

# PriorityActions

FOR PROVIDERS

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[Priority Health](#)

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

Oct. 24, 2024  
Issue #2.20

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 Strategy & Solutions Consultant remains your primary contact for support.

## BILLING AND PAYMENT

### New and updated billing policies are available in our Provider Manual

We've posted several new and updated billing policies, which align to industry standards, to the Provider Manual.

#### Policies going into effect Dec. 23, 2024

The following policies and policy updates will go into effect on Dec. 23, 2024. Below are links and a high-level overview of each policy. Please see each policy for specific billing, coding and reimbursement details.

#### Hearing aid and cochlear implant replacement parts and accessories (added to [Miscellaneous DME policy](#))

We'll apply limits to hearing aid and cochlear implant replacement parts and accessories for commercial plans, mirroring the limits already in place for Medicaid plans and established by MDHHS. Note: Limits for cochlear implants may be subject to a member's Hearing Rider

language – some items are considered not covered.

### [Trigger point injections](#)

Trigger point injections (TPI) are given to relieve muscle pain for patients. In alignment with CMS, we'll apply limits to commercial plans for CPT 20552 and 20553, limiting to four injections per rolling year.

## Policy going into effect Jan. 1, 2025

The following policy will go into effect on Jan. 1, 2025:

### [Durable Medical Equipment \(DME\) place of service \(POS\)](#)

We'll require DME claims for commercial plans to be coded with the POS where the member will primarily use the DME item. This aligns with the DME POS requirement already in place for Medicare plans and established by CMS.

## Additional policy updates

Additionally, the following policies were recently posted to or updated in the [billing / coding policies](#) page in our Provider Manual. They put our **current** policies and requirements into writing for transparency. Please see the individual policies for details:

- [Chiropractic services](#)
- [Chronic pain care management services](#)
- [Clinical trials](#)
- [High tech radiology services](#)
- [Home infusion](#)
- [Infusion services supplies](#)
- [Moh's micrographic surgery](#)
- [Musculoskeletal spine](#)
- [Once per lifetime](#)
- [Partial Hospitalization Program \(PHP\)](#)
- [Treatment room](#)
- Valve replacement (added to [Cardiology policy](#))

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## New resource: Understanding why a claim denied

It's important to us that you understand the way your claims are handled. That's why we created a new resource to help your billers / coders understand exactly why a claim may have denied and be able to take any appropriate next steps.

### Understanding claim denial explanation codes

When a clinical edit applies to a claim, our system adds an explanation code with a brief description of the denial reason to the claim details in prism. Because these explanation codes are often tied to multiple clinical edits, the descriptions seen in the claim details are broad.

For many clinical edits, you'll see a "See Edits" button in prism, in addition to the explanation code, that provides additional rationale / possible reasons why the edit was used on their claim. However, for some clinical edits, prism doesn't offer this level of detail.

This new [claim denial explanation codes PDF](#) claim denial explanation codes PDF compiles additional information / rationale for the most common clinical edits that isn't available in prism.

DOWNLOAD THE RESOURCE

## TRAINING OPPORTUNITIES

### Register now to learn about our 2025 Medicare & Medicaid quality updates on November 7

Join us for a webinar to learn more about updates to Priority Health's 2025 Medicare & Medicaid quality programs and how you can succeed.

This session will cover:

- An overview of our 2024 quality initiatives
- A look into quality's 2025 HEDIS areas of focus

REGISTER NOW

### Can't join us?

All webinars are recorded and posted to [our website](#) within a week of the event, so you can watch at your convenience.

PRIORITY HEALTH

prism update: Simplifying provider changes

We're working to simplify submitting provider changes in prism.

Currently, to submit provider changes to us, you must download and complete a PDF form from prism. Over the next several weeks, we'll phase out this form and embed the form's questions directly into prism.

### Phase 1 changes

In this first phase, the following provider change request types will be embedded in prism and will include the following updates:

- **W9, roster and review provider setup requests:** These request types will include additional questions that are more specific and detailed to the inquiry type.
- **Terminations:** The two current request type selections (*Term Existing Provider – Group* and *Term Existing Provider – Individual*) will be combined into one request type: *Terminations*. Providers will then be prompted to select the type of termination – *Primary Care Provider, Non-Primary Care Provider or Group/Facility*.

These changes are slated to take place by the end of the month.

### Coming soon

The remaining provider change request types will still require the PDF form for the time being and will be embedded into prism during a future update.

Questions? Connect with your Provider  
Strategy & Solutions Consultant.

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



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