

## CONTACT INFORMATION

### ELIGIBILITY/BENEFITS VERIFICATION CLAIM INQUIRIES

Accessible via the Patient Registration tab of Availity.

### CLAIM STATUS INQUIRIES

Accessible via the Claims and Payments tab of Availity.

**IVR for Eligibility & Benefits and Claims:**  
**866.688.2242**

**Capital Blue Cross Provider Service:**  
**866.688.2242**

**Capital Blue Cross Employee Claims**  
**866.987.4288**

**Federal Employee Program (FEP)**  
**800.344.5446**

Services being performed and billed by a doctor, please call: **866.763.3608**.

**Pharmacy Benefits/Formulary**  
**866.688.2242**

### PRIOR AUTHORIZATION: PHARMACY Commercial Members

Medications covered under the member's pharmacy benefit  
**CoverMyMeds.com**

### Medications Covered Under the Member's Medical Benefit

Authorizations completed via the ProAuth preauthorization tool accessible via the Patient Registration tab of Availity.

**Prior Authorization for Medicare  
Advantage Members (pharmacy  
and medical) **CoverMyMeds.com****

### PROVIDER ENGAGEMENT CONSULTANTS

Contact assigned Provider Engagement Consultant. **If unknown, use the Provider Engagement Consultant Lookup Tool available on the Provider page of **CapitalBlueCross.com**.**

### PROVIDER AUTOMATION CONSULTANTS

Contact assigned Provider Automation Consultant. **If unknown, contact **800.874.8433, option 4.****

### ELECTRONIC TRANSACTIONS AND EFT

(Including registration and account changes) Accessed via the Provider Maintenance Application of Availity.

### REFERRAL NOTIFICATION

Accessible via the Patient Registration tab of Availity.

**Fax Referral Notification**  
**800.929.0557**

**BlueCard®**  
**800.676.2583** (eligibility and benefits)  
**877.892.6298** (claim inquiries)

**Subro/OPL**  
Fax: **800.929.0557**

**Support Center for Web-Based Issues**  
**717.541.7200**

### PREAUTHORIZATION

**800.471.2242**

### Preauthorization Inquiry

Accessible via the Patient Registration tab of Availity.

### Fax

**717.540.2440** (for out-of-area, out-of-network, PT/OT treatment plans)

**717.540.2171** (letters of medical necessity [LMN])

**717.540.2230** (for hospital census)

**717.540.2171** (home healthcare form)

**866.805.4150** (specialty injectable form)

Note: Not all benefit designs include the preauthorization requirement. Please check the member's ID card and/or call Capital Blue Cross Member Services at **866.688.2242** to verify preauthorization requirements.

### Behavioral Health

Carelon Behavioral Health  
**866.322.1657**  
(Capital Blue Cross members)

**800.216.9748**  
(Keystone Health Plan® Central, BlueJourney PPO, BlueJourney HMO members)  
(TTY: **877.342.6815**)

Carelon Behavioral Health  
FEP PPO  
**800.356.7986**

Carelon ProviderConnect  
Portal Helpdesk  
**888.247.9311**

**e-supportservices@  
beaconhealthoptions.com**

Note: Check back of member's ID card to confirm phone number for preauthorization of behavioral health services.

### Imaging Procedures

Capital Blue Cross contracts with NIA Magellan for preauthorization of specific high-tech imaging procedures and radiation oncology† for PPO, POS, Keystone Health Plan Central, BlueJourney PPO, and BlueJourney HMO members. Providers may contact NIA from 8 AM to 8 PM (ET), Monday through Friday. National Imaging Associates, Inc.  
**888.203.1423**

\* Tiering exceptions apply to Medicare only.

† Includes members covered by TRA product(s).

# Quick Reference Guide


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## ID CARDS

Sample representing common elements and placement. Elements and placement may vary from this sample.  
Check back of card for additional information.

