

NO. 91503-R10

BLOOD PRESSURE MONITORS & AMBULATORY BLOOD PRESSURE MONITORING

Effective date: 03/01/2026**Last reviewed:** 02/2026

Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Related policies:

- Durable Medical Equipment # 91110

SUMMARY OF CHANGES – R10**Additions:**

- New Policy scope section
- New Medical/Professional Society Guidelines section
- New Government Regulations section listing applicable CMS NCDs or LCDs
- New FDA/Regulatory section

Deletions:

- HBPM: Removed "only devices approved by Priority Health will be covered"
-

I. MEDICAL NECESSITY CRITERIA**A. HOME BLOOD PRESSURE MONITORS****1. FOR COMMERCIAL MEMBERS:**

Home Blood Pressure Monitors (HBPM) are covered for members (fully funded and self-funded) when all of the following are met:

- a. HBPM prescribed by physician.
- b. HBPM provided by participating **Durable Medical Equipment (DME)** vendor or pharmacy with applicable benefit applied.
- c. Devices must meet the following:
 - i. Arm devices only
 - ii. Correct cuff size must be assessed and provided by vendor
 - iii. One device covered per 5 years

2. FOR MI MEDICAID/HEALTHY MICHIGAN PLAN MEMBERS:

Blood pressure monitors (manual or automatic) may be considered medically necessary when the criteria specified in the current [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#) are met.

B. AMBULATORY BLOOD PRESSURE MONITORING – 24 HOUR

Ambulatory Blood Pressure Monitoring (ABPM) is medically necessary for the following:

- 1. Assessing patients with suspected white coat hypertension or masked hypertension.
 - a. Suspected white coat hypertension is defined as:
 - i. Office blood pressure >130/80 mm Hg on at least 2 separate clinic/office visits with 2 separate measurements made at each visit;
 - ii. At least two documented blood pressure measurements taken outside the office which are <130/80 mm Hg; and
 - iii. No evidence of end-organ damage.
 - b. Suspected masked hypertension is defined as:
 - i. Average office blood pressure between 120 mm Hg - 129 mm Hg for systolic blood pressure or between 75 mm Hg - 79 mm Hg for diastolic blood pressure on 2 separate clinic/office visits with at least 2 separate measurements made at each visit; and
 - ii. At least 2 blood pressure measurements taken outside the office which are ≥130/80 mm Hg.
- 2. Assessing hypertension resistant to increasing medications

Monitoring for members who fail to achieve recommended blood pressure target despite concurrent use of 3 anti-hypertensive agents of different classes (e.g., calcium channel blocker, a blocker of the renin-angiotensin system (angiotensin-converting enzyme inhibitor or angiotensin receptor blocker), and a diuretic; or require ≥4 medications to achieve targeted blood pressure.

- 3. Assessing suspected episodic hypertension

- a. Assessing the presence of nocturnal hypertension
 - b. Monitoring symptomatology suggestive of episodic hypertension secondary to a suspected adrenal tumor (e.g., pheochromocytoma).
4. Evaluation of postural, postprandial, and drug-induced hypotension (e.g., assessing hypotensive symptoms while taking antihypertensive medications).
 5. ABPM is not a covered benefit for any other indications.

Note: ABPM is not covered for Priority Health Medicaid or Healthy Michigan Plan members.

Medicare Advantage members should refer to their Evidence of Coverage (EOC) for benefits details about ABPM.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
Ambulatory Blood Pressure Monitoring 20.19	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	None identified
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

III. BACKGROUND

In 2017 American College of Cardiology/American Heart Association (ACC/AHA) Guidelines defines hypertension as an office BP reading of at least 130mm Hg systolic and 80mm Hg diastolic, with the corresponding 24 h ambulatory blood pressure (BP) readings being 125 mm Hg systolic and 75 mm Hg diastolic. The guidelines also

categorized BP as normal, elevated, and hypertension (stage 1 and stage 2), based on > 2 measurements on > 2 separate occasions (Wheaton, 2018).

White coat hypertension is characterized by elevated office BP but normal readings when measured outside the office with either ambulatory blood pressure monitors (ABPM) or home blood pressure monitors (HBPM). The prevalence of white coat hypertension is higher with increasing age, female versus male sex, nonsmoking versus current smoking status, and routine office measurement of BP by clinician observers versus unattended BP measurements (Franklin, 2016). In contrast, when a patient has a non-elevated BP reading in the office but elevated out-of-office BP reading, he/she is known to have masked hypertension (MH). ABPM and HBPM are better predictors of CVD risk due to elevated BP than are office BP measurement with ABPM being the preferred measurement option (Mancia, 2013; Shimbo, 2020; Shimbo, 2015(b); Stergiou, 2021; Weber, 2014).

