

CareFirst on Call

Professional Reference Card

Commercial: 800-842-5975 ■ 202-479-6560 ■ **NASCO Service and Out-of-Area Claims:** 877-228-7268 ■ **FEP (Northern VA, DC, Montgomery and Prince George's Counties):** 202-488-4900 ■ **FEP (all other MD FEP Providers):** 410-581-3568 ■ 800-854-5256

Enter provider numbers

Participating professional providers

- For best results, use your 8-digit regional provider number.
- Your 4-digit group number (the first 4 digits of your regional provider number), your Federal Tax ID or your Billing NPI can also be used.

Non-participating and out-of-state providers

- For best results, use your Tax ID.
- You can also use your Billing NPI.

Provider types

If the system does not recognize your provider number, you will be asked to select your provider type from the following list:

- | | |
|--------------------------|-------------------------|
| 1. Hospital | 4. Routine vision |
| 2. Non-hospital facility | 5. Professional medical |
| 3. Dentist | |

Enter member numbers

Use your telephone keypad to enter the Membership ID into the system.

- Do not enter the 3-digit prefix that precedes most BlueCross BlueShield membership numbers.
- Do not enter the "R" that precedes Federal Employee Program membership numbers.

Self-service options

General information is available for:

- | | |
|----------------------------|------------------------------------|
| ■ Eligibility | ■ Authorization status |
| ■ Benefits | ■ Frequently requested information |
| ■ Deductibles and maximums | |
| ■ Claims status | |

Fax back feature

Receive a fax of your information by following the voice prompts. You'll receive one fax for each inquiry, for each member.

Helpful hints

Key commands

0 Transfer to customer service

Enter alphabetic characters

If your provider/membership number has letters, you must press 3 keys for each letter.

- #1** Press the star key to indicate you are about to enter a letter.
- #2** Press the key containing the letter.
- #3** Press the number that coincides with the position of the letter on that key.

Enter dates

To enter January First Two Thousand Twenty Two, press 0 1 0 1 2 0 2 2 on your telephone keypad.

Alphabetic conversions:

A = *21	H = *42	O = *63	V = *83
B = *22	I = *43	P = *71	W = *91
C = *23	J = *51	Q = *72	X = *92
D = *31	K = *52	R = *73	Y = *93
E = *32	L = *53	S = *74	Z = *94
F = *33	M = *61	T = *81	
G = *41	N = *62	U = *82	

Provider benefit codes for professionally billed services

These benefits are categorized by the following:

Allergy care

- 120 Allergy injections
- 124 Allergy serum
- 125 Allergy testing
- 131 Allergy services*

Diagnostic services

- 186 Cat-scan
- 202 Colonoscopy
- 252 EEG/electroencephalogram and EKG/electrocardiogram
- 420 Laboratory tests/medical
- 421 Laboratory test/routine**
- 423 Medical diagnostic (machine) test/ routine*
- 425 Medical diagnostic (machine) test/ medical**
- 436 Mammogram/routine
- 456 MRI/magnetic resonance imaging
- 462 Neurological testing*
- 488 Pap smear/routine
- 502 Pre-admission testing/laboratory*
- 504 Pre-admission testing/radiology/X-ray*
- 657 Sleep studies
- 676 Surgical pathology*
- 684 TMJ/temporomandibular joint X-rays
- 736 Ultrasound/maternity
- 738 Ultrasound/non-maternity
- 750 Radiology/X-ray

Maternity/contraception/infertility services

- 110 Abortion care elective*
- 114 Abortion care therapeutic*
- 174 Artificial insemination
- 222 Contraceptive devices
- 224 Contraceptive/medically necessary/ injection
- 228 Contraceptive/medically necessary/oral
- 232 Contraceptive/routine/injection
- 236 Contraceptive/routine/oral
- 354 Gamete and zygote transfers/ professional
- 111 Infertility services
- 414 Infertility drugs/office
- 416 Infertility drugs/pharmacy
- 428 Intrauterine insemination
- 430 Maternity pre/post natal only
- 434 In vitro fertilization/professional
- 444 Maternity complication/professional*
- 446 Maternity delivery only
- 448 Maternity global*
- 464 Newborn care*
- 618 Reverse tubal ligation
- 624 Reverse vasectomy
- 736 Ultrasound/maternity