1. Plan logo (Capital Blue Cross or Keystone Health Plan® Central).  
2. Member name.  
3. Member ID, including prefix.  
4. PCP information, if applicable.  
5. Lab arrangements, if applicable; PCP phone number, if applicable.  
6. Member In Network and Out of Network Deductible and Out of Pocket amounts.  
7. Preauthorization printed here if benefit design requires preauthorization.  
8. Employer group number.  
9. Plan number.  
10. Copayment information, if applicable.  
11. Prescription coverage, if applicable.  
12. Suitcase printed here if BlueCard benefits apply. If suitcase has PPO inside, BlueCard PPO benefits apply.

**Capital**  **Keystone Health Plan® Central**  
Preauthorization HMO  
MEMBER NAME  
ID # YWV80000000000 Group # 00123456 Plan 361  
PROVIDER PRACTICE Primary Care Physician \$##  
Specialist Visit \$##  
Urgent Care \$##  
Emergency Room \$##  
After Hours \$##  
Lab TP \$##  
717-123-4567  
In Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Pocket Maximum: \$0.000 \$0.000 \$0.000  
RxBIN: 610455 RxPCN: CBC RxGrp: RXCAP  
Capital Blue Cross Dental  
Capital Blue Cross Vision


**Capital**  **CapitalBlueCross.com**  
Members have limited benefits outside the Capital Blue Cross service area.  
Claim Filing: Providers submit claims with local Blue Cross® and/or Blue Shield® Plan. When Medicare is primary, providers should submit claims to Medicare. If provider does not submit claims on your behalf, please visit CapitalBlueCross.com for claim filing forms and instructions.  
Coverage issued by Keystone Health Plan® Central, a subsidiary of Capital Blue Cross. Independent Licensees of the Blue Cross® Blue Shield® Association.  
Member Services: 1-800-660-7061  
Preauthorization: 1-800-471-2242  
Behavioral Health: 1-800-216-9748  
BCBS Global Care: 1-800-610-BLUE  
Dental: 1-800-613-2624  
GRD & GRD Plus: 1-800-613-2624  
Vision: 1-800-905-4102

Alternate plan logo to Keystone Health Plan Central




## ID CARD SAMPLES


### PPO

**Capital**  **MEMBER NAME** Preauthorization PPO  
ID # YWP80000000000 Group # 00123456 Plan 361  
Office Visit \$##  
Specialist Visit \$##  
Urgent Care \$##  
Emergency Room \$##  
717-123-4567  
In Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Pocket Maximum: \$0.000 \$0.000 \$0.000  
RxBIN: 610455 RxPCN: CBC RxGrp: RXCAP  
Capital Blue Cross Dental  
Capital Blue Cross Vision


### PPO Office Visit Plus

**Capital**  **MEMBER NAME** Preauthorization PPO  
ID # YWP80000000000 Group # 00123456 Plan 361  
Office Visit \$##  
Office Visit Plus - Total Care \$##  
Specialist Visit \$##  
Urgent Care \$##  
Emergency Room \$##  
717-123-4567  
In Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Pocket Maximum: \$0.000 \$0.000 \$0.000  
RxBIN: 610455 RxPCN: CBC RxGrp: RXCAP  
Capital Blue Cross Dental  
Capital Blue Cross Vision


### POS

**Capital**  **MEMBER NAME** Preauthorization POS  
ID # YWG80000000000 Group # 00123456 Plan 361  
PROVIDER PRACTICE Primary Care Physician \$##  
Specialist Visit \$##  
Urgent Care \$##  
Emergency Room \$##  
717-123-4567  
In Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Pocket Maximum: \$0.000 \$0.000 \$0.000  
RxBIN: 610455 RxPCN: CBC RxGrp: RXCAP  
Capital Blue Cross Dental  
Capital Blue Cross Vision


### HMO

**Capital**  **Keystone Health Plan® Central** Preauthorization HMO  
MEMBER NAME  
ID # YWV80000000000 Group # 00123456 Plan 361  
PROVIDER PRACTICE Primary Care Physician \$##  
Specialist Visit \$##  
Urgent Care \$##  
Emergency Room \$##  
After Hours \$##  
Lab TP \$##  
717-123-4567  
In Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Network Deductible: \$0.000 \$0.000 \$0.000  
Out of Pocket Maximum: \$0.000 \$0.000 \$0.000  
RxBIN: 610455 RxPCN: CBC RxGrp: RXCAP  
Capital Blue Cross Dental  
Capital Blue Cross Vision

