

# BlueLine Reference Card

## Institutional



410-581-3535/1-800-248-8410 Enter Provider Type 1 – Enter 8-Digit Rendering Number – Then Select:

### BlueLine Main Menu Options

#### To check Eligibility Press 1

- 1** Verify birthdate
- 2** Verify group number
- 3** Coverage and waiting periods
  - 1** Overview
  - 2** Abbreviated
- 4** Coordination of Benefits

#### To check Benefits Press 2

- |                          |                                   |
|--------------------------|-----------------------------------|
| <b>1</b> Maternity       | <b>10</b> OP Psychiatric          |
| <b>2</b> Ambulance       | <b>11</b> IP Substance Abuse      |
| <b>3</b> Hospice         | <b>12</b> OP Substance Abuse      |
| <b>4</b> Homecare        | <b>13</b> IP Med/Surg             |
| <b>5</b> Well child care | <b>14</b> OP Med/Surg             |
| <b>6</b> Abortion        | <b>15</b> OP Physical Therapy     |
| <b>7</b> Sterilization   | <b>16</b> OP Occupational Therapy |
| <b>8</b> Diagnostic      | <b>17</b> DME                     |
| <b>9</b> IP Psychiatric  | <b>19</b> Free Form (see back)    |

#### To check the Status of Claims or Authorizations Press 3

- 1** Claims overview
- 2** Claims detail
- 3** Inpatient authorizations
- 4** Other authorizations

#### To check Deductible, Stop Loss, Out-of-Pocket Press 4

- 1** Deductible met to date
- 2** Stop Loss/ Out-of-pocket met to date

#### For Cost Containment Press 5

- 1** Second surgical opinion
- 2** Treatment plan requirements
- 3** Admission review programs
- 4** Case management
- 5** Mental health management

#### For Combinations Press 6

- 1** Abbreviated eligibility, benefits, deductible
- 2** Abbreviated eligibility, benefits
- 3** Coverage overview, deductible, cost containment
- 4** Abbreviated eligibility, benefits, deductible, second surgical opinion

#### For Billboard Press 7

Listen to the menu and choose the option you wish to hear. These options are occasionally changed to meet current needs.

### Menu Prompts

#### Provider Types

- 1** Institutional
- 2** Pharmacy
- 3** Dental
- 4** Professional
- 5** Routine Vision

#### Sex/Relationship Codes

- 1** Male Subscriber
- 2** Male Spouse
- 3** Male Dependent
- 4** Female Subscriber
- 5** Female Spouse
- 6** Female Dependent

#### Star Commands

- \*1** Change provider number
- \*2** Repeat information
- \*3** Save patient information, change menu options
- \*4** Change patient information, same menu option
- \*5** Instructions
- \*7** Terminate the call
- \*8** Return to previous menu
- \*0** Transfer to a Service Rep.

#### Alphabetic Conversions To enter a letter, press:

- |         |         |         |
|---------|---------|---------|
| a = *21 | j = *51 | s = *74 |
| b = *22 | k = *52 | t = *81 |
| c = *23 | l = *53 | u = *82 |
| d = *31 | m = *61 | v = *83 |
| e = *32 | n = *62 | w = *91 |
| f = *33 | o = *63 | x = *92 |
| g = *41 | p = *71 | y = *93 |
| h = *42 | q = *72 | z = *94 |
| i = *43 | r = *73 |         |

**For example:** To enter membership number R99999999, press \*7399999999# To enter provider number XB99, press \*92\*2299#

#### Entering Dates

Use 8 digits in MMDDCCYY format. For January 1, 1999 enter 01011999. BlueLine will accept a date that is no more than 6 months into the future only for authorization inquiries.

*Information provided by BlueLine does not constitute an approval of benefits*

You need the patient's CareFirst BlueCross BlueShield membership number (do not enter the three letter prefix), sex/relationship code, birthdate, date of service (enter the date of your call if no service yet rendered).

# Free Form Benefit Option 19 Instructions:

Press 2 for benefits, 19# then one of the benefit numbers listed below followed by the # sign.

