

Provider View

Avera 
Health Plans

January 27, 2026

Happy New Year!



I love the allure of a new year. A chance to start over, refresh your mind, body and soul and reset from the busyness of the holiday season. We have a whole year ahead of us to focus on new goals, gain new experiences and create new memories. One resolution I have for myself this year is to embrace the unexpected. What is your New Year's resolution? Please share with me at AHP.Providers@Avera.org, as I would love to hear it.

And while I'm embracing the unexpected, I'm also preparing for what we *can* anticipate. Avera Health Plans has a full and exciting year ahead, and we are grateful to experience it alongside our valued providers. 2026 is shaping up to be a year of growth, innovation and deeper collaboration — a year where we continue building strong networks and strengthening the care experience for our members and communities.

Avera Health Plans is grateful to ring in another year with our wonderful providers, and we wish you all a happy and bountiful New Year!



Josephine

Vice President – Provider Network Management

Here is what's inside our first ProviderView of 2026:

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Follow-Up from Our 2025 Provider Satisfaction Survey

Thank you to everyone who completed our 2025 Provider Satisfaction Survey. Your responses were extremely valuable to us, and we are actively identifying ways to incorporate your feedback and improve your satisfaction.

In the coming months, we will be extending the opportunity to provide additional feedback on areas we identified with the greatest opportunity for improvement. We would greatly appreciate your participation.

SBCs – Chiropractic Benefits

A Summary of Benefits and Coverage (SBC) is a standardized document that provides a clear, concise overview of a health insurance plan's benefits and coverage. It helps consumers easily compare different plans by outlining key information like costs, covered services and limitations. SBCs are standardized to ensure that they can be used to easily make such comparisons. For these same reasons, SBCs are also often used by provider offices when checking on benefits. SBCs can be easily accessed online in our portal when checking eligibility and benefits information.

Historically, Avera Health Plans had included information specific to chiropractic services benefits in its SBCs as a dedicated entry. In a review of our SBCs against CMS standards, it was determined that having a dedicated description of the chiropractic benefits was outside of the prescribed standardization requirements and therefore was changed.

Chiropractic benefits are now listed in the "Other Covered Services Table", as highlighted below:

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Abortion (except when the life of the mother is endangered)• Acupuncture• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long-term care• Non-emergency care when traveling outside the United States	<ul style="list-style-type: none">• Routine eye care (Adult)• Routine foot care• Weight loss program
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Bariatric surgery if preauthorization requirements are met	<ul style="list-style-type: none">• Private-duty nursing	<ul style="list-style-type: none">• Chiropractic care if provided by a participating provider (In-Network: \$25 copay per visit)

2026 Coding Updates

Avera Health Plans routinely updates its claims system to reflect changes in medical coding consistent with industry standards as required under HIPAA. As part of this regular system maintenance, on Jan. 1, 2026, Avera Health Plans implemented Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) service code additions. According to the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS), there are 368 new distinct service codes for CPT, HCPCS or ADA that have been added to our system and are now available to providers for billing service dates Jan. 1, 2026, and forward. See below for breaking down these new code additions. This maintenance also necessitates identifying codes that have been deleted and are no longer valid for use for service dates after their deletion. According to the HIPAA rules, billing with deleted CPT codes for dates of services after their deletion is not allowed; you must use the current, valid code set at the time of service, meaning any deleted codes are considered invalid and should not be submitted on a claim, as HIPAA mandates adherence to the most recent medical code set.

<u>Category</u>	<u>New Code Count</u>
CPT	176
HCPCS	167
Pharmacy	25

Preauthorization requirements and the [experimental/investigative list](#) have been updated as appropriate.

Please contact Customer Care at 888-322-2115 if you have any questions.

Your New Year's Resolution: Verify Benefits, Eligibility and Member ID Cards

As mentioned in December's ProviderView, we kindly ask that you verify members' benefits, eligibility and ID cards this new year, as there may have been changes.

Provider Manual Updates

Phase 2 of updates to our [Provider Manual](#) is complete. Sections 5, 6 and 7 of the manual are now reflective of Avera Health Plans' most current information.