### CHIP

**Capital**  **Keystone Health Plan® Central** Capital Care® 4 Kids Preauthorization HMO  
MEMBER NAME  
ID # YWV80000000000 Group # 00900006 Plan 361  
PROVIDER PRACTICE Primary Care Physician \$XX  
Urgent Care \$XX  
Emergency Room \$XXX  
717-123-4567 Lab TP  
RxBIN 610455 RxPCN PACAID  
Capital Blue Cross Dental  
Capital Blue Cross Vision

### PPO Choice

**Capital**  **MEMBER NAME** Preauthorization PPO Choice  
ID # YWP80000000000 Group # 00123456 Plan 361  
Office Visit (C1/C2) \$##/\$##  
Specialist Visit (C1/C2) \$##/\$##  
Urgent Care \$##  
Emergency Room \$##  
717-123-4567  
In Network Preferred Deductible: \$0.000 \$0.000 \$0.000  
Out of Network Preferred Deductible: \$0.000 \$0.000 \$0.000  
Out of Pocket Maximum: \$0.000 \$0.000 \$0.000  
RxBIN: 610455 RxPCN: CBC RxGrp: RXCAP  
Capital Blue Cross Dental  
Capital Blue Cross Vision

# Quick Reference Guide

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## ID CARD SAMPLES

### CareConnect

<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>CareConnect</b>
<b>ID # PAC800000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>\$\$\$</b>
<b>Deductible:</b>	Specialist Visit <b>\$\$\$</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>\$\$\$</b>
<b>In Network</b>	Emergency Room <b>\$\$\$</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	PROVIDER PRACTICE
<b>Deductible:</b>	717-123-4567
<b>Out of Pocket Maximum:</b>	Capital Blue Cross Dental
<b>RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP</b>	Capital Blue Cross Vision

### BlueJourney PPO

<b>Capital</b>	BlueJourney PPO
<b>MEMBER NAME</b>	Preauthorization
<b>ID # YWW800000000000</b>	Group # <b>00910002</b> Plan 361
<b>RxBIN 610455</b>	Office Visit <b>\$XX</b>
<b>RxGrp H3923</b>	Specialist Visit <b>\$XX</b>
	Urgent Care <b>\$XXX</b>
	Emergency Room
<b>RxBIN 610455</b>	RxPCN CAPD2
<b>RxGrp H3923</b>	ISSUER(80840) H3923-013
<b>MEDICARE ADVANTAGE   PPO</b>	Capital Blue Cross Dental
	Capital Blue Cross Vision
	MedicareRx Prescription Drug Coverage

### BlueJourney HMO

<b>Capital</b>	<b>Keystone</b>	BlueJourney HMO
<b>MEMBER NAME</b>	Preauthorization	
<b>ID # YWK800000000000</b>	Group # <b>00910001</b> Plan 361	
<b>PROVIDER PRACTICE</b>	Primary Care Physician <b>\$XX</b>	
	Specialist Visit <b>\$XX</b>	
	Emergency Room <b>\$XXX</b>	
717-123-4567	Lab TP	
<b>RxBIN 610455</b>	RxPCN CAPD	
<b>RxGrp H3962</b>	ISSUER(80840) H3962-001	
<b>MEDICARE ADVANTAGE   HMO</b>	Capital Blue Cross Dental	
	Capital Blue Cross Vision	
	MedicareRx Prescription Drug Coverage	

### Valley Advantage EPO

<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>EPO</b>
<b>ID # LUQ800000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>\$\$\$</b>
<b>Deductible:</b>	Specialist Visit <b>\$\$\$</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>\$\$\$</b>
<b>In Network</b>	Emergency Room <b>\$\$\$</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Valley Advantage EPO</b>	RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP
	Capital Blue Cross Dental
	Capital Blue Cross Vision

