062                        |
| PPOBlue                               | Camp Hill, PA 17089-0062               |
| EPOBlue                               |  |
| BlueCard Claims                       |  |
| SecurityBlue                          | Claims Processing                      |
| FreedomBlue                           | P.O. Box 890170                        |
|                                       | Camp Hill, PA 17089-0170               |
| FreedomBlue PPO Private-Fee-For       | FreedomBlue PFFS                       |
| Service (PFFS)                        | P.O. Box 890170                        |
|                                       | Camp Hill, PA 17089-0170               |
| Highmark Blue Shield Medical-Surgical | Highmark Blue Shield                   |
| claims (Including BlueCard PPO):      | P.O. Box 890062                        |
|                                       | Camp Hill, PA 17089-0062               |
| Highmark Blue Shield Indemnity Major  | Highmark Major Medical                 |
| Medical                               | P.O. Box 890393                        |
|                                       | Camp Hill, PA 17089-0393               |
| Signature 65                          | Highmark Blue Shield                   |
|                                       | P.O. Box 898845                        |
|                                       | Camp Hill, PA 17089-8845               |
| MedigapBlue                           | Claims should be submitted directly to |
|                                       | Medicare. Providers may submit         |
|                                       | Medicare Summary notices or other      |
|                                       | remittance if applicable to:           |
|                                       | Highmark Blue Shield                   |
|                                       | P.O. Box 898845                        |
|                                       | Camp Hill, PA 17089-8845               |

## Claim Filing Addresses, continued Western Region Only

| If Type Of Claim Is                    | Then Mail To                            |
|--|---|
| Federal Employee Program (FEP)         | Federal Employee Program                |
| claims                                 | P.O. Box 898854                         |
|  | Camp Hill, PA 17089-8854                |
| ClassicBlue Individual Traditional     | Highmark Major Medical                  |
| Indemnity                              | P.O. Box 890393                         |
|  | Camp Hill, PA 17089-0393                |
|  | , |
| CompleteCare Individual                | Highmark Blue Shield                    |
| Comprehensive Major Medical            | P.O. Box 898819                         |
|  | Camp Hill, PA 17089-8819                |
|  | ,                                       |
| SpecialCare                            | Highmark Blue Cross Blue Shield         |
|  | Claims                                  |
|  | P.O. Box 890062                         |
|  | Camp Hill, PA 17089-0062                |
|  |   |
| Home Infusion Therapy (HIT)            | Highmark Blue Cross Blue Shield         |
|  | P.O. Box 2718                           |
|  | Pittsburgh, PA 15230                    |
| DME/Respiratory                        | DMEnsion, Inc.                          |
| Supplies/Orthotics/Prosthetics for     | P.O. Box 81460                          |
| HMO and Medicare Advantage Products    | Rochester Hills, MI 48308-1460          |
|  |   |
| DME/Respiratory                        | Claims Processing                       |
| Supplies/Orthotics/Prosthetics for     | P.O. Box 898819                         |
| KeystoneBlue                           | Camp Hill, PA 17089-8819                |
| SelectBlue                             |   |
| DirectBlue                             |   |
| DME/Respiratory                        | Claims Processing                       |
| Supplies/Orthotics/Prosthetics for     | P.O. Box 890062                         |
| PPOBlue, Premier Blue PPO,             | Camp Hill, PA 17089-0062                |
| Traditional Indemnity                  |   |
| DME/Respiratory                        | Highmark Blue Cross Blue Shield         |
| Supplies/Orthotics/Prosthetics for     | P.O. Box 890393                         |
| Highmark Blue Shield Indemnity Major   | Camp Hill, PA 17089-0393                |
| Medical                                | -                                       |
|  |   |
| For Behavioral Health Only:            | Highmark Blue Shield                    |
| For Traditional Indemnity, PremierBlue | P.O. Box 890062                         |
| Shield, BlueChip Indemnity, BlueCard   | Camp Hill, PA 17089-0062                |
| PPO, and Federal Employee Program      |   |
| PPO send claims to                     |   |
|  |   |
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## Claim Filing Addresses, continued Western Region Only

| If Type Of Claim Is   | Then Mail To             |
|---|--------------------------|
| For BlueCard POS where Highmark   | Highmark Blue Shield     |
| BCBS is the control plan:   | P.O. Box 890062          |
|   | Camp Hill, PA 17089-0062 |
| For BlueCard POS where Highmark is not the control plan: Please contact the |                          |

home plan for claims filing instructions.

Blue participating providers and non-Blue providers should submit their behavioral health claims to the local Blue Plan.