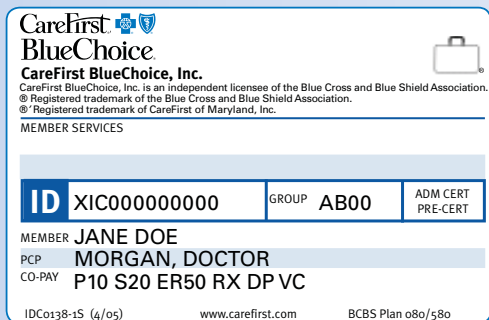


CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. Provider Quick Reference Guide

For the most current version, visit our website at www.carefirst.com





PRODUCT DESCRIPTION

- In-network coverage only; must use a participating CareFirst BlueChoice facility and practitioner.
- **Members chooses PCP; name appears on ID card.**
- PCP directs care.
- PCP written* referrals and authorizations required.
- Members with Open Access features do not require written referrals. These members can be identified with the words "Open Access" on their ID card.

PROVIDER CONTRACT: CareFirst BlueChoice, Inc.

ELIGIBILITY AND BENEFITS

PCP and Specialist copayments appear on ID card.

Verify eligibility and benefits via FirstLine: 202-479-6560/
800-842-5975.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

PCP written referral required for all office-based specialty services. Members with Open Access features do not require PCP written referrals. These members can be identified by the words "Open Access" on their ID card.

Referrals generally valid for a maximum of three visits (unless longstanding) and for 120 days, unless otherwise specified by the PCP.

Members may self-refer for in-network:

- OB/GYN
- Routine vision
- Mental health/substance abuse

For more information, refer to the CareFirst BlueChoice Provider Manual on www.carefirst.com.

REFERRALS ARE NOT REQUIRED FOR SERVICES PROVIDED AT CAREFIRST BLUECHOICE PARTICIPATING ASCs.

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst BlueChoice is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT AND OUTPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

AUTHORIZATION IS NOT REQUIRED FOR SERVICES PROVIDED AT A CAREFIRST BLUECHOICE PARTICIPATING ASC

LABORATORY AND RADIOLOGY

PCP or attending practitioner must provide a written requisition/prescription.

Laboratory

- LabCorp is the exclusive provider for laboratory services; members must be directed to a LabCorp drawing station.

Radiology

- Participating freestanding BlueChoice radiology network.

Please note: Some laboratory and radiology services may be provided in the office setting. Refer to the CareFirst BlueChoice Provider Manual on www.carefirst.com for a specific listing.

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient. Members may self-refer to Magellan Health Services network - 800-245-7013.

CLAIM SUBMISSION INFORMATION

Prefix: XIC

Paper Claims Address: Mail Administrator, P.O. Box 14116, Lexington, KY 40512-4116

Use Group Hospitalization and Medical Services, Inc./CareFirst BlueChoice, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114

BlueChoice Opt-Out *Open Access*

CareFirst BlueChoice CareFirst BlueChoice, Inc. <small>CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. © Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.</small>		
MEMBER SERVICES		
OPEN ACCESS		
ID	XIC000000000	GROUP CX00
		ADM CERT PRE-CERT
MEMBER	JOHN DOE	
PCP	ALEXANDER, DOCTOR	
CO-PAY	P15 S30 ER50 RX DT VC	
IDCo138-1S (4/05)	www.carefirst.com	BCBS Plan o8o/58o

PRODUCT DESCRIPTION

In and out of network coverage:

In-network

- Members must use a participating CareFirst BlueChoice facility and practitioner.
- Members choose PCP; name appears on ID card.
- PCP directs care.
- PCP written referrals are NOT required.

Out-of-network

- Members may use any provider.
- Members subject to deductible, coinsurance and balance billing.

PROVIDER CONTRACT: CareFirst BlueChoice, Inc.

ELIGIBILITY AND BENEFITS

PCP and Specialist copayments appear on ID card.

Verify eligibility and benefits via FirstLine: 202-479-6560/
800-842-5975.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

PCP written referrals are not required due to *Open Access* feature. These members can be identified by the words "*Open Access*" on their ID card.

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst BlueChoice is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT AND OUTPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

AUTHORIZATION IS NOT REQUIRED FOR SERVICES PROVIDED AT A CAREFIRST BLUECHOICE PARTICIPATING ASC

Laboratory and Radiology

PCP or attending practitioner must provide a written prescription/ requisition.

