



Oscar Clinical Guidelines - Medical
2026 Q1 CAS Summary of Changes

Off-Cycle Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Gender-Affirming Services (CG017)	Title	<u>Original:</u> Sex Reassignment Surgery (Gender Affirmation Surgery) and Non-Surgical Services <u>Revised:</u> Gender-Affirming Services	No	08/01/26
	Summary	1. Minor language changes.		
	Medical Necessity Criteria for Clinical Review	Indication-Specific Criteria 1. Removed New York state lines of business language.		
	Experimental or Investigational / Not Medically Necessary	1. Removed New York state lines of business language.		
	Appendix A - Applicable to New York State Lines of Business	1. Removed Appendix A.		
	All	1. Appendix B renamed to Appendix A.		

New Guidelines

Clinical Guideline	Details	Effective Date
Gender-Affirming Services-REG (CG017-REG)	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines/medical	08/01/26

Annual Reviews

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Bariatric Surgery and Revision of Bariatric Surgery (Adults) (CG008)	Summary	1. Minor language changes.	No	08/01/26
	Definitions	<ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 3. Added definitions for endoscopic surgery, robotic-assisted laparoscopic surgery, endoscopic sleeve gastropasty (ESG), and one anastomosis gastric bypass surgery (OAGB). 		
	Medical Necessity Criteria for Clinical Review	<ol style="list-style-type: none"> 1. Minor formatting changes. <p>General Medical Necessity Criteria</p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 3. Added missing operators ('or', 'and') as appropriate. 4. Added acronyms as appropriate (e.g., NAFLD, NASH). 5. Updated structure of criterion 5 to use 'BOTH of the following'. 		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<p>6. Updated structure of criterion 5b to use 'ONE of the following'.</p> <p>7. Revised wording of criterion 5b.</p> <p>Indication-Specific Criteria</p> <ol style="list-style-type: none"> 1. Separated 'Repair, Replacement, Removal, Revision, or Conversion Procedures' criteria list into individual lists. 2. Added the following subheadings: <ul style="list-style-type: none"> ● Repair of Primary Bariatric Surgery ● Replacement of Adjustable Gastric Band ● Removal of Adjustable Gastric Band ● Revision of Primary Bariatric Surgery ● Conversion Procedures for Inadequate Weight Loss ● Conversion Procedures for Non-Weight Loss Indications <p><u>Repair of Primary Bariatric Surgery</u></p> <ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Minor language changes. 3. Updated criteria structure to use 'ONE of the following'. 4. Added missing 'or' operators. <p><u>Replacement of Adjustable Gastric Band</u></p> <ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Minor language changes. 3. Updated criteria structure to use 'ONE of the following'. <p><u>Removal of Adjustable Gastric Band</u></p>		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Minor language changes. 3. Updated criteria structure to use 'ONE of the following'. <p><u>Revision of Primary Bariatric Surgery</u></p> <ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Minor language changes. <p><u>Conversion Procedures Due to Inadequate Weight Loss</u></p> <ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Minor language changes. 3. Updated criteria structure to use 'ONE of the following' or 'BOTH of the following', as appropriate. 4. Revised wording of criterion 2c. <p><u>Conversion Procedures for Non-Weight Loss Indications</u></p> <ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Updated criteria structure to use 'ONE of the following' or 'ALL of the following', as appropriate. 3. Minor language changes. 4. Minor formatting changes. 5. Added acronyms as appropriate (e.g., RYGB). 		
	Length of Stay	<p>Length of Stay Initial Clinical Review</p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Updated criteria structure to use 'ONE of the following'. 3. Added missing 'or' operators. 4. Revised nesting and wording of the 		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<p>laparoscopic inpatient admission exception pathway (criterion i).</p> <p>Length of Stay Subsequent Clinical Review</p> <ol style="list-style-type: none"> Updated criteria structure to use 'ONE of the following'. Added missing 'or' operators. Minor formatting changes. 		
	Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> Minor language changes. Minor formatting changes. Separated 'endoscopic sleeve gastropasty (ESG)' and 'endoluminal vertical gastropasty' into two distinct criteria. Added acronyms as appropriate (e.g., ESG). 		
Bariatric Surgery and Revision of Bariatric Surgery (Adolescents: Ages 13 - 17) (CG009)	Summary	<ol style="list-style-type: none"> Minor language changes. 	No	08/01/26
	Definitions	<ol style="list-style-type: none"> Minor language changes. Minor formatting changes. Added definitions for endoscopic surgery, robotic-assisted laparoscopic surgery, endoscopic sleeve gastropasty (ESG), and one anastomosis gastric bypass surgery (OAGB). 		
	Medical Necessity Criteria for Clinical Review	<ol style="list-style-type: none"> Minor formatting changes. <p>General Medical Necessity Criteria</p> <ol style="list-style-type: none"> Revised wording of criterion 6e. <p>Indication-Specific Criteria</p>		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ol style="list-style-type: none"> 1. Separated 'Repair, Removal, Revision, or Conversion Procedures' criteria list into individual lists. 2. Added the following subheadings: <ul style="list-style-type: none"> • Repair of Primary Bariatric Surgery • Removal of Adjustable Gastric Band • Revision of Primary Bariatric Surgery • Conversion Procedures for Inadequate Weight Loss • Conversion Procedures for Non-Weight Loss Indications <p><u>Repair, Removal, or Revision Procedures</u></p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Updated structure of criterion 1 to use 'ONE of the following'. 3. Added missing 'or' operators as appropriate. 4. Added criteria preface. <p><u>Conversion Procedures Due to Inadequate Weight Loss</u></p> <ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Minor language changes. 3. Updated structure of criterion 3 to use 'BOTH of the following'. <p><u>Conversion Procedures for Non-Weight Loss Indications</u></p> <ol style="list-style-type: none"> 1. Added criteria subheading and preface. 2. Updated criteria structure to use 'ONE of the following' or 'ALL of the following', as appropriate. 		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ul style="list-style-type: none"> 3. Minor language changes. 4. Minor formatting changes. 5. Added acronyms as appropriate (e.g., RYGB). 		
	Length of Stay	<p>Length of Stay Initial Clinical Review</p> <ul style="list-style-type: none"> 1. Minor language changes. 2. Updated criteria structure to use 'ONE of the following'. 3. Added missing 'or' operators. 4. Revised nesting and wording of the laparoscopic inpatient admission exception pathway (criterion i) throughout the section. 		
		<p>Length of Stay Subsequent Clinical Review</p> <ul style="list-style-type: none"> 1. Updated criteria structure to use 'ONE of the following'. 2. Added missing 'or' operators. 3. Minor language changes. 4. Minor formatting changes. 		
Experimental or Investigational / Not Medically Necessary	<ul style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 3. Separated 'endoscopic sleeve gastropasty (ESG)' and 'endoluminal vertical gastropasty' into two distinct criteria. 4. Added acronyms (e.g., ESG) or parenthetical terminology, as appropriate. 			