### Comprehensive

<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>Comprehensive</b>
<b>ID # YWC800000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>\$\$\$</b>
<b>Deductible:</b>	Specialist Visit <b>\$\$\$</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>\$\$\$</b>
<b>In Network</b>	Emergency Room <b>\$\$\$</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
	RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP
	Capital Blue Cross Dental
	Capital Blue Cross Vision

### Traditional

<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>Traditional</b>
<b>ID # YWB800000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>\$\$\$</b>
<b>Deductible:</b>	Specialist Visit <b>\$\$\$</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>\$\$\$</b>
<b>In Network</b>	Emergency Room <b>\$\$\$</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
	RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP
	Capital Blue Cross Dental
	Capital Blue Cross Vision

### Capital Blue Cross Dental

<b>Capital</b>	
<b>MEMBER NAME</b>	
<b>ID # 800000000000</b>	Group # <b>00123456</b> Plan 361
	Capital Blue Cross Dental

### Capital Blue Cross Vision

<b>Capital</b>	
<b>MEMBER NAME</b>	
<b>ID # 800000000000</b>	Group # <b>00123456</b> Plan 361
	Capital Blue Cross Vision

### Capital Advantage EPO

<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>EPO</b>
<b>ID # B7180000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>\$\$\$</b>
<b>Deductible:</b>	Specialist Visit <b>\$\$\$</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>\$\$\$</b>
<b>In Network</b>	Emergency Room <b>\$\$\$</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Capital Advantage EPO</b>	RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP
	Capital Blue Cross Dental
	Capital Blue Cross Vision

### Performance PPO

<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>Performance PPO</b>
<b>ID # PFX800000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>\$\$\$/###</b>
<b>Deductible:</b>	Specialist (Plus/Select) <b>###/###</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>###</b>
<b>In Network</b>	Emergency Room <b>###</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP</b>	Capital Blue Cross Dental
	Capital Blue Cross Vision

### PPO Choice Select


<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>PPO Choice Select</b>
<b>ID # JCP800000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>###/###</b>
<b>Deductible:</b>	Specialist Visit <b>###/###</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>###/###</b>
<b>In Network</b>	Emergency Room <b>###/###</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP</b>	Capital Blue Cross Dental
	Capital Blue Cross Vision

### BlueHPN


<b>Capital</b>	
<b>MEMBER NAME</b>	Preauthorization <b>EPO</b>
<b>ID # YWE800000000000</b>	Group # <b>00123456</b> Plan 361
<b>In Network Preferred</b>	Office Visit <b>###</b>
<b>Deductible:</b>	Specialist Visit <b>###</b>
<b>Out of Pocket Maximum:</b>	Urgent Care <b>###</b>
<b>In Network</b>	Emergency Room <b>###</b>
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Out of Network</b>	
<b>Deductible:</b>	
<b>Out of Pocket Maximum:</b>	
<b>Blue High Performance Network</b>	RxBIN: 610455 RxCPCN: CBC RxGrp: RXCAP
	Capital Blue Cross Dental
	Capital Blue Cross Vision

## ID CARD SAMPLES


### Capital Blue Cross | WellSpan Health Advantage PPO

<b>Capital</b> 		Capital Blue Cross   WellSpan Health Advantage PPO	
<b>MEMBER NAME</b>		Preauthorization <input type="checkbox"/>	
<b>ID # YWW80000000000</b>		Care management provided by WellSpan Health	
		<b>Group # 00123456</b>	Plan 361
		Office Visit	\$XX
		Specialist Visit	\$XX
		Emergency Room	\$XXX
RxBin	610455	RxPCN	CAPD2
RxGrp	H3923	ISSUER(80840)	H3923-029
MEDICARE ADVANTAGE <b>PPO</b> Capital Blue Cross Dental Capital Blue Cross Vision		MA <b>PPO</b> MedicareRx Prescription Drug Coverage	