Laboratory

LabCorp is the exclusive provider for in-network laboratory services; members must be directed to a LabCorp drawing station.

Out-of-network may use any provider; subject to deductible, coinsurance and balance billing.

Radiology

- In-network – participating freestanding BlueChoice radiology network
- Out-of-network – any non-participating BlueChoice radiology provider

Please note: Some laboratory and radiology services may be provided in the office setting. Refer to the CareFirst BlueChoice Provider Manual on www.carefirst.com for a specific listing.

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network - 800-245-7013.

CLAIM SUBMISSION INFORMATION

Prefix: XIC

Paper Claims Address: Mail Administrator, P.O. Box 14116, Lexington, KY 40512-4116

Use Group Hospitalization and Medical Services, Inc./CareFirst BlueChoice, Inc. provider number.




CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CareFirst Direct via www.carefirst.com

Correspondence Address

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114

BlueChoice Opt-Out Plus Open Access

 CareFirst BlueChoice, Inc. <small>CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. © Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.</small>		 BlueCross BlueShield Group Hospitalization and Medical Services, Inc.
MEMBER SERVICES		
OPEN ACCESS		
ID	XIC000000000	GROUP TF01
		ADM CERT PRE-CERT
MEMBER	JANICE DOE	
PCP	NGUYEN, DOCTOR	
CO-PAY	P10 S20 ER50 RX DP VC	
IDC0136-1S (4/05)	www.carefirst.com	BCBS Plan 080/580

PRODUCT DESCRIPTION

In and out of network coverage:

In-network

- Members must use a participating CareFirst BlueChoice facility and practitioner.
- Members choose PCP; name appears on ID card.
- PCP written referrals are NOT required.

Out-of network

- Members may use any provider.
- Members subject to deductible and co-insurance if they see a GHMSI participating provider. Members not subject to balance billing.
- Members subject to all provider charges if they see a non participating provider.

PROVIDER CONTRACT: CareFirst BlueChoice, Inc.

ELIGIBILITY AND BENEFITS

Member with Open Access plans do not require PCP written referrals. These members can be identified by the words "Open Access" on their ID card.

Verify eligibility and benefits via FirstLine: 202-479-6560/
800-842-5975.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

PCP written referrals are not required due to *Open Access* feature. Members with Open Access plans do not require written referrals. These members can be identified by the words "Open Access" on their ID card.

Referrals generally valid for a maximum of three visits (unless long-standing) and for 120 days, unless otherwise specified by the PCP.

Members may self-refer for in-network:

- OB/GYN
- Routine vision
- Mental Health/Substance Abuse

For more information, refer to the CareFirst BlueChoice Provider Manual on www.carefirst.com.

REFERRALS ARE NOT REQUIRED FOR SERVICES PROVIDED AT CAREFIRST BLUECHOICE PARTICIPATING ASC.

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst BlueChoice is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT AND OUTPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

AUTHORIZATION IS NOT REQUIRED FOR SERVICES PROVIDED AT A CAREFIRST BLUECHOICE PARTICIPATING ASC

LABORATORY AND RADIOLOGY

PCP or attending practitioner must provide a written prescription/ requisition.

Laboratory

- LabCorp is the exclusive provider for in-network laboratory services; members must be directed to a LabCorp drawing station.
- Out of network may use any provider; subject to deductible, coinsurance and balance billing.

Radiology

- In-network – participating freestanding BlueChoice radiology network
- Out-of-network – any non-participating BlueChoice radiology provider

Please note: Some laboratory and radiology services may be provided in the office setting. Refer to the CareFirst BlueChoice Provider Manual on www.carefirst.com for a specific listing.

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer in-network to Magellan Health Services network - 800-245-7013.

CLAIM SUBMISSION INFORMATION

Prefix: XIC

Paper Claims Address: Mail Administrator, P.O. Box 14116, Lexington, KY 40512-4116

Use Group Hospitalization and Medical Services, Inc./CareFirst BlueChoice, Inc. provider number.




CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114

BlueChoice Advantage

 CareFirst BlueChoice, Inc. <small>CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.</small>		 BlueCross BlueShield Group Hospitalization and Medical Services, Inc.
MEMBER SERVICES 866-520-6099 ADVANTAGE		
CAREFIRST, INC.		
ID XIH900000000	GROUP 0000	ADM CERT PRE-CERT
MEMBER JANE E SMITH		
PCP NOT REQUIRED		
CO-PAY 100V ER100 RX DT VC		
<small>IDC0190-1S (4/05)</small>	<small>www.carefirst.com</small>	<small>BCBS Plan o80/580</small>

PRODUCT DESCRIPTION

In and out of network coverage:

In-network

- Members must use a participating CareFirst BlueChoice facility and practitioner.
- No PCP Selection required.
- PCP written referrals not required.

Out-of network

- Members may use any provider.

Members will be protected from balance billing if they see a BCBS par provider.

PROVIDER CONTRACT: CareFirst BlueChoice, Inc.

ELIGIBILITY AND BENEFITS

Office visit copayment appears on the card.

Verify eligibility and benefits via FirstLine: 202-479-6560/
800-842-5975

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

No Referrals required.

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst BlueChoice is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT AND OUTPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

AUTHORIZATION IS NOT REQUIRED FOR SERVICE PROVIDED AT A CAREFIRST BLUECHOICE PARTICIPATING ASC

LABORATORY AND RADIOLOGY

Attending practitioner must provide a written prescription/ requisition.

Laboratory

- LabCorp is the exclusive provider for in-network laboratory services; members must be directed to a LabCorp drawing station.
- Out of network may use any provider; subject to deductible, coinsurance and balance billing.

Radiology

- In-network - participating freestanding radiology network.
- Out-of-network - any non-participating radiology provider.

Please note: Some laboratory and radiology services may be provided in the office setting. Refer to the CareFirst BlueChoice Provider Manual on www.carefirst.com for a specific listing.

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient

Members may self refer to Magellan Health Services network - 800-245-7013

CLAIM SUBMISSION INFORMATION

Prefix: XIH

Paper Claims Address: P.O. Box 14116, Lexington, KY 40512-4116


Use Group Hospitalization and Medical Services, Inc.(GHMSI)/ CareFirst BlueChoice, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CarFirst Direct via: www.carefirst.com (claim status only)

CORRESPONDENCE ADDRESS

Mail Administrator, P.O.Box 14114, Lexington, KY 40512-4116



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MEMBER SERVICES

ID	XIP000000000	GROUP	AC01	ADM CERT PRE-CERT
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MEMBER: MONIQUE DOE

ME RX DT VC

IDC0143-1S (10/05) www.carefirst.com BCBS Plan 080/580

PRODUCT DESCRIPTION

PPO based with in-and out-of-network coverage.

In network

- Members must use participating Select Preferred facility and practitioner.
- Co-payments, deductibles and coinsurance may apply.
- Members are not subject to balance billing if they see a GHMSI participating provider.

Out of network

- Members may see any provider.
- Members subject to deductible, coinsurance, and balance billing.

PROVIDER CONTRACT: Group Hospitalization and Medical Services, Inc. (GHMSI)

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via FirstLine: 202-479-6560/
800-842-5975
CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

N/A

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT HOSPITAL SETTING HOSPITALS are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

LABORATORY AND RADIOLOGY

Practitioner must provide a written requisition/prescription.

Laboratory

- In-network – Select Preferred Provider (SPP) participating
- Out-of-network – any non-participating SPP laboratory provider

Radiology

- In-network – Select Preferred Provider (SPP) participating
- Out-of-network – any non-participating SPP radiology provider

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network* - 800-245-7013.

* Not all members utilize Magellan for these services. Please refer to the member's ID card.

CLAIM SUBMISSION INFORMATION

Prefix: XIP

Paper Claims Address: Mail Administrator, P.O. Box 14116, Lexington, KY 40512-4116

Use Group Hospitalization and Medical Services, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114

Federal Employee Program (FEP) Basic Option



PRODUCT DESCRIPTION

In-network coverage only; must use a participating Select Preferred facility and practitioner.

PROVIDER CONTRACT: Group Hospitalization and Medical Services, Inc. (GHMSI)

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via FirstLine: 202-479-6560/800-842-5975.
CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

N/A

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

LABORATORY AND RADIOLOGY

Practitioner must provide a written requisition/prescription.

