

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.

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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 polices 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 expectations for transparency. There are no changes for providers as the policy is already in effect.

Policy	New or updated	Description	Effective date
Claim submission guidelines	Updated	This policy primarily compiles guidelines already present in our online Provider Manual	May 19, 2025 (taxonomy)

Policy	New or updated	Description	Effective date
		and that are already in effect. With the publishing of this policy, we added guidelines for taxonomy codes that will go into effect on May 19, 2025.	codes only)
Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring)	New	This policy defines billing, reimbursement and documentation guidelines for Cardiac Event Detection (CED) and Holter Monitoring (24-hour ECG monitoring).	N/A
Flow cytometry	New	This policy defines our current reimbursable limitations and documentation requirements associated with flow cytometry.	N/A
Magnetoencephalography (MEG)	New	This policy identifies the billing and documentation requirements associated with Magnetoencephalography (MEG).	N/A
Miscellaneous DME	Updated	Added information on seat lift mechanisms	N/A
Oxygen & oxygen supplies	New	This policy identifies the payment and documentation requirements associated with oxygen and oxygen supplies.	May 19, 2025
Radiation oncology	Updated	<ul style="list-style-type: none"> • Treatment stimulation: Added code G0562 and additional information on use and billing for codes 77280, 77285 and 77290 • Superficial radiation therapy: Added information on use and billing for codes 77280, 77285 and 77290, as well as image guidance reporting with SRT. • Stereotactic Body Radiation Therapy 	May 19, 2025

Policy	New or updated	Description	Effective date
		(SBRT) and Stereotactic Radiosurgery (SRS): Added code G0563 <ul style="list-style-type: none"> • Image guided radiation therapy: Added information on IGRT precise target localization requirements • Added to References section 	
Semiprivate vs private room	New	This policy defines billing, reimbursement and documentation guidelines for semiprivate rooms and private rooms for patients in a hospital setting.	N/A

INCENTIVE PROGRAMS

Updated 2025 PIP Manual now available

We recently made the following update to the 2025 PCP Incentive Program (PIP) Manual:

Care Management codes (pg. 20-21) The code table has been corrected to reflect the following:

1. Claims with codes G9008, 99484 and 98966 will serve to identify Medicare members that have received care management services and will count toward the 2% target. These codes were previously incorrectly unchecked for Medicare.
2. Code G0512 is valid for the full program year (rather than through June 30, 2025, as previously indicated in the manual).

Access the manual through our [Provider Incentives webpage](#) (login required).

AUTHORIZATIONS

Authorization requests for diagnostic imaging procedures 73700 and 73200 now auto approve

Authorization requests for the following pre-operative diagnostic imaging procedures are now set to auto approve:

- **73700:** Computed tomography, lower extremity; without contrast material. Under diagnostic radiology (diagnostic imaging) procedures of the lower extremities
- **73200:** Computed tomography, lower extremity; without contrast material. Under diagnostic radiology (diagnostic imaging) procedures of the lower extremities

These imaging procedures previously required documentation of an approved surgical procedure for medical necessity review.

We hope this change will help improve your workflow, reduce your administrative burden and support you in getting your Priority Health patients the care they need when they need it.

TRAINING OPPORTUNITIES

Register now for our April 17 billing & coding webinar (including credentialing & enrollment tips)

Join us for our second billing and coding webinar of 2025 to learn about:

- **Credentialing and enrollment tips:** How to set up a new group, add a provider to an existing group and update provider information
- **Clinical edits and misused modifiers:** The most commonly seen clinical edits and misused modifiers and how to correct these issues and bill appropriately
- **Behavioral health billing:** Ensuring your staff is credentialed appropriately, getting authorizations when necessary, coding diagnoses to the highest specificity and more
- **Ambulance billing:** Tips and reminders for successful ambulance billing

[REGISTER NOW](#)

Can't join us?

All webinars are recorded and posted to our [provider webinars page](#) within a week of the event, so you can watch at your convenience. To access the webinars page, log into [prism](#) and select **Resources > Training & Opportunities > Webinars**.

Questions?

Connect with your Provider Network Management Specialist, [Andrew Turner Jr.](#)

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



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