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 institutional providers

- For best results, use your 3-digit 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
2. Non-hospital facility
3. Dentist
4. Routine vision
5. Professional medical

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
- Benefits
- Deductibles and maximums
- Claims status
- Authorization status
- Frequently requested information

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.

Key steps

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 1, 2025, press 0 1 0 1 2 0 2 5 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 CT-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/postnatal 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 use

171 Applied behavior analysis
238 Substance use 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 use/outpatient
516 Mental health testing*
540 Substance use rehabilitation/freestanding facility*
550 Substance use 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 Severe 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.

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