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During this challenging and unprecedented event, CareFirst wants to keep you informed of the benefit updates we are making to ensure our members, your patients, have access to the care they need.

Billing and Submitting Claims for COVID-19 Vaccines

CareFirst members will pay \$0 for any authorized COVID-19 vaccine. Providers will be reimbursed by CareFirst for administration of a vaccine. The vaccine is paid for by the federal government. Providers should not submit claims for the cost of the vaccine.

Submit claims for administration of the vaccine using the appropriate code(s).

Manufacturer	First Dose Administration CPT	Second Dose Administration CPT
Pfizer	0001A	0002A
Moderna	0011A	0012A
Janssen (Johnson & Johnson)	0031A	n/a

Providers who administer a COVID-19 vaccine for a Medicare Advantage member will need to bill Medicare directly for those costs.

Billing and Submitting Commercial Claims for Coronavirus Treatment

CareFirst is waiving cost sharing (copays, coinsurance and deductibles) for in-network or out-of-network visits to a provider's office, lab fees or treatments related to COVID-19. Though CareFirst is waiving out-of-pocket costs, members may experience balance billing from out-of-network providers.

Providers should **not collect copays for these services**. If a member does owe a copay or coinsurance after the claim is processed, you can bill the member as you do for all other claims.

Billing and Submitting Medicare Advantage Claims for Coronavirus Treatment

CareFirst is waiving cost sharing (copays, coinsurance and deductibles) for in-network or out-of-network visits to a provider's office for treatments related to COVID-19.

Submit claims (Professional/Facility) with U07.1 (COVID-19) or J12.82 (Pneumonia due to coronavirus disease) as the primary diagnosis.

Cost share will also be waived when certain diagnosis codes for obstetrics, sepsis, or transplant complications are listed as primary with U07.1 or J12.82 as secondary


Submitting Commercial Claims for Office Visits, Urgent Care or ER Visits

Submit claims for office visits, urgent care, or ER visits for the purpose of diagnosing or ordering testing for COVID-19 using ICD-10 primary diagnosis code of Z20.828 regardless of the place of service. Use the following ICD-10 reporting codes for billing COVID-19 treatment:

- Treatment of coronavirus- use code U07.1 as primary diagnosis code
- Treatment of comorbidity symptoms should be submitted with the appropriate diagnosis code

For cases where there was a concern about a possible exposure to COVID-19, but was ruled out after evaluation, submit claims using ICD-10 primary diagnosis code of Z03.818.

Claims for asymptomatic individuals who are being screened for COVID-19, have no known exposure to the virus, and the test results are either unknown or negative, should be submitted using ICD-10 primary diagnosis code Z11.59.

For more information on claims reporting view the CDC's [ICD-10-CM Official Coding and Reporting Guidelines](#) .

Submitting Medicare Advantage Claims for Office Visits, Urgent Care or ER Visits

Submit claims for office visits, urgent care, or ER visits for the purpose of treating COVID-19 using ICD-10 primary diagnosis code of U07.1 regardless of the place of service. J12.82 should be used when treating patients who have pneumonia due to COVID-19.

Submitting Testing Claims

We cover Emergency Use Authorization (EUA) approved COVID-19 tests. The chart below provides information for submitting claims for our commercial members. Medicare Advantage information is coming soon.

COVID-19 Test	Date of Service	Code(s)
Standard Diagnostic COVID-19 Testing	On or after February 4, 2020	HCPCS code U0002
	On or after March 13, 2020	CPT 87635
Standard Diagnostic COVID-19 Testing Combined with Flu A and B	On or after October 6, 2020	HCPCS code 0240U CPT code 87636
Standard Diagnostic COVID-19 Testing Combined with Flu A and B and RSV	On or after October 6, 2020	HCPCS code 0241U CPT code 87637
High Throughput Diagnostic Testing	On or after April 14, 2020	HCPCS codes U0003 or U0004
Serology/Antibody Testing Antibody tests must be on the EUA list, be ordered by the patient's provider, be medically necessary and have a high likelihood of impacting clinical decision making.	On or after April 11, 2020	CPT codes 86328 or 86769
Rapid Antigen Testing Practices must have a Clinical Laboratory improvement Amendments Certificate of Waiver to conduct rapid antigen tests when the test is administered.	On or after June 25, 2020	CPT code 87426
Direct Visual Antigen.	On or after August 18, 2020	CPT code 87811
Proprietary Lab Analysis Diagnostic Testing for Detecting COVID-19.	On or after October 6, 2020	HCPCS code 0225U
Monoclonal Antibody Infusion code (Covered for all qualified in-network providers. prior authorization is not required).	On or after November 10, 2020	HCPCS codes: M0239 (bamlanivimab-xxxx)
	On or after November 21, 2020	M0243 (casirivimab and imdevimab)

Billing for Home Births

Home birth services are covered for our commercial members when the member has maternity coverage. When billing for home deliveries, use place of service code 12 and refer to the provider guidelines in the Global Maternity Care Medical Policy (4.0.1.66A) for procedure coding guidance.

Lab Services for Commercial Members

For the duration of this public health emergency, CareFirst has expanded the scope of our contracted lab partners to support access to testing as it becomes available. As part of this expansion, providers and BlueChoice members are not limited to using LabCorp for COVID-19 testing. COVID-19 tests may be sent to any lab contracted with CareFirst authorized to perform the testing, including hospital-based labs. We also cover CPT Proprietary Laboratory Analysis codes 0224U and 0223U.