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Medical Nutrition Therapy (Dietary Evaluation and Counseling) (CG010)	Summary	<ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 	No	08/01/26
	Definitions	<ol style="list-style-type: none"> 1. Minor formatting changes. 		
	Medical Necessity Criteria for Initial Clinical Review	<p>General Medical Necessity Criteria</p> <ol style="list-style-type: none"> 1. Minor language changes. <p>Initial Indication-Specific Criteria</p> <p><u>Newly Diagnosed or Chronic Health Conditions</u></p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. <p><u>Pregnancy</u></p> <ol style="list-style-type: none"> 1. Minor formatting changes. <p><u>Weight Management</u></p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 3. Removed directional references. <p><u>Home Care - Nutritional Therapy</u></p> <ol style="list-style-type: none"> 1. Updated criteria structure to use 'BOTH of the following'. 2. Minor language changes. 3. Removed directional references. 		
	Medical Necessity Criteria for Subsequent Clinical Review	<p>Subsequent Medical Necessity Criteria</p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Updated criteria structure to use 'ALL of the following'. 		
	Experimental or Investigational /	<ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Not Medically Necessary			
Acupuncture (CG013)	Summary	1. Minor language changes.	No	08/01/26
	Medical Necessity Criteria for Initial Clinical Review	General Medical Necessity Criteria 1. Minor language changes.		
	Medical Necessity Criteria for Subsequent Clinical Review	Subsequent Medical Necessity Criteria 1. Minor language changes. 2. Updated criteria structure to use 'ONE of the following'. 3. Added missing 'or' operator.		
	Experimental or Investigational / Not Medically Necessary	1. Minor language changes. 2. Minor formatting changes. 3. Added: "For dry needling, please refer to the Plan Clinical Guideline: Experimental or Investigational Services, Products, Drugs, and Biologicals (CG012)."		
Diagnosis and Treatment of Infertility (CG016)	Summary	1. Minor language changes.	No	08/01/26
	Definitions	1. Minor language changes. 2. Minor formatting changes. 3. Added definitions for assisted reproductive technology (ART) and fertility preservation. 4. Reordered definitions alphabetically.		
	Medical Necessity Criteria for	General Medical Necessity Criteria 1. Updated criteria structure to use 'ALL of the		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
	Clinical Review	<ul style="list-style-type: none"> following’. 2. Removed directional references as appropriate. 3. Revised structure of criteria 6-12. 		
	<p>California State and New York State Lines of Business</p> <ul style="list-style-type: none"> 1. Minor language changes. 			
	<p>Indication-Specific Criteria</p> <ul style="list-style-type: none"> 1. Minor formatting changes. 2. Revised ‘Advanced Reproductive Technologies’ subheading to ‘Assisted Reproductive Technologies’. 3. Removed directional references as appropriate. <p><u>Comprehensive Infertility Services (Treatment)</u></p> <ul style="list-style-type: none"> 1. Minor language changes. <p><u>Assisted Reproductive Technologies</u></p> <ul style="list-style-type: none"> 1. Revised criteria structure. <p><u>Fertility Preservation</u></p> <ul style="list-style-type: none"> 1. Revised criteria structure and updated placement of the plan-benefits disclaimer. 			
	<ul style="list-style-type: none"> 1. Minor formatting changes. 			
Experimental or Investigational / Not Medically Necessary	<ul style="list-style-type: none"> 1. Added endometrial microbiome testing as experimental, investigational, or unproven (EIU). 	Yes	08/01/26	