The final phase will be implemented in the coming months. Please stay tuned for more updates and details.

ERA/EFT Enrollment

We encourage all providers to switch to digital payments and remittances as it helps to reduce costs and decreases the time it takes for you to receive funds and post your payments. To enroll in digital payments, please submit an ERA and EFT form. When completing the EFT paperwork, note that we also require the provision of a voided business check or a letter from your bank providing secondary verification of your bank routing and account numbers. There are no fees for EFT and the account deposits are made through the secure ACH banking system.

ERA / EFT Enrollment: [ERA/EFT Enrollment Form](#)

BetterDoctor Attestation

This past fall, we announced that Avera Health Plans partnered with Quest Analytics® to streamline the Provider Directory verification process through their BetterDoctor® solution.

Quarterly, you should receive communications via email, fax, phone and/or direct mail from BetterDoctor directing you to attest via their online provider portal. Groups of 20+ providers will have the option of submitting rosters instead, further streamlining the verification process. If you're already attesting with BetterDoctor in the portal or via roster on behalf of other payers, you will not be required to do anything additional. Their one-to-many approach means less work for you.

An example of the communication you may receive is depicted below:

Your verification is required



SECOND NOTICE - Your 90-Day Update Is Due

ATTENTION: OFFICE ADMINISTRATOR OR MANAGER

Please confirm your provider directory information for this period for the providers listed. Click the "BetterDoctor® Quest Analytics®" link below to ensure your information is accurate or update it if it has changed.

Even if no information has changed, please confirm we're sending patient communications and referrals to the correct provider location.

Thank you for helping continue to provide accurate information for your location.

ACTION REQUIRED

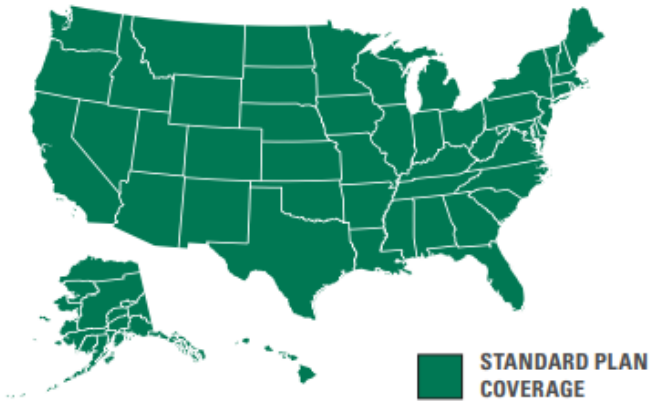
[Click to View and Verify Your Data](https://betterdoctor.questanalytics.com)

<https://betterdoctor.questanalytics.com>

Be on the lookout for communication from BetterDoctor to complete your quarterly Provider Directory verification.

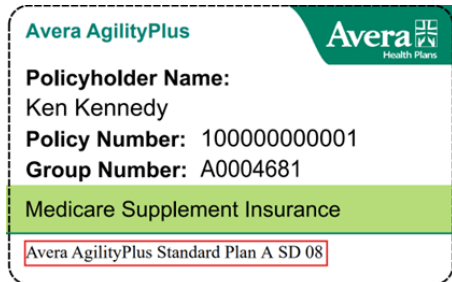
Medicare Supplement AgilityPlus Standard Plan

As a reminder to our providers, Medicare Supplement AgilityPlus Standard Plans gives members the freedom to choose Medicare-approved doctors, specialists and hospitals of your choice *across the nation*.



AgilityPlus Standard Plans may also include enhanced benefits and value add-ons.

An example of an AgilityPlus Standard member ID card is shown below, with the distinct plan type outlined in red:



Please refer to member ID cards when you are unsure of which plan they have.

If you have any questions, please contact our Customer Care team at [888-322-2115](tel:888-322-2115). We also offer an AgilityPlus Select plan; if you would like to learn more, please [visit our website](#).

Tell Us More!

If there is any topic you would like to see featured in the ProviderView, please email us at AHP.Providers@Avera.org. We would love to hear from you.