Laboratory

- In-network – Select Preferred Provider (SPP)

Radiology

- In-network – Select Preferred Provider (SPP)

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network - 800-245-7013.

CLAIM SUBMISSION INFORMATION

Prefix: R

Enrollment Codes:

114 - Individual

115 - Family

Paper Claims Address: Mail Administrator, P.O. Box 14113, Lexington, KY 40512-4113

Use Group Hospitalization and Medical Services, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CareFirst Direct via www.carefirst.com.

CORRESPONDENCE ADDRESS

Providers in Montgomery & Prince George's counties, Washington, DC and Northern Virginia (east of Rt. 123*): Mail Administrator, P.O. Box 14112, Lexington, KY 40512-4112

All other Maryland providers: Mail Administrator, P.O. Box 14111, Lexington, KY 40512-4111

* For providers west of Rt. 123, send all claims and correspondence to local plan.

Federal Employee Program (FEP) Standard Option



PRODUCT DESCRIPTION

In and out of network coverage:

In network

- Members must see SPP facility and practitioner.

Out of network

- Members may see any provider.
- Members subject to deductible, coinsurance, and balance billing.
- Members not subject to balance billing if they see GHMSI participating provider.

PROVIDER CONTRACT: Group Hospitalization and Medical Services, Inc. (GHMSI)

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via FirstLine: 202-479-6560/
800-842-5975.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

N/A

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

LABORATORY AND RADIOLOGY

Practitioner must provide a written requisition/prescription.

Laboratory

- In-network – Select Preferred Provider (SPP)
- Out-of-network – any non-participating SPP laboratory provider

Radiology

- In-network – Select Preferred Provider (SPP)

- Out-of-network – any non-participating SPP radiology provider

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network - 800-245-7013.

CLAIM SUBMISSION INFORMATION

Prefix: R

Enrollment Codes:

104 - Individual

105 - Family

Paper Claims Address: Providers in Montgomery & Prince George's counties, Washington, DC and Northern Virginia (east of Rt. 123*):

Mail Administrator, P.O. Box 14116, Lexington, KY 40512-4116

All other Maryland providers: Mail Administrator, P.O. Box 14113,

Lexington, KY 40512-4113

Use Group Hospitalization and Medical Services, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Providers in Montgomery & Prince George's counties, Washington, DC and Northern Virginia (east of Rt. 123*): Mail Administrator, P.O. Box 14112, Lexington, KY 40512-4112

All other Maryland providers: Mail Administrator, P.O. Box 14111, Lexington, KY 40512-4111

* For providers west of Rt. 123, send all claims and correspondence to local plan.

NCA Indemnity



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MEMBER SERVICES

ID	XIA000000000	GROUP	SOO1	ADM CERT	PRE-CERT
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MEMBER CAMERON DOE

ME RX DT VC

IDC0143-1S (10/05)

www.carefirst.com

BCBS Plan 080/580

PRODUCT DESCRIPTION

- Coverage for inpatient hospital stays, surgeries and diagnostic services
- Usually carries Major Medical to supplement what is not covered under basic (i.e., office visits, PT/ST/OT, DME).
- Deductibles and coinsurance apply.
- Benefits are based on an allowed benefit.
- Member may be balanced billed when using non-participating providers

PROVIDER CONTRACT: Group Hospitalization and Medical Services, Inc. (GHMSI)

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via FirstLine: 202-479-6560/800-842-5975.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

N/A

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst BlueCross BlueShield (CareFirst) is secondary payer.

To determine if a service requires authorization, please call FirstLine: 202-479-6560/800-842-5975.

INPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH

LABORATORY AND RADIOLOGY

Practitioner must provide a written prescription/requisition.

Laboratory

- In-network – GHMSI participating
- Out-of-network – any non-participating laboratory provider

Radiology

- In-network – GHMSI participating
- Out-of-network – any non-participating radiology provider

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network* - 800-245-7013.

* Not all members utilize Magellan for these services. Please refer to the member's ID card.

CLAIM SUBMISSION INFORMATION

Prefix: XIA

Paper Claims Address: Mail Administrator, P.O. Box 14116, Lexington, KY 40512-4116

Use Group Hospitalization and Medical Services, Inc. provider number.

