



Activ News April 7, 2026

The 2026 Fee Schedules

The 2026 Fee Schedules have been posted to the Provider Portal. The payer may not implement the fee schedules until three or four months after the CMS posts updates. We do not have schedules from payers regarding the implementation of fee schedule updates.

Office Ally Error Reports - Claim Rejections and Claim Fix

Over the past few months, we have noticed a significant increase in the number of claims being rejected by Payers at the Clearinghouse level. In these cases, the claims are not processed, and EOBs or Remittance Advices are not issued by the Payers. This is especially true of Ambetter claims.

Reasons for rejections by Availity on behalf of Ambetter include:

- Invalid CPT coding – Use of noncovered (97010) or non-specific CPT codes (97039). Please do not use these two codes.
- Invalid ICD-10 coding
- Incorrect/incomplete Patient ID numbers
- Missing or incorrect Provider NPI in box 24.j
- Missing Facility/Provider Name and Address in Box 32
- Incorrect or missing Group NPI in box 32.a

If your claim is rejected, proof of the initial submission will not constitute proof of timely filing. Only proof of a Clean Claim (perfect claim) can be used to prove timely filing according to the Ambetter Provider and Billing Manual.

What should a Provider / biller do to fix rejected claims?

Review your Office Ally rejection weekly.

- Correct any errors on your claims by fixing them in your EHR or practice management software and then uploading a new claim to Office Ally. (There is a slight issue with the Office Ally claim fix process regarding claims right now, which will be corrected shortly. Until then, we want Providers to upload new claims.)
- Do not use the 97010 or 97039 CPT codes. They are not covered and cause claims to be rejected.
- Submit claims promptly.

If you have any questions, please refer to the How To File Claims training on our website at <https://www.activhealthcare.com/resources-training>. We also have training videos available

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