BLOOD PRESSURE MONITORS

Home blood pressure monitors may include automated oscillometric devices or manual devices. Automated devices compute systolic and diastolic blood pressure values are through a specific algorithm. The validity and accuracy of the measurements may differ by device. Manual devices include a cuff, a bulb, a stethoscope, and a gauge. A manual unit may require assistance from a nurse, aide, or family member with applying the cuff appropriately and listening to the stethoscope to record the measurement. Patients are typically asked to obtain multiple readings over a limited time period, which are then shared with the clinician (Townsend, 2023).

AMBULATORY BLOOD PRESSURE MONITORING

Ambulatory blood pressure monitoring (ABPM) involves the use of a non-invasive fully automated device as an outpatient test to measure blood pressure (BP) in 24-hour cycles at frequent intervals during the day and night to determine the variability of a patient's BP. These 24-hour measurements are stored in the device and are later interpreted by the physician. ABPM can assess white coat hypertension or masked hypertension. Measuring BP with ABPM captures the effects of normal daily activities on blood pressure, provides information on the behavior of blood pressure during sleep, and provides a greater number of readings than can be obtained during a typical office encounter (Townsend, 2023). Evidence supports ABPM as the reference standard for confirming elevated office BP screening results to avoid misdiagnosis and overtreatment of persons with isolated clinic hypertension. A systematic review for the U.S. Preventive Services Task Force found that across 27 studies, 35% - 95% of persons with an elevated BP at screening remained hypertensive after nonoffice confirmatory testing. Cardiovascular outcomes in persons who were normotensive after confirmatory testing (isolated clinic hypertension) were similar to outcomes in those who were normotensive at screening. In 40 studies, hypertension incidence after rescreening varied considerably at each yearly interval up to 6 years. (Piper, 2015).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Heart Association (AHA)	Measurement of Blood Pressure in Humans: A Scientific Statement from the

	American Heart Association (March 4, 2019) Resistant Hypertension: Detection, Evaluation, and Management: A Scientific Statement From the American Heart Association (November 2018) Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement From the American Heart Association and American Medical Association (June 22, 2020) AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (August 14, 2025)
United States Preventive Services Task Force (USPSTF)	Final Recommendation Statement Hypertension in Adults: Screening (April 27, 2021)
International Society of Hypertension	International Society of Hypertension Global Hypertension Practice Guidelines (May 6, 2020)
European Society of Cardiology	2024 ESC Guidelines for the management of elevated blood pressure and hypertension (August 30, 2024)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See [U.S. Food & Drug Administration \(FDA\) Medical Device Databases](#) for the most current information.

Product Code	Device	Regulation Description
DXN	system, measurement, blood-pressure, non-invasive	Noninvasive blood pressure measurement system.
DXQ	blood pressure cuff	Blood pressure cuff.

VI. CODING

See also the following Priority Health Billing Policies:

- [Durable Medical Equipment \(DME\) Capped Rental – No. 110](#)

- [Durable Medical Equipment \(DME\) Repair and Replacement – No. 108](#)

BLOOD PRESSURE MONITORS

ICD-10 Codes that may support medical necessity:

I10	Essential (primary) hypertension
I11.0 – I11.9	Hypertensive heart disease
I12.0 – I12.9	Hypertensive chronic kidney disease
I13.0 – I13.2	Hypertensive heart and chronic kidney disease
I15.0 – I15.9	Secondary hypertension
I67.4	Hypertensive encephalopathy
I95.0 – I95.9	Hypotension
I97.3	Post procedural hypertension
O10.011 - O10.93	Pre-existing essential hypertension complicating pregnancy
O11.1 – O11.9	Pre-existing hypertension with pre-eclampsia
O13.1 – O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria
O14.00 - O14.03	Mild to moderate pre-eclampsia
O15.00 – O15.9	Eclampsia
O16.1 – O16.9	Unspecified maternal hypertension
O90.89	Other complications of the puerperium, not elsewhere classified
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
R03.1	Nonspecific low blood-pressure reading
R55	Syncope and collapse

CPT/HCPCS Codes

- A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
(covered for Medicaid only)
- A4663 Blood pressure cuff only *(covered for Medicaid only)*
- A4670 Automatic blood pressure monitor

AMBULATORY BLOOD PRESSURE MONITORING

Not covered for any dx for Medicaid.