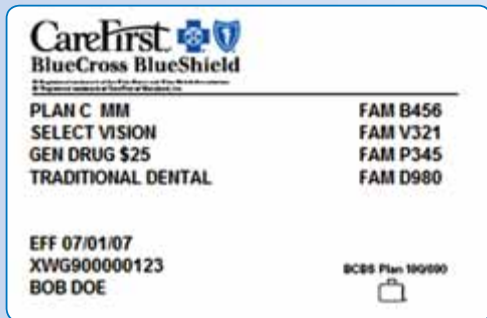
CLAIM STATUS AND AUTHORIZATION INQUIRY

FirstLine: 202-479-6560/800-842-5975 / CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114

Maryland Indemnity Plans B, I, D, C and Comp Wrap



PRODUCT DESCRIPTION

- Coverage for inpatient hospital stays, surgeries and diagnostic services.
- Usually carries Major Medical to supplement what is not covered under basic (i.e., office visits, PT/ST/OT, DME).
- Deductibles and coinsurance may apply.
- Benefits are based on an allowed benefit.
- Member may be balance billed when using non-Participating providers.

PROVIDER CONTRACT: CareFirst of Maryland, Inc. (CFMI)

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via BlueLine: 410-581-3535 / 800-248-8410.

CareFirst Direct via www.carefirst.com.

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst is secondary payer.

To determine if a service requires authorization, please call BlueLine: 410-581-3535/800-248-8410.

INPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

LABORATORY AND RADIOLOGY

Practitioner must provide a written requisition/prescription.

Laboratory

- In-network – CFMI participating
- Out-of-network – any non-participating laboratory provider

Radiology

- In-network – CFMI participating provider

- Out-of-network – any non-participating radiology provider

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network - 800-245-7013.

CLAIM SUBMISSION INFORMATION

Prefix: XW

Paper Claims Address: Mail Administrator, P.O. Box 14115, Lexington, KY 40512-4115

Use CareFirst of Maryland, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

BlueLine: 410-581-3535/800-248-8410 / CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114

Maryland PPN/PPO



PRODUCT DESCRIPTION

In network

- Members must use a participating Preferred Provider Network facility and practitioner.

Out of Network

- Members may see any provider.
- Members subject to deductible, coinsurance, and balance billing.

PPN: Providers must direct members to the Preferred Provider Network.

PPO: Members must self-direct to Preferred Provider Network providers.

NOTE: Members not subject to balance billing if they see participating provider.

PROVIDER CONTRACT: CareFirst of Maryland, Inc. (CFMI)

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via BlueLine: 410-581-3535/800-248-8410.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

N/A

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst is secondary payer.

To determine if a service requires authorization, please call BlueLine: 410-581-3535/800-248-8410.

INPATIENT HOSPITAL SETTING HOSPITALS are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

LABORATORY AND RADIOLOGY

Practitioner must provide a written requisition/prescription.

Laboratory

- In-network – CFMI PPN participating
- Out-of-network – any non-participating CFMI PPN laboratory provider

Radiology

- In-network – CFMI PPN participating
- Out-of-network – any non-participating CFMI PPN radiology provider

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network - 800-245-7013.

* Not all members utilize Magellan for these services. Please refer to the member's ID card.

CLAIM SUBMISSION INFORMATION

Prefix: XW

Paper Claims Address: Mail Administrator, P.O. Box 14115, Lexington, KY 40512-4115

Use CareFirst of Maryland, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

BlueLine: 410-581-3535/800-248-8410 / CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114

Maryland Point of Service (MPOS)



PRODUCT DESCRIPTION

In and out of network coverage:

In-network

- Members must use PPN facility and specialist.
- Members chooses PCP; name appears on ID card.
- PCP written referrals are required.

Out of network

- Members may see any provider.
- Members subject to deductible and coinsurance.
- Members not subject to balance billing if they see CFMI participating provider.

PROVIDER CONTRACT: CareFirst of Maryland, Inc. (CFMI)

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via BlueLine: 410-581-3535/
800-248-8410.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

PCP written referral required for all office-based specialty services. PCP and Specialist should fax referrals to 410-581-3535 or 1-800-248-8410.

Referrals generally valid for a maximum of three visits (unless longstanding) and for 120 days, unless otherwise specified by the PCP.

