



Prior Authorizations

Certain services require prior authorization before Oscar will cover their costs. Generally, in-network health care providers submit prior authorization requests on behalf of their patients, although Oscar members may contact their Concierge team at 1-855-672-2720 to initiate authorization requests. The prior-authorization process is part of the Utilization Review (UR) activities performed by Oscar. Utilization Review is the assessment performed to determine if a medical, behavioral, or pharmacy service meets Oscar's medical necessity criteria for coverage.

Please note, prior authorizations through the Utilization Review process are not intended to provide medical advice or medical care. Medical advice and care should be discussed with treating providers.

Prior Authorization Submission: Medical

To confirm authorization requirements for a specific code or service, or to submit an authorization request, in-network Health Care Providers can use Oscar's Provider Portal at <https://provider.hioscar.com> or call 1-855-672-2755. Providers can use this same phone number to request authorization and check the status of an existing authorization. For services where Oscar delegates utilization review, you will be transferred to or instructed to contact the appropriate vendor. For authorization requests handled by Oscar, providers may also request authorization by faxing the Authorization Request Form located in the Provider Manual to 1-833-554-9046.

Oscar requires the requesting provider to submit the following information when requesting an authorization:

- Member information (name, Oscar ID, date of birth).
- Facility (if applicable).
- Referring and treating provider name, National Provider Identifier (NPI), and Taxpayer Identification Number (TIN).
- Treatment information including diagnostic and/or procedure codes, requested amount and length of treatment(s).

Clinical information relevant to the authorization request will be requested and may include clinical notes including consultation notes, labs, radiology, and other health pertinent information.

All determinations or requests for more information in order to make an initial UR determination are made in a timely fashion appropriate for the member's specific condition, not to exceed the timeframes required by NCCA, state, and/or federal regulations. Decisions are communicated both verbally and/or in writing to providers and members, as required by regulations.



Prior-Authorization Submission: Pharmacy

Oscar contracts with CVS/Caremark to provide and coordinate the outpatient prescription drug benefit. CVS/Caremark, on behalf of Oscar, is responsible for managing the pharmacy network, formulary, and all aspects of the outpatient prescription drug benefit, including any related medication management programs, approvals, denials and appeals. CVS/Caremark adjudicates prescription claims at the point of sale. The complete formulary can be found at hioscar.com/medicare/forms. To request a coverage determination or make an exception request, please contact CVS/Caremark by:

- Calling 855-344-0930,
- Completing and faxing a Coverage Determination Request Form to 855-633-7673,
- Using the web form labeled "Online Prescription Drug Coverage Request Form" at hioscar.com/medicare/forms, or
- Mailing CVS Caremark, P.O. Box 52000, MC 109, Phoenix, AZ 85072-2000.

Definitions

Utilization Review: A system for Prospective, Concurrent, or Retrospective review of the Medical Necessity and appropriateness of health care services and a system for Prospective, Concurrent, or Retrospective review to determine the Experimental or Investigational nature of health care services. The term does not include a review in response to an elective request for clarification of coverage.

Prospective Review: A request for Precertification conducted prior to a health care service, admission or treatment in accordance with Oscar's requirement that the health care service, admission or course of treatment, in whole or in part, be approved prior to its provision.

Concurrent Review: A Utilization Review for ongoing health care or for an extension of treatment beyond previously approved health care conducted during a patient's hospital stay or course of treatment.

Retrospective Review: For the purposes of this UM Program, any review, for coverage purposes, of Medical Necessity conducted after services have been provided to a member. A form of Utilization Review for health care services that have been provided to a member. Retrospective Review does not include review of services for which Prospective or Concurrent Utilization Review was previously conducted or should have been previously conducted.

Health Care Provider: A person, corporation, facility, or institution that is:

- Licensed by a state to provide or is otherwise lawfully providing health care services; and
- Eligible for independent reimbursement for those health care services.



Includes a doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry, or chiropractic who is licensed and authorized to practice.

Reporting

Oscar tracks the number of prior authorization requests received, and makes available prior authorization approval and denial rates on a yearly basis. Please find these statistics posted under www.hioscar.com/forms.

Prior-Authorization Requirements

All requirements are effective as of 1/1/2022

Oscar Authorization List		
Category	Subcategories	Notes
Inpatient Admissions	<ul style="list-style-type: none">● Acute/Elective Hospital● Long-term Acute Care● Rehabilitation, Acute/Subacute● Skilled Nursing Facility	Notification of emergent inpatient admissions are required on the same calendar day or by the end of the first business day following admission, unless otherwise specified in your contract. Failure to comply may result in denial of claim payment.
Behavioral Health & Substance Use Disorder	<ul style="list-style-type: none">● All Inpatient Admissions (Non-emergent)<ul style="list-style-type: none">○ Acute hospital○ Acute / Subacute rehabilitation○ Residential treatment○ Skilled nursing facility● Adaptive behavior assessment & therapy● Applied behavioral analysis (ABA)● Detoxification programs● Electroconvulsive treatment (ECT)● Extended office visits● Intensive outpatient treatment● Outpatient psychiatric testing● Partial hospitalization treatment	Authorization requests for behavioral health and substance use disorder are reviewed by Optum.

