

Medicare Advantage Provider Newsletter



Q1 2026 Provider Newsletter

Aspirus Health Plan Medicare Advantage Provider Manual Updated

Aspirus Health Plan’s Provider Manual contains critical information that providers need to effectively work with Aspirus Health Plan and our members. It is important that providers reference it regularly for up-to-date content. The Provider Manual has been updated to reflect current business practices.

The Provider Manual can be accessed [here](#). The resource remains a PDF with a table of contents that links to specific sections. The date the document was last updated is shown on the front cover. As the year progresses, an Appendix will be added that will contain an updated chart that briefly describes changes made and links to the updated sections.

Coverage Policies

Coverage Policies provide clarification and specificity for the Aspirus Health Plan Medicare Advantage contracts benefit sections.

Annual Review of 2026 Coverage Policies

Aspirus Health Plan Medicare Advantage Coverage Policies are reviewed and updated annually to ensure they are consistent with current contract language, prior authorization processes and coding. Additionally, the policies are approved by the committee responsible for overseeing the coverage policy process.

The table on the [Coverage Policies page](#) lists all the coverage policies for Aspirus Health Plan Medicare Advantage. Any changes or updates that have been made can be found in the “2025 Annual Review (2026 Contract)” column of the [Annual Review of Coverage Policies document](#).

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Aspirus Health Plan’s Provider Website
<https://medicare.aspirushealthplan.com/providers>

Aspirus Health Plan’s Provider Assistance Center
715.631.7412 or 1.855.931.4851 toll-free

Contact Provider News
providernewsMA@aspirushealthplan.com

Aspirus Health Plan has partnered with UCare, based out of Minnesota, as the administrator for our Medicare Advantage Plan.



Clinical Practice Guidelines

Clinical practice guidelines are designed to assist health care professionals, health care organizations and members by providing a framework for the evaluation and treatment of a variety of conditions. Guidelines are not intended to replace a clinician's judgment or to establish a protocol for all members with a particular condition.

The list can be found on the Aspirus Health Plan website on the [Clinical Practice Guidelines page](#). This list not exhaustive, and Aspirus Health Plan supports use of these and other well researched guidelines to support clinical decision-making. Aspirus Health Plan will review and update these guidelines annually and more frequently if needed.

Documentation Improvement: Focus on Eating Disorders

The most common eating disorders are anorexia nervosa (separate from anorexia, where those affected don't want to eat) and bulimia nervosa, both classified as a mental health condition. In 2024, the [ICD-10-CM manual](#) was updated. This update included major changes in the [code selection criteria](#) that requires providers to be more specific with their documentation, leading to more accurate and specified code selection.

[Anorexia nervosa](#) and bulimia effects mainly females; however, prevalence among the male population is growing. Those with anorexia nervosa will tend to have a negative body image, fear of gaining weight and being overweight. This can lead to restricting food intake, excessive exercising, malnutrition and severe, life-threatening conditions.

Those with bulimia nervosa will binge eat excessive amounts of food in a brief period. This behavior is followed by vomiting, abusing laxative products, lack of control with eating behaviors and excessive exercising. While a single cause has not been identified, some factors leading to eating disorders include:

- Insecure feelings
- A need to be in control
- Family history of depression or an eating disorder
- History of sexual abuse
- Extreme social pressures
- Pressure to perform in sporting activities

Improving the documentation of these conditions will support the illness severity of the patient's condition. Many medical organizations use this data to identify individuals that may need additional care coordination and medical support to maintain or improve their health status. Taking a few extra steps in documentation and diagnosing is well worth the time when it leads to improved patient care.

Below are a few examples of the [new and expanded codes](#) from chapter 5 of the ICD-10-CM Manual that require providers to choose the most specific coding option (this list is not complete or all inclusive).

- F50.010 Anorexia nervosa, restricting type, mild
- F50.011 Anorexia nervosa, restricting type, moderate
- F50.20 Bulimia nervosa, unspecified
- F50.21 Bulimia nervosa, mild
- 50.810 Binge eating disorder, mild
- F50.811 Binge eating disorder, moderate

Providers Asked to Verify That They are Using Correct Payer ID for Medicare Advantage Claims

The Aspirus Health Plan Medicare Advantage Payer ID is 36483 for claims submissions. Providers are responsible for confirming with their clearinghouse that the correct Payer ID is being used to submit Medicare Advantage claims to Aspirus Health Plan. If you have questions about Electronic Data Interchange (EDI) transactions, please visit <https://medicare.aspirushealthplan.com/providers/claims-and-billing> or email EDIsupportMA@aspirushealthplan.com.

Ensuring Accurate Member ID Information

Accurate member information is key to smoother claim submissions. Providers should ask for a current member insurance card each time a member presents for services. This lets you update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing. The Aspirus Health Plan member ID number should be submitted on the claim exactly as provided. No digits should be added or excluded.

Please note that all Aspirus Health Plan members have their own unique member ID numbers (9-digit number beginning with a 4). Maintaining current insurance information for members is imperative to successful and timely claims processing. Wrong member information can cause suspected fraudulent claims investigations and HIPAA violations, so please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID#, birth date, address, etc.).

Member Rights and Responsibilities

Aspirus Health Plan takes member rights and responsibilities seriously. Members and providers can access these rights and responsibilities in the member's Evidence of Coverage or Member Contract, or in the Member Rights and Responsibilities section of the Aspirus Health Plan Provider Manual.

- Find the Evidence of Coverage by Medicare Advantage health plan on the [Member Resources](#) page of the Aspirus Health Plan website.
- Find the current Aspirus Health Plan Medicare Advantage Provider Manual on the [Provider webpage](#).