Members may self-refer for:

- OB/GYN
- Non-Routine vision
- Mental health/Substance abuse
- Lab/X-Ray
- PT, OT & ST require a prescription or requisition.

For more information, refer to the CareFirst Maryland Indemnity Manual on www.carefirst.com.

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst is secondary payer.

To determine if a service requires authorization, please call BlueLine: 410-581-3535/800-248-8410.

INPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed

- name and telephone number of the admitting physician or surgeon
- If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.
- Care Management - 866-PRE-AUTH.

LABORATORY AND RADIOLOGY

Practitioner must provide a written requisition/prescription.

Laboratory

- In-network – CFMI PPN participating
- Out-of-network – any non-participating CFMI PPN laboratory provider

Radiology

- In-network – CFMI PPN participating
- Out-of-network – any non-participating CFMI PPN radiology provider

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network - 800-245-7013.

* Not all members utilize Magellan for these services. Please refer to the member's ID card.

CLAIM SUBMISSION INFORMATION

Prefix: XW

Paper Claims Address: Mail Administrator, P.O. Box 14115, Lexington, KY 40512-4115

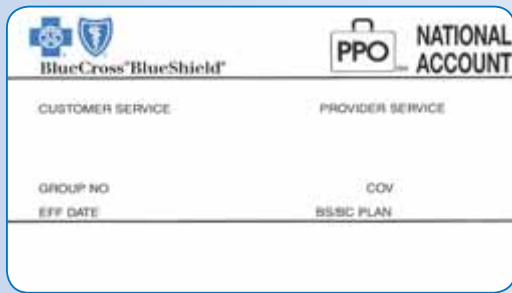
Use CareFirst of Maryland, Inc. provider number.

CLAIM STATUS AND AUTHORIZATION INQUIRY

BlueLine: 410-581-3535/800-248-8410 / CareFirst Direct via www.carefirst.com.

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114



PRODUCT DESCRIPTION

- National Account Business
- Prefixes and products vary

ELIGIBILITY AND BENEFITS

Verify eligibility and benefits via FirstLine for NCA: 800-842-5975 or BlueLine for MD: 800-248-8410.

CareFirst Direct via www.carefirst.com.

REFERRAL PROCESS

Referrals are not applicable with the exception of the Maryland Point of Service (MPOS) product. See the MPOS referral process guidelines.

AUTHORIZATION PROCESS

Plan authorization is required for select services even if CareFirst is secondary payer.

To determine if a service requires authorization, please call BlueLine: 410-581-3535/800-248-8410 or FirstLine: 202-479-6560/800-842-5975.

INPATIENT HOSPITAL SETTING Hospitals are required to obtain authorization. Admitting physician must contact the hospital at least five days prior to elective admission or outpatient procedure. In addition, must provide the hospital with the following:

- diagnosis code
- CPT code and description for procedure being performed
- name and telephone number of the admitting physician or surgeon

If a procedure can be considered cosmetic, experimental or investigational, physician is advised to refer to the Medical Policy Reference Manual via www.carefirst.com. Contact Care Management before calling the hospital to schedule procedure.

Care Management - 866-PRE-AUTH.

NOTE: Some NASCO groups use the care management services of other companies. Call CareFirst at 866-PRE-AUTH, we can assist with contact information.

LABORATORY AND RADIOLOGY

Practitioner must provide a written requisition/prescription.

Laboratory

- In-network – CareFirst participating
- Out-of-network – any non-participating laboratory provider

Radiology

- In-network – CareFirst participating
- Out-of-network – any non-participating radiology provider

MENTAL HEALTH & SUBSTANCE ABUSE

Inpatient and outpatient.

Members may self-refer to Magellan Health Services network 800-245-7013.

* Not all members utilize Magellan for these services. Please refer to the member's ID card.

CLAIM SUBMISSION INFORMATION

Prefix: VARIES

Paper Claims Address: CareFirst BlueCross BlueShield, Mail Administrator, P.O. Box 14115, Lexington, KY 40512-1415

CLAIM STATUS AND AUTHORIZATION INQUIRY

NCA:

FirstLine: 202-479-6560/800-842-5975

MD:

BlueLine: 410-581-3535/800-248-8410

CareFirst Direct via www.carefirst.com

CORRESPONDENCE ADDRESS

Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114



www.carefirst.com

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