	<ul style="list-style-type: none"> • Transcranial magnetic stimulation (TMS) 	
Physician Administered Drugs	Physician-Administered Drugs (e.g., Botulinum toxin, intravenous Immunoglobulin, amifostine, leucovorin calcium, peginesatide)	Authorization requests for physician-administered drugs are reviewed by Oscar. Follow the instructions above to submit your request.
Part D Prescription Drugs	Drugs covered under the Part D benefit and included in the member's formulary (list of covered drugs). You can look up covered drugs at hioscar.com/search or access a PDF version at hioscar.com/medicare/forms .	Authorization requests for Part D prescription drugs are reviewed by CVS/Caremark. To learn whether a medication requires auth or step therapy or is subject to other limitations, check Oscar's formulary or call 855-RX-OSCAR.
Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies	<p>High-cost DME</p> <ul style="list-style-type: none"> • Bone growth stimulators • Braces and Orthoses • Continuous glucose monitors / insulin pumps • Hearing aids • Hearing implants (cochlear, BAHA) • Hospital beds, including mattresses and overlays • Hospital grade breast pumps • Negative pressure wound therapy pumps • Noninvasive positive pressure ventilation (CPAP, BiPAP) • Powered wheelchairs and ambulatory devices • Ocular and corneal Implants • Oxygen therapy • Parenteral and enteral pumps and supplies • Prostheses • Speech devices • Wearable defibrillators 	Please call 855-OSCAR-55 to determine if a particular item meets the high-cost threshold.

<p>Rehabilitative & Habilitative Services</p>	<ul style="list-style-type: none"> ● Home Health Services <ul style="list-style-type: none"> ○ Home health aide ○ Occupational therapy ○ Physical therapy ○ Private duty nursing ○ Skilled nursing ○ Social work ○ Speech therapy ● Outpatient <ul style="list-style-type: none"> ○ Speech therapy 	<p>Authorization requests are reviewed by Oscar. Follow the instructions above to submit your request.</p>
<p>Treatments & Procedures</p>	<ul style="list-style-type: none"> ● Acupuncture (ASH) ● Apheresis ● Cardiovascular <ul style="list-style-type: none"> ○ Ablation for arrhythmia ○ Cardiac catheterization ○ Electrophysiology studies ○ Implantable cardiac devices ○ Percutaneous Coronary Intervention ○ Varicose vein treatment ● Chiropractic Services (ASH) ● Digestive <ul style="list-style-type: none"> ○ Bariatric surgery ○ Gastric neurostimulators ● Eye <ul style="list-style-type: none"> ○ Blepharoplasty ○ Brow ptosis repair ○ Refractive surgery ● Gene Therapy ● Gender Affirmation / Sex Reassignment Surgery ● Gynecologic <ul style="list-style-type: none"> ○ Transabdominal Cerclage ○ Vulvectomy ● Head & Neck <ul style="list-style-type: none"> ○ Nasal/Sinus endoscopic procedures ○ Otoplasty ○ Orthognathic jaw surgery ○ Rhinoplasty ○ Sinus endoscopy ○ Temporomandibular joint (TMJ) surgery ○ Uvuloplasty ● Home Births ● Hyperbaric Oxygen Therapy ● Infertility Services 	<p>Chiropractic and acupuncture requests should be submitted directly to ASH.</p> <p>Authorization requests for all other services are reviewed by Oscar. Follow the instructions above to submit your request.</p>

	<ul style="list-style-type: none"> ● Interventional Pain Procedures <ul style="list-style-type: none"> ○ Epidurals ○ Facet joint injections ○ Implantable drug delivery ○ Regional blocks ○ Spinal cord / Neuromuscular stimulators ○ Trigger point injections ● Medical Oncology <ul style="list-style-type: none"> ○ CAR T-Cell Therapy ○ Chemotherapy ○ Supportive oncology drugs ● Musculoskeletal Surgery <ul style="list-style-type: none"> ○ Bunionectomy ○ Hammertoe ○ Joint arthroscopy / arthroplasty / arthrodesis ○ Spinal surgery ● Neurostimulation ● Organ & Tissue Transplants <ul style="list-style-type: none"> ○ Bone marrow ○ Heart ○ Islet cell ○ Kidney ○ Lung ● Penile implants ● Prostate <ul style="list-style-type: none"> ○ Benign prostatic hyperplasia (BPH) treatment ● Radiation Therapy <ul style="list-style-type: none"> ○ Brachytherapy ○ Intensity modulated radiation therapy ○ Hyperthermia treatment ○ Intraoperative radiation therapy ○ Neutron beam therapy ○ Proton beam therapy ○ Radiologic guidance ○ Stereotactic radiation therapy ● Skin <ul style="list-style-type: none"> ○ Injectable dermal implant ○ Panniculectomy ○ Skin / Tissue grafts & substitutes ○ UV / Laser therapy 	
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<p>Tests & Evaluations</p>	<ul style="list-style-type: none"> ● Advanced Imaging <ul style="list-style-type: none"> ○ Angiography ○ Cardiac imaging (e.g., echo) ○ CT scans ○ MRI ○ PET scans ○ Stress tests ○ Vascular ultrasounds (duplex study) ● Attended Sleep Studies <ul style="list-style-type: none"> ○ Polysomnography ○ Split night studies ● Genetic Testing <ul style="list-style-type: none"> ○ Cancer diagnosis ○ Carrier status ○ Disease prediction ○ Non-cancer diagnosis ○ Non-medical genetic testing ○ Pharmacogenomic testing ○ Preimplantation genetic screening ○ Prenatal genetic screening 	<p>Authorization requests for all other services are reviewed by Oscar. Follow the instructions above to submit your request.</p>
<p>Transportation</p>	<ul style="list-style-type: none"> ● Non-Emergency Transportation <ul style="list-style-type: none"> ○ Ambulettes ○ Air ambulances ○ Ground ambulances ○ Water ambulances 	<p>Authorization requests for all other services are reviewed by Oscar. Follow the instructions above to submit your request.</p>
<p>Unlisted Services</p>	<p>Inclusive of behavioral, medical, and pharmaceutical services</p>	<p>Authorization requests are reviewed by Oscar. Follow the instructions above to submit your request.</p>