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date	
Home Care - Skilled Nursing Care (RN, LVN/LPN) (CG020)	Summary	1. Minor language changes.	No	08/01/26	
	Definitions	1. Minor language changes. 2. Minor formatting changes.			
	Medical Necessity Criteria for Initial Clinical Review	General Medical Necessity Criteria			1. Minor language changes. 2. Minor formatting changes. 3. Removed directional references as appropriate. 4. Revised structure of criteria 2 and 3. 5. Revised wording of criterion 4.
		Home Infusion Treatment			1. Minor language changes. 2. Minor formatting changes.
		Initial Duration			1. Minor language changes.
		Private Duty Nursing			1. Minor language changes.
Medical Necessity Criteria for Subsequent Clinical Review	Subsequent Medical Necessity Criteria	1. Minor language changes. 2. Minor formatting changes. 3. Updated criteria structure to use 'BOTH of the following' or 'ONE of the below', as appropriate. 4. Separated hospice/end-of-life and palliative care criteria into a distinct medical necessity list.			

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ol style="list-style-type: none"> Added the following subheading: <ul style="list-style-type: none"> Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care 		
		<p>Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care</p> <ol style="list-style-type: none"> Added criteria preface. Revised wording of criterion 1a. 		
	Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> Minor language changes. Minor formatting changes. 		
Home Health Aides (HHA) (CG022)	Summary	<ol style="list-style-type: none"> Minor language changes. 	No	08/01/26
	Definitions	<ol style="list-style-type: none"> Minor language changes. Minor formatting changes. 		
	Medical Necessity Criteria for Initial Clinical Review	<p>General Medical Necessity Criteria</p> <ol style="list-style-type: none"> Minor language changes. Minor formatting changes. Separated hospice/end-of-life and palliative care criteria into a distinct medical necessity list. 		
		<ol style="list-style-type: none"> Added the following subheading: <ul style="list-style-type: none"> General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care 		
		<p>General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care</p>		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ol style="list-style-type: none"> Added criteria preface. Minor language changes. Revised criteria structure. 		
	Medical Necessity Criteria for Subsequent Clinical Review	Subsequent Medical Necessity Criteria <ol style="list-style-type: none"> Minor language changes. Updated criteria structure to use 'BOTH of the following' or 'ONE of the below', as appropriate. Separated hospice/end-of-life and palliative care criteria into a distinct medical necessity list. 		
	Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> Minor language changes. Minor formatting changes. 		
Home Care - Physical Therapy (PT) and Occupational Therapy (OT) (CG021)	Summary	<ol style="list-style-type: none"> Minor language changes. 	No	08/01/26
	Definitions	<ol style="list-style-type: none"> Minor language changes. Minor formatting changes. 		
	Medical Necessity Criteria for Initial Clinical Review	General Medical Necessity Criteria <ol style="list-style-type: none"> Minor language changes. Minor formatting changes. Removed directional references as appropriate. Added missing 'and' operator. Separated hospice/end-of-life and palliative care criteria into a distinct medical necessity list. 		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		6. Removed credential examples from criterion 1 to reflect state-specific mandates.		
		1. Added the following subheading: <ul style="list-style-type: none"> • General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care 		
		General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care <ol style="list-style-type: none"> 1. Added criteria preface. 2. Minor language changes. 3. Revised criteria structure. 		
		Initial Duration <ol style="list-style-type: none"> 1. Minor language changes. 		
	Medical Necessity Criteria for Subsequent Clinical Review	Subsequent Medical Necessity Criteria <ol style="list-style-type: none"> 1. Minor language changes. 2. Updated criteria structure to use 'BOTH of the following' or 'ONE of the below', as appropriate. 3. Separated hospice/end-of-life and palliative care criteria into a distinct medical necessity list. 		
		1. Added the following subheading: <ul style="list-style-type: none"> • Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care 		
		Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care <ol style="list-style-type: none"> 1. Added criteria preface. 		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ul style="list-style-type: none"> 2. Minor language changes. 3. Minor formatting changes. 		
	Experimental or Investigational / Not Medically Necessary	<ul style="list-style-type: none"> 1. Added ROMTech devices (PortableConnect® and AccuAngle®) as experimental, investigational, or unproven (EIU). 	Yes	08/01/26
		<ul style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 3. Separated previously merged experimental/investigational (EIU) and not medically necessary lists. 	No	08/01/26
Home Care - Speech-Language Pathology (SLP) Services (CG023)	All	> Hyphenated 'speech-language' throughout policy	No	06/01/26
	Title	<p><u>Original:</u> Home Care - Speech Language Pathology (SLP) Services</p> <p><u>Revised:</u> Home Care - Speech-Language Pathology (SLP) Services</p>		
	Summary	<ul style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 		
	Definitions	<ul style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 		
	Medical Necessity Criteria for Initial Clinical Review	<p>General Medical Necessity Criteria</p> <ul style="list-style-type: none"> 1. For initial requests, revised documentation requirement from "standardized testing" to "assessment tools" applicable to the member's age and medical condition. 	Yes	06/01/26