### Capital Blue Cross | WellSpan Health AdvantagePlus PPO

<b>Capital</b> 		Capital Blue Cross   WellSpan Health AdvantagePlus PPO	
<b>MEMBER NAME</b>		Preauthorization <input type="checkbox"/>	
<b>ID # YWW80000000000</b>		Care management provided by WellSpan Health	
		<b>Group # 00123456</b>	Plan 361
		Office Visit	\$XX
		Specialist Visit	\$XX
		Emergency Room	\$XXX
RxBin	610455	RxPCN	CAPD2
RxGrp	H3923	ISSUER(80840)	H3923-030
MEDICARE ADVANTAGE <b>PPO</b> Capital Blue Cross Dental Capital Blue Cross Vision		MA <b>PPO</b> MedicareRx Prescription Drug Coverage	


### Capital Blue Cross | WellSpan Health Inspire HMO

<b>Capital</b> 		Capital Blue Cross   WellSpan Health Inspire HMO	
<b>MEMBER NAME</b>		Preauthorization <input type="checkbox"/>	
<b>ID # YWK80000000000</b>		Care management provided by WellSpan Health	
		<b>Group # 00123456</b>	Plan 361
PROVIDER PRACTICE		Primary Care Physician	\$XX
717-123-4567		Specialist Visit	\$XX
		Emergency Room	\$XXX
RxBin	610455	RxPCN	CAPD
RxGrp	H3962	ISSUER(80840)	H3962-021
MEDICARE ADVANTAGE <b>HMO</b> Capital Blue Cross Dental Capital Blue Cross Vision		MA <b>HMO</b> MedicareRx Prescription Drug Coverage	


### Capital Blue Cross Medicare Advantage PPO

<b>Capital</b> 			
<b>MEMBER NAME</b>		Preauthorization	
<b>ID # YWW80000000000</b>		<b>Group # 00910002</b> Plan 361	
		Office Visit	\$XX
		Specialist Visit	\$XX
		Emergency Room	\$XXX
RxBIN:	610455	RxPCN:	CAPD2
RxGrp:	H3923	ISSUER(80840)	H3923-XXX
MEDICARE ADVANTAGE <b>PPO</b> Capital Blue Cross Dental Capital Blue Cross Vision		MA <b>PPO</b> MedicareRx Prescription Drug Coverage	

### Capital Blue Cross Medicare Advantage HMO

<b>Capital</b> 		<b>Keystone</b> Health Plan Central	
<b>MEMBER NAME</b>		Preauthorization	
<b>ID # YWK80000000000</b>		<b>Group # 00910001</b> Plan 361	
PROVIDER PRACTICE		Primary Care Physician	\$XX
717-123-4567		Specialist Visit	\$XX
		Emergency Room	\$XXX
RxBIN:	610455	RxPCN:	CAPD
RxGrp:	H3962	ISSUER(80840)	H3962-XXX
MEDICARE ADVANTAGE <b>HMO</b> Capital Blue Cross Dental Capital Blue Cross Vision		MA <b>HMO</b> MedicareRx Prescription Drug Coverage	

### Capital Blue Cross | WellSpan Health Value PPO

<b>Capital</b> 		Capital Blue Cross   WellSpan Health Value PPO	
<b>MEMBER NAME</b>		Preauthorization <input type="checkbox"/>	
<b>ID # YWW80000000000</b>		Care management provided by WellSpan Health	
		<b>Group # 00910002</b>	Plan 361
		Office Visit	\$XX
		Specialist Visit	\$XX
		Emergency Room	\$XXX
RxBIN:	610455	RxPCN:	CAPD2
RxGrp:	H3923	ISSUER(80840)	H3923-XXX
MEDICARE ADVANTAGE <b>PPO</b> Capital Blue Cross Dental Capital Blue Cross Vision		MA <b>PPO</b> MedicareRx Prescription Drug Coverage	

CapitalBlueCross.com



On behalf of Capital Blue Cross, National Imaging Associates, Inc. (NIA), a subsidiary of Magellan Healthcare, Inc., assists in the administration of radiology and radiation oncology benefits. NIA and Magellan Healthcare are an independent companies.

CHIP is issued by Keystone Health Plan Central through contracts with the Commonwealth of Pennsylvania.

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