Priority Health

Coding connections

Provider tips for accurate billing and coding

November 2026

Priority Health coding quick reference

Our top denial prevention tips for providers

#1. u90 denials: Critical Care (99291)

CPT 99291 is based on the member's condition, not where care is provided.

- Use of the code requires:
  - Organ failure or organ system impairment
  - Risk of rapid deterioration
  - Complex medical decision-making
  - 30+ minutes of documented critical care time
- Documentation must show:
  - Organ failure or risk of decline
  - Critical care time
  - Physician interventions and decision-making

Common denial reason: Patient discharged home without evidence of critical illness

#2. u27 denials: 99214-25 with 99396/99397/G0439

Additional 99214-25 is **appropriate** when:

- A significant medical problem is evaluated
- Work is performed beyond the preventive visit

Additional 99214-25 is **not appropriate** when:

- Stable conditions are reviewed
- Only minor concerns are discussed
- Services are included in the preventive exam

Quick tip: Ask, "Would the E/M visit be needed without the preventive visit?" If not, modifier 25 may not be supported.

#3. Depo-Provera coding reminder

Correct coding is to use J1050 – Depo-Provera, not J3490 – Unclassified Drug.

Why it matters: Incorrect coding may cause:

- Denials
- Extra review
- Provider disputes

#4. CPT 71045

We're seeing recurring claims of 71045 with DX Z46.82 for tube/line positioning checks. To reduce inappropriate payments and unnecessary disputes, we recommend you:

- Review all Z46.82 claims before payment or dispute
- Don't bill or dispute when the x-ray was only used to confirm positioning

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