## Outpatient Medical

24	Surgery, Ambulatory Center
37	Surgery, General, Outpatient
58	Medical Visits, Outpatient
62	Well Child Care, Outpatient
66	Adult Physical, Outpatient
68	GYN Exam, Routine, Outpatient
79	Emergency Medical, Follow-up, Outpatient
82	Emergency Medical, Outpatient
84	Emergency Accident, Outpatient
85	Emergency Accident, Follow-up, Outpatient
121	Medical Ancillaries, Outpatient
219	Emergency Medical Ancillaries, Outpatient
220	Emergency Accident Ancillaries, Outpatient
222	Adult Physical, Ancillaries
224	Well Child Care, Ancillaries
238	Maternity, Outpatient
239	Maternity, Pre and Post Natal Care

## Diagnostic

32	Lab, Pap Smear, Routine
33	Mammography, Routine, Outpatient
47	Radiology, Inpatient
48	Radiology, Outpatient
49	CAT Scan, Outpatient
52	Pre-admission Testing, Radiology
88	Pre-admission Testing
90	Machine Test, Inpatient
91	Machine Test, Outpatient
129	Pre-admission Testing, Lab
132	Lab, Inpatient
133	Lab, Outpatient
217	MRI, Outpatient
233	Maternity, Diagnostic, Outpatient
240	Maternity, Diagnostic, Inpatient

## Therapy

103	Chemotherapy, Inpatient
104	Chemotherapy, Outpatient
106	Physical Therapy, Inpatient
107	Physical Therapy, Outpatient
109	Radiation Therapy, Inpatient
110	Radiation Therapy, Outpatient
112	Occupational Therapy, Inpatient
113	Occupational Therapy, Outpatient
115	Speech Therapy, Inpatient
116	Speech Therapy, Outpatient
194	Speech Therapy, Cleft Lip/Palate, Outpatient
226	Photochemotherapy
279	Emergency Accident, Physical Therapy

## Psychiatric/Alcohol/Substance Abuse

2	Alcohol Rehabilitation, Ancillaries, Inpatient
3	Drug Rehabilitation, Ancillaries, Inpatient
4	Psychiatric Room, Inpatient
16	Alcohol Rehabilitation, Inpatient
17	Alcohol Rehabilitation, Outpatient
18	Drug Rehabilitation, Inpatient
19	Drug Rehabilitation, Outpatient
20	Alcohol, Detoxification, Inpatient
98	Psychiatric, Outpatient
100	Psychiatric, Halfway House
101	Psychiatric, Day/Night

## Psychiatric/Alcohol/Substance Abuse *continued*

118	Psychiatric, Ancillaries, Inpatient
173	Alcohol/Drug, Additional Benefit
196	Psychiatric, Private Room, Inpatient
198	Alcohol, Detoxification, Private Room, Inpatient
210	Psychiatric, Group
236	Drug Detoxification, Inpatient
237	Drug, Detoxification, Private Room, Inpatient
270	Psychiatric, Inpatient, Additional Benefit
314	Substance Abuse, Day/Night

## Inpatient Medical

1	Medical/Surgical, Specialty Room, Inpatient
5	Medical/Surgical, Room, Inpatient
6	Observation Admission, Inpatient
7	Non-medical/Custodial Admission, Inpatient
8	Diagnostic Admission, Inpatient
9	Medical Rehabilitation Admission, Inpatient
10	Medical/Surgical, Ancillaries, Inpatient
197	Medical/Surgical, Private Room, Inpatient
263	Maternity, Ancillaries, Inpatient
264	Maternity, Private Room, Inpatient
265	Maternity, Room, Inpatient
266	Maternity, Specialty Room, Inpatient
284	Chronic Rehabilitation, Inpatient
301	Renal Dialysis, Inpatient
311	Newborn Nursery, Inpatient

## Miscellaneous

11	Nursing Home, Non-Medical/Custodial
12	ECF/SNF Room, Medical Surgical
13	ECF/SNF Room, Non-Medical/Custodial
14	ECF/SNF Room, Rehabilitation
15	ECF/SNF Room, Psychiatric
75	Hyperbaric Oxygen
78	Home Hemophilia Supplies
120	Cardiac Rehabilitation, Outpatient
138	Blood, Whole, If Not Replaced
139	Blood, Derivatives/Plasma
140	Hospice Care
152	Home Health Care
175	Home Health Care, Nurses Aide
203	Organ Transplant
204	Organ Transplant, Transportation
205	Renal Dialysis
206	Durable Medical Equipment, Purchase
207	Integrated Case Management / Integrated Health Management
211	Hospice, Bereavement
212	Hospice, Family Counseling
221	Durable Medical Equipment, Rental
234	In vitro Fertilization
235	Artificial Insemination
272	Medicare Additional Days
275	Lifetime Reserve Days
296	Medical Rehabilitation, Outpatient
298	Nutritional Counseling, Outpatient
300	Family Planning, Outpatient
302	Infusion Therapy, Outpatient
307	Prosthetics, Orthotics, In- and Outpatient
308	Birthing Centers
312	Home Maternity Visit
313	Ambulance, In- and Outpatient