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<p>General Medical Necessity Criteria</p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 3. Removed directional references as appropriate. 4. Added missing 'and' operator. 5. Separated hospice/end-of-life and palliative care criteria into a distinct medical necessity list. <hr/> <ol style="list-style-type: none"> 1. Added the following subheading: <ul style="list-style-type: none"> • General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care <hr/> <p>General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care</p> <ol style="list-style-type: none"> 1. Added criteria preface. 2. Minor language changes. 3. Revised criteria structure. <hr/> <ol style="list-style-type: none"> 1. Revised 'Additional Qualifying Criteria for Dysphagia and Vocal Therapy' subheading to 'Additional Qualifying Criteria for Dysphagia'. 2. Added the following subheading: <ul style="list-style-type: none"> • Additional Qualifying Criteria for Vocal Therapy <hr/> <p>Additional Qualifying Criteria for Dysphagia</p> <ol style="list-style-type: none"> 1. Minor language changes. <hr/> <p>Additional Qualifying Criteria for Vocal Therapy</p>	No	06/01/26

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		<ol style="list-style-type: none"> 1. Minor language changes. 2. Updated 'spastic dysphonia' to current terminology: 'spasmodic dysphonia (SD)'. 		
	Medical Necessity Criteria for Subsequent Clinical Review	<p>Subsequent Medical Necessity Criteria</p> <ol style="list-style-type: none"> 1. Minor language changes. 2. Updated criteria structure to use 'BOTH of the following' or 'ONE of the below', as appropriate. 3. Separated hospice/end-of-life and palliative care criteria into a distinct medical necessity list. 		
		<ol style="list-style-type: none"> 1. Added the following subheading: <ul style="list-style-type: none"> • General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care 		
	<p>Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care</p> <ol style="list-style-type: none"> 1. Added criteria preface. 2. Minor language changes. 3. Minor formatting changes. 			
Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 			

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Outpatient Physical Therapy (PT) and Occupational Therapy (OT) (CG044)	Summary	1. Minor language changes.	No	08/01/26
	Definitions	1. Minor language changes. 2. Minor formatting changes.		
	Medical Necessity Criteria for Initial Clinical Review	General Medical Necessity Criteria 1. Minor language changes. 2. Removed credential examples from criterion 1 to reflect state-specific mandates.		
		Initial Duration 1. Minor language changes.		
	Medical Necessity Criteria for Subsequent Clinical Review	Subsequent Medical Necessity Criteria 1. Minor language changes. 2. Revised structure of criterion 4.		
	Experimental or Investigational / Not Medically Necessary	1. Minor language changes. 2. Minor formatting changes. 3. Separated previously merged experimental/investigational (EIU) and not medically necessary lists.		
Intraoperative Neuromonitoring (CG045)	Summary	1. Minor language changes.	No	08/01/26
	Definitions	1. Minor language changes.		
	Medical Necessity Criteria for Clinical Review	General Medical Necessity Criteria 1. Minor language changes. 2. Minor formatting changes. 3. Revised wording of criteria preface.		

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
		Indication-Specific Criteria <ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 3. Removed directional references as appropriate. 		
	Experimental or Investigational / Not Medically Necessary	<ol style="list-style-type: none"> 1. Minor language changes. 2. Minor formatting changes. 		