Medical

- 122 Admission/observation/OP*
- 178 Blood derivatives*
- 180 Blood/whole/plasma/professional*
- 204 Concurrent care/ip/professional
- 220 Consultations/second surgical opinion
- 380 Hospital visit/medical
- 410 Immunizations/medical*
- 415 Immunizations/routine
- 424 Injections/medications*
- 450 Nursing home/visit*
- 470 Office, home, clinic visits and consults
- 481 Preventive/well child care
- 490 Private duty nurse*
- 615 Convenience care center
- 652 Preventive/routine care adult
- 654 Routine gyn exam
- 678 Skilled nursing facility/professional**

Medical emergency/medical and dental accidental injury

- 130 Ambulance emergency/accident
- 230 Dental services/accidental*
- 270 Emergency care/accident/physician
- 280 Emergency care/medical/physician
- 330 Eyeglasses/accident
- 740 Urgent care center/accident*
- 742 Urgent care center/medical emergency*

Mental health/substance abuse

- 171 Applied behavior analysis
- 238 Substance abuse detoxification**
- 256 Electroshock therapy*
- 390 Hospital visit/mental health
- 452 Methadone treatment*
- 478 Partial hospitalization/professional**
- 492 Pharmacology/management/ mental health
- 510 Mental health/substance abuse/ outpatient
- 516 Mental health testing*
- 540 Substance abuse rehabilitation/ freestanding facility*
- 550 Substance abuse rehabilitation

Other

- 132 Ambulance non-emergency
- 190 Chemotherapy
- 240 Dialysis
- 244 Diabetic education/training
- 246 Diabetic supplies*
- 378 Home infusion therapy
- 382 Home infusion therapy drugs*
- 402 Hospice/bereavement counseling*
- 404 Hospice/family counseling*
- 406 Hyperbaric oxygen therapy*
- 412 Infant medical foods*
- 422 Infusion therapy/office

- 426 Insulin*
- 469 Nutritional counseling
- 480 Prescription drugs*
- 496 Photochemotherapy*
- 509 Pulmonary rehabilitation program*
- 520 Radiation therapy
- 530 Cardiac rehabilitation
- 614 Respiratory therapy*
- 734 Transplants, travel, food/lodging*

Surgery/anesthesia

- 170 Anesthesia
- 454 Morbid obesity/gastric bypass
- 472 Oral surgery
- 670 Surgery
- 674 Surgical assistance*
- 676 Surgical pathology*
- 682 TMJ/temporomandibular joint surgery
- 686 Transplants, medically necessary, non-experimental*

Therapy/chiropractic/acupuncture

- 116 Acupuncture therapy
- 172 Aqua therapy
- 200 Chiropractor services
- 356 Occupational therapy/habilitative*
- 358 Physical therapy/habilitative*
- 362 Speech therapy/habilitative*
- 460 Occupational therapy/rehabilitative
- 500 Physical therapy/rehabilitative
- 660 Speech therapy/rehabilitative

Vision/hearing/dental

- 231 Dental services/medical*
- 310 Eye exam/medical
- 320 Eye exam/routine*
- 330 Eyeglasses/accident
- 340 Eyeglasses/medical
- 350 Eyeglasses/routine*
- 360 Hearing test*
- 364 Hearing aid**
- 366 Hearing exam/non-routine*
- 368 Hearing exam/routine*

Medical equipment, prosthetics and supplies

- 184 Breast prosthesis
- 246 Diabetic supplies*
- 250 Durable medical equipment/ purchase or rental
- 440 Medical supplies*
- 474 Orthopedic appliance/purchase
- 476 Orthopedic appliance/rental
- 484 Orthotics
- 486 Oxygen/oxygen equipment*
- 508 Prosthetics
- 744 Wigs/hair prosthesis*

* FEP benefit information not available on IVR. Call Customer Service.

** Partial FEP benefit information available on IVR.

Visit carefirst.com/providerguides for reference guides.