

PriorityActions

FOR PROVIDERS

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Welcome to our biweekly PriorityActions for providers, where you'll receive important information to help you work with us and care for our members.

May 15, 2025
Issue #3.10

You're receiving this email because you're a part of an Accountable Care Network (ACN) or Provider Organization (PO) with us. Please share relevant information with your provider groups and practices. Your Provider Network Management specialist remains your primary contact for support.

BILLING AND PAYMENT

New and updated billing policies are now available

We publish billing policies to offer transparency and help providers bill claims more accurately to reduce delays in processing claims, as well as avoid rebilling and additional requests for information.

The following billing policies were recently published to or updated in our Provider Manual.

Note: If the effective date is listed as N/A, the policy represents our current system set up and/or expectations for transparency. There are either no changes for you as the policy is already in effect **or** the policy was recently shared with the network and we're implementing a clinical edit in alignment with the policy's language.

Policy	New or updated	Description	Effective date
Add-on codes	New	This new policy is complementary to our General Coding policy, providing additional detail for add-on code billing.	N/A
Concierge medicine	New	This new policy outlines our current rules for concierge medicine / concierge care, for transparency.	N/A
Condition codes	Updated	<p>Added “Related denial language” section to include prism denial explanation code “y04 – Invalid condition code.” You’ll soon start to see this clinical edit applied to claims when an invalid condition code is used.</p> <p>Note: You can see exactly why a claim denied in prism – including the explanation code, details and rationale. Here’s how .</p>	N/A
General coding	Updated	Added “Related denial language” section to include prism denial explanation code “pf9 – Add-on procedure submitted w/o appropriate primary procedure.” You’ll soon start to see this clinical edit applied to claims.	N/A
Genetic testing, counseling, screening	Updated	Updated the title to match the associated medical policy (#91540) and added information specific to the new CPT code 96041 (medical genetics and genetic counseling services).	N/A

Policy	New or updated	Description	Effective date
Infusion services supplies	Update	Added “Frequencies” section.	July 15, 2025
Lab and pathology	Update	Added billing guidance for P9603 or P9604 (Travel allowance one way in connection with medically necessary laboratory specimen) – these should be coded with a specimen collection code. When coded without a specimen collection, code P9603 and P9604 will be denied.	July 15, 2025
Medicare Annual Wellness Visits	Update	Added “Related denial language” section to include prism denial explanation code “pf1 – Code previously billed / paid on fac claim.” You’ll soon start to see this clinical edit applied to claims.	N/A
Miscellaneous DME supplies	Updated	Updated with additional information found in CMS LCD / LCAs including a chart with billing frequency limits that are based on MDHHS guidelines.	July 15, 2025
Partial Hospitalization Program (PHP)	Updated	Updated to include a frequency of one per day for revenue code 0912, to support transparency for a clinical edit that’s been in place since 2019.	N/A
Professional status indicators	Updated	Added “Exceptions” section with exception information for status indicator B and information specific to new CPT code 96041 (medical genetics and genetic counseling services).	N/A

REQUIREMENTS AND RESPONSIBILITIES

May 2025 medical policy updates

Our Medical Affairs Committee (MAC), comprised of Priority Health network physicians, met in May and approved a series of medical policy updates. Below is a list of the policies that were updated. For a breakdown of the changes made to each policy, see the [medical policy changes page](#) in our Provider Manual.

- Autologous Chondrocyte Implant / Meniscal Allograft / Osteochondral Replacement (#91443)
- Capsule Endoscopy (#91476)
- Carotid and Intracranial Artery Stenting (#91495)
- Colorectal Cancer Screening (#91547)
- Cosmetic and Reconstructive Surgery Procedures (#91535)
- Enteral Nutrition Therapy (#91278)
- High Intensity Focused Ultrasound (#91601)
- Implantable Heart Failure Monitors (#91610)
- Intraoperative Neurophysiological Monitoring (#91646)
- Osteoarthritis of the Knee (#91571)
- Palliative Care (#91558)
- Speech Therapy (#91336)
- Stem Cell or Bone Marrow Transplantation (#91066)
- Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT) (#91127)
- Termination of Pregnancy (#91000)
- Thermal Capsulorrhaphy (#91551)
- Transcatheter Closure of Septal Defects (#91528)
- Ventricular Assist Devices and Artificial Hearts (#91509)

AUTHORIZATIONS

New DME authorization requirement for Q0508, effective July 15

Effective July 15, 2025, we'll require prior authorization for HCPCS code Q0508 – used for miscellaneous supplies or accessories used with an implanted ventricular assist device (VAD) –when exceeding our standard DME thresholds:

- Over \$1,000 for commercial and Medicare plans

- Over \$500 for Medicaid plans

Prior authorization will be submitted in GuidingCare, accessed through [prism's authorizations request tool](#) (login required).

PRIORITY HEALTH

Get our spring Physician and Practice News Digest and our Medicare/Medicaid Quality newsletter

Our [spring 2025 Physician and Practice News Digest](#) and our [Medicare/Medicaid Quality newsletter](#) are here.

We send these newsletters to our ACN contacts and all providers with a prism account who have opted in to receive our communications. They include our latest news and updates and share information and ideas to help our providers work with us and provide the best care for our members.

Did you miss last quarter's newsletters?

You can find our previous newsletters in our [Provider news archive](#) (behind login).

Questions?

Connect with your Provider Network Management specialist, [Robert Everett III](#).

Access an archive of our PriorityActions for providers emails [here](#).



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