The following procedures are covered for commercial for these diagnoses:

ICD-10 Codes:

I10	Essential (primary) hypertension
I15.2	Hypertension secondary to endocrine disorders
I15.9	Secondary hypertension, unspecified

- I95.0 Idiopathic hypotension
- I95.1 Orthostatic hypotension
- I95.2 Hypotension due to drugs
- I95.3 Hypotension of hemodialysis
- I95.81 Postprocedural hypotension
- I95.89 Other hypotension
- I95.9 Hypotension, unspecified
- G90.3 Multi-system degeneration of the autonomic nervous system
- R03.0 Elevated blood-pressure reading, without diagnosis of hypertension (*covered for Medicare*)

CPT/HCPCS Codes:

- 93784 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report
- 93786 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only.
- 93788 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report
- 93790 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.

- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

General

1. Automated ambulatory blood pressure devices and self-measured blood pressure monitoring devices: their role in the diagnosis and management of hypertension. American College of Physicians. *Ann Intern Med.* 1993 Jun 1;118(11):889-92. doi: 10.7326/0003-4819-118-11-199306010-00010. PMID: 8480963.
2. Carey RM, Calhoun DA, Bakris GL, Brook RD, Daugherty SL, Dennison-Himmelfarb CR, Egan BM, Flack JM, Gidding SS, Judd E, Lackland DT, Laffer CL, Newton-Cheh C, Smith SM, Taler SJ, Textor SC, Turan TN, White WB; American Heart Association Professional/Public Education and Publications Committee of the Council on Hypertension; Council on Cardiovascular and Stroke Nursing; Council on Clinical Cardiology; Council on Genomic and Precision Medicine; Council on Peripheral Vascular Disease; Council on Quality of Care and Outcomes Research; and Stroke Council. Resistant Hypertension: Detection, Evaluation, and Management: A Scientific Statement From the American Heart Association. *Hypertension.* 2018 Nov;72(5):e53-e90. doi: 10.1161/HYP.0000000000000084. PMID: 30354828; PMCID: PMC6530990.
3. Centers for Medicare and Medicaid Services. [NCD for Ambulatory Blood Pressure Monitoring \(20.19\)](#). Accessed December 18, 2024.
4. Franklin SS, Thijs L, Asayama K, Li Y, Hansen TW, Boggia J, Jacobs L, Zhang Z, Kikuya M, Björklund-Bodegård K, Ohkubo T, Yang WY, Jeppesen J, Dolan E, Kuznetsova T, Stolarz-Skrzypek K, Tikhonoff V, Malyutina S, Casiglia E, Nikitin Y, Lind L, Sandoya E, Kawecka-Jaszcz K, Filipovský J, Imai Y, Wang JG, O'Brien E, Staessen JA; IDACO Investigators. The Cardiovascular Risk of White-Coat Hypertension. *J Am Coll Cardiol.* 2016 Nov 8;68(19):2033-2043. doi: 10.1016/j.jacc.2016.08.035. PMID: 27810041.

5. McEvoy JW, McCarthy CP, Bruno RM, Brouwers S, Canavan MD, Ceconi C, Christodorescu RM, Daskalopoulou SS, Ferro CJ, Gerdtts E, Hanssen H, Harris J, Lauder L, McManus RJ, Molloy GJ, Rahimi K, Regitz-Zagrosek V, Rossi GP, Sandset EC, Scheenaerts B, Staessen JA, Uchmanowicz I, Volterrani M, Touyz RM; ESC Scientific Document Group. 2024 ESC Guidelines for the management of elevated blood pressure and hypertension. *Eur Heart J*. 2024 Oct 7;45(38):3912-4018. doi: 10.1093/eurheartj/ehae178. Erratum in: *Eur Heart J*. 2025 Apr 7;46(14):1300. doi: 10.1093/eurheartj/ehaf031. PMID: 39210715.
6. Muntner P, Shimbo D, Carey RM, Charleston JB, Gaillard T, Misra S, Myers MG, Ogedegbe G, Schwartz JE, Townsend RR, Urbina EM, Viera AJ, White WB, Wright JT Jr. Measurement of Blood Pressure in Humans: A Scientific Statement From the American Heart Association. *Hypertension*. 2019 May;73(5):e35-e66. doi: 10.1161/HYP.0000000000000087. PMID: 30827125; PMCID: PMC11409525. <https://www.ahajournals.org/doi/10.1161/HYP.0000000000000087>
7. Ostchega Y, Zhang G, Sorlie P, Hughes JP, Reed-Gillette DS, Nwankwo T, Yoon S. Blood pressure randomized methodology study comparing automatic oscillometric and mercury sphygmomanometer devices: National Health and Nutrition Examination Survey, 2009-2010. *Natl Health Stat Report*. 2012 Oct 5;(59):1-15. PMID: 24984529.
8. Piper MA, Evans CV, Burda BU, Margolis KL, O'Connor E, Whitlock EP. Diagnostic and predictive accuracy of blood pressure screening methods with consideration of rescreening intervals: a systematic review for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2015 Feb 3;162(3):192-204. doi: 10.7326/M14-1539. PMID: 25531400.
9. Shimbo D, Artinian NT, Basile JN, Krakoff LR, et al; American Heart Association and the American Medical Association. Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement From the American Heart Association and American Medical Association. *Circulation*. 2020 Jul 28;142(4):e42-e63. doi: 10.1161/CIR.0000000000000803. Epub 2020 Jun 22. Erratum in: *Circulation*. 2020 Jul 28;142(4):e64. PMID: 32567342.
10. Shimbo D, Abdalla M, Falzon L, Townsend RR, Muntner P. Role of Ambulatory and Home Blood Pressure Monitoring in Clinical Practice: A Narrative Review. *Ann Intern Med*. 2015 Nov 3;163(9):691-700. doi: 10.7326/M15-1270. Epub 2015 Oct 13. PMID: 26457954; PMCID: PMC4638406.
11. Shimbo D, Abdalla M, Falzon L, Townsend RR, Muntner P. Studies comparing ambulatory blood pressure and home blood pressure on cardiovascular disease and mortality outcomes: a systematic review. *J Am Soc Hypertens*. 2016 Mar;10(3):224-234.e17. Epub 2015 Dec 23. PMID: 26822864; PMCID: PMC4788568.
12. Staplin N, de la Sierra A, Ruilope LM, Emberson JR, et al. Relationship between clinic and ambulatory blood pressure and mortality: an observational cohort study in 59 124 patients. *Lancet*. 2023 Jun 17;401(10393):2041-2050. doi: 10.1016/S0140-6736(23)00733-X. Epub 2023 May 5. PMID: 37156250.
13. Stergiou GS, Palatini P, Parati G, O'Brien E, Januszewicz A, et al; European Society of Hypertension Council and the European Society of Hypertension Working Group

