

# Oscar Clinical Guidelines - Medical 2025 Q1 CAS Summary of Changes

#### **Revisions/Off-Cycle Reviews**

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
All Oscar Clinical Guidelines	All sections	<ol> <li>Updated all Q1 guidelines with consistent formatting, section titles, groupings, and indicators such as 'ONE of the following,' 'ALL of the following,' and 'NONE of the following.'</li> </ol>	No	09/01/2025
Skilled Nursing Facility Care (CG042)	Medical Necessity Criteria for Initial Clinical Review	Removed, "Please refer to the SNF contracts for reimbursement leveling based on the number of skilled hours, frequency of assessments, and clinical complexity. The appropriate level of care is subject to change as the member progresses or when acute changes in condition occur."	No	09/01/2025
	Medical Necessity Criteria for Subsequent Clinical Review	Added criteria to address extension requests for skilled nursing facility (SNF) care.	Yes	09/01/2025

#### **New Guidelines**

Clinical Guideline	Details	Effective Date
Nucleic Acid Amplification Testing (NAAT) for Bacterial Vaginosis, Bacterial	See the new Oscar Clinical Guideline on https://www.hioscar.com/clinical-guidelines	TBD

#### **Annual Reviews**

Clinical Guideline	Section	Revision	Substantive Change?	Effective Date
Bariatric Surgery (Adults) (CG008)	Title	<ol> <li>Added "and Revision of Bariatric Surgery" to the guideline title.</li> </ol>	No	09/01/2025
	Medical Necessity Criteria for Clinical Review	<ol> <li>Added select patients with type 2 diabetes and a body mass index (BMI) ≥30-34.9 to the medical necessity criteria.</li> <li>Added abdominal wall hernia repair to the medical necessity criteria for patients with a BMI greater ≥35.</li> <li>Removed urinary stress incontinence from the medical necessity criteria for patients with a BMI greater ≥35.</li> </ol>	Yes	09/01/2025
		<ol> <li>Added "with a planned surgery" to the knee or hip replacement criterion (2.b.vii).</li> <li>Removed the section, "Members with a BMI 30-34.9," as it is addressed in updated criteria.</li> <li>Minor formatting changes.</li> </ol>	No	09/01/2025
Bariatric Surgery (Adolescents: Ages 13-17) (CG009)	Title	Added "and Revision of Bariatric Surgery" to the guideline title.	No	09/01/2025
	Medical Necessity Criteria for Clinical Review	<ol> <li>Restructured the section, "Members with Class I Obesity (BMI 30-34.9 or BMI ≥95% to &lt;120% of the 95th percentile for age)" from</li> </ol>	Yes	09/01/2025

		paragraph form into a medical necessity criteria list.		
		<ol> <li>Added the disclaimer, "Please refer to the member's plan documents for benefits."</li> <li>Minor formatting changes.</li> </ol>	No	09/01/2025
Medical Nutrition	Summary	1. Minor language changes.	No	09/01/2025
Therapy (Dietary Evaluation &	Definitions	1. Minor language changes.		
Counseling) (CG010)	Medical Necessity Criteria for Initial Clinical Review	1. Minor language changes.		
Acupuncture	Definitions	1. Minor formatting changes.	No	09/01/2025
(CG013)	Experimental or Investigational / Not Medically Necessary	Minor formatting changes.		
		<ol> <li>Added the Balance Method as experimental, investigational, or unproven (EIU).</li> </ol>	Yes	09/01/2025
		Updated the literature review related to the use of acupuncture for treatment of lateral elbow pain/tennis elbow.	No	09/01/2025
Diagnosis and Treatment of	Summary	1. Minor language changes.	No	09/01/2025
Infertility (CG016)	Definitions	1. Minor language changes.		
	Medical Necessity Criteria for Clinical Review	1. Minor language and formatting changes.		

		Added cystic fibrosis gene (CFTR) mutation testing in males with congenital bilateral absence of the vas deferens (CBAVD) to basic male infertility services.	Yes	09/01/2025
		<ol> <li>Restructured the laboratory testing list under basic male infertility services.</li> <li>Restructured the laboratory testing list under basic female infertility services.</li> </ol>	No	09/01/2025
Home Care - Skilled Nursing Care (RN, LVN/LPN) (CG020)	Experimental or Investigational / Not Medically Necessary	1. Minor language changes.	No	09/01/2025
Home Care - Physical Therapy (PT) and Occupational Therapy (OT) (CG021)	Medical Necessity Criteria for Initial Clinical Review	1. Minor language changes.	No	09/01/2025
Home Care - Home Health Aides (HHA) (CG022)	Experimental or Investigational / Not Medically Necessary	1. Minor language changes.	No	09/01/2025
Home Care - Speech Language Pathology (SLP)	Definitions	<ol> <li>Minor language changes.</li> <li>Added "if applicable" to the definition of speech-language pathologist.</li> </ol>	No	09/01/2025
Services (CG023)	Medical Necessity	1. Minor language changes.		

	Criteria for Initial Clinical Review	<ol> <li>Reformatted and added clarification language to the minimum required credentials to practice as a speech-language pathologist.</li> </ol>		
	Medical Necessity Criteria for Subsequent Clinical Review	1. Minor language changes.		
Outpatient	Summary	1. Minor language changes.	No	09/01/2025
Physical Therapy (PT) and	Definitions	1. Minor formatting changes.		
Occupational Therapy (OT) (CG044)	Medical Necessity Criteria for Initial Clinical Review	<ol> <li>Added "congenital abnormality" to criterion #4 to align with existing definitions of rehabilitative and habilitative treatments.</li> </ol>		
	Medical Necessity Criteria for Subsequent Clinical Review	1. Minor language changes.		
	Experimental or	1. Minor language changes.		
	Investigational / Not Medically Necessary	<ol> <li>Added PENS-field stimulation (PENFS), percutaneous peripheral nerve stimulation (PNS), and peripheral nerve field stimulation (PNfS) as experimental, investigational, or unproven (EIU).</li> </ol>	Yes	09/01/2025
Intraoperative Neuromonitoring (CG045)	Definitions	1. Minor language changes.	No	09/01/2025
	Medical Necessity Criteria for Clinical Review	<ol> <li>Updated criteria #2, #3, #5 to include PhD-level neurophysiologists, under the supervision of licensed physicians, as qualified</li> </ol>	Yes	09/01/2025

	professionals for performing and interpreting intraoperative neuromonitoring.		
	1. Added "operating" to criterion #4 for clarity.	No	09/01/2025
	<ol> <li>Added tethered cord release surgery to the medical necessity criteria for intraoperative sensory/somatosensory evoked potentials.</li> </ol>	Yes	09/01/2025
Experimental or Investigational / Not Medically Necessary	1. Minor language changes.	No	09/01/2025