- on Blood Pressure Monitoring and Cardiovascular Variability. 2021 European Society of Hypertension practice guidelines for office and out-of-office blood pressure measurement. *J Hypertens*. 2021 Jul 1;39(7):1293-1302. PMID: 33710173.
14. Thomas G. Hypertension in adults: Blood pressure measurement and diagnosis. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Accessed on November 21, 2025)
 15. Townsend RR. Ambulatory blood pressure monitoring: Indications and procedure. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Accessed on November 21, 2025)
 16. US Preventive Services Task Force; Krist AH, Davidson KW, Mangione CM, Cabana M, Caughey AB, Davis EM, Donahue KE, Doubeni CA, Kubik M, Li L, Ogedegbe G, Pbert L, Silverstein M, Stevermer J, Tseng CW, Wong JB. Screening for Hypertension in Adults: US Preventive Services Task Force Reaffirmation Recommendation Statement. *JAMA*. 2021 Apr 27;325(16):1650-1656. doi: 10.1001/jama.2021.4987. PMID: 33904861.
 17. Weber MA, Schiffrin EL, White WB, Mann S, Lindholm LH, Kenerson JG, Flack JM, Carter BL, Materson BJ, Ram CV, Cohen DL, Cadet JC, Jean-Charles RR, Taler S, Kountz D, Townsend R, Chalmers J, Ramirez AJ, Bakris GL, Wang J, Schutte AE, Bisognano JD, Touyz RM, Sica D, Harrap SB. Clinical practice guidelines for the management of hypertension in the community a statement by the American Society of Hypertension and the International Society of Hypertension. *J Hypertens*. 2014 Jan;32(1):3-15. doi: 10.1097/HJH.000000000000065. PMID: 24270181.
 18. Writing Committee Members*; Jones DW, Ferdinand KC, Taler SJ, Johnson HM, Shimbo D, Abdalla M, Altieri MM, Bansal N, Bello NA, Bress AP, Carter J, Cohen JB, Collins KJ, Commodore-Mensah Y, Davis LL, Egan B, Khan SS, Lloyd-Jones DM, Melnyk BM, Mistry EA, Ogunniyi MO, Schott SL, Smith SC Jr, Talbot AW, Vongpatanasin W, Watson KE, Whelton PK, Williamson JD. 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2025 Sep 16;152(11):e114-e218. doi: 10.1161/CIR.0000000000001356. Epub 2025 Aug 14. Erratum in: *Circulation*. 2025 Nov 11;152(19):e403. doi: 10.1161/CIR.0000000000001396. PMID: 40811497.

Past review dates: 01/2005, 12/2005, 12/2006, 12/2007, 12/2008, 12/2009, 12/2010, 12/2011, 12/2012, 12/2013, 11/2014, 11/2015, 11/2016, 11/2017, 11/2018, 11/2019, 11/2010, 02/2020, 02/2022, 02/2023, 02/2024, 02/2025, 02/2026

AMA CPT Copyright Statement: All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.

