



Provider Portal

How to Submit Authorization Requests

Welcome!

This little guide walks you through the essential steps you'll need to complete common authorization tasks on the portal. Let's go!

At Oscar, we want to ensure that your patients receive the coverage they need. Some services require prior authorization before we can cover their costs. If you're unsure whether a service needs authorization, please visit hioscar.com/prior-authorization to check our list.

This document will guide you through how to submit, view, and extend authorization requests for a medical service or provider administered drugs through our portal, but here's some other information that's helpful to know:

To facilitate a quick approval process, please include any supporting clinical documentation, such as chart notes, medical records, or lab results. We may request additional clinical information, including consultation notes, labs, radiology reports, and other relevant health information.

For Medical Services: Medical authorization requests should be submitted via our [provider portal](#) (preferred), or fax . In some cases, we may direct you to submit through one of our partners like Ash or Evicore.

Behavioral Services: Behavioral Health auth requests should be submitted directly to Optum, via [Provider Express](#) .

For Provider-Administered Drugs: Authorization requests for provider-administered drugs can also be submitted through our [portal](#). Note that you can find our preferred drug list [here](#), also available in our [Clinical Guidelines Resource page](#).

For Pharmacy Requests (Drugs not administered by a provider): Please submit your request through [covermy meds.com](#).

If you have any questions or need help, feel free to reach out to us by dialing (855) 672-2755 and we will be glad to assist!

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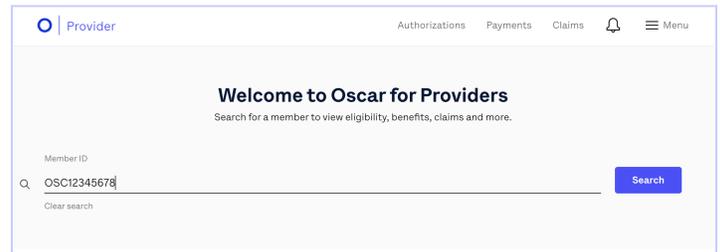
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Section 1: How to Submit Authorization Requests

Step 1: Login and search for the member profile

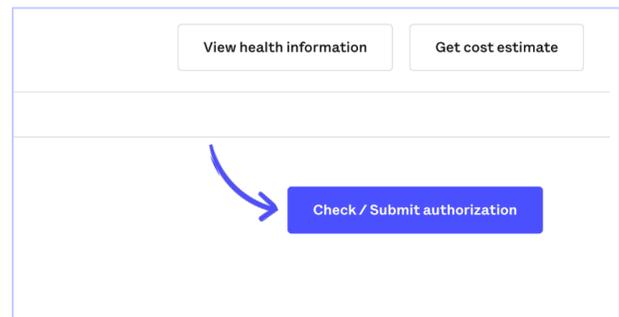
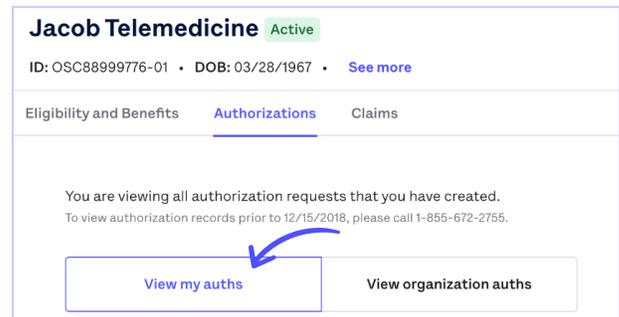
To submit an authorization request, first:

1. Login to our portal at provider.hioscar.com
2. Search for the member by using their OSC ID, or by entering the patient's first name, last name, and date of birth.



Step 2: View existing member auths

1. Select the Authorizations tab located under the member's name
 - This action will bring you to a page that displays authorization requests that you have created, within the **“View my auths”** tab.
 - If you would like to view authorization requests created by your organization, select the View organization auths tab.
Note that your Portal Admin may have limited your access to specific teams, in which case, you will be able to view auths related to the TINs assigned to your team.
2. Then select the purple **“Check / Submit authorization”** button in the upper right corner.



Step 3A: Check auth requirements

1. On the next page, the member ID will be automatically filled in since you navigated from the member's profile.
2. Populate the following fields. Note that as you progress through the form, some fields like Service Type and Dates of Service may be prefilled on your behalf.

Service

- **Level of care:** Select inpatient or outpatient.
- **Procedure codes:** Type in and select a CPT code or J code. Then enter a quantity. You can add multiple procedure codes as needed.
- **Diagnosis codes:** type in a diagnosis code and select. You can add multiple diagnosis codes as needed.
- **Service type:** See a full list of service types and descriptions just below in this guide, or hover over "[Learn More](#)" in this section of the portal.
- **Place of service:** Note the options serviced here are dependent on the Service type selected previously. If you don't see the Place of Service expected, please adjust the service type. You can also find a full list of Places of Service and descriptions below, or hover over "[Learn More](#)" in this section of the portal.

Service timing

- **Expedite this request:** If your request meets expedited criteria according to state or federal regulations, just check this box.

Step 1 of 3

Check authorization requirements

Fill in member and service fields for auth requirement results. Complete the page to create auth request.

Member

Service

Service Timing

Transplant

Dates of service

Provider and facility

Member

Member ID

Member ID (including hyphens)

OSC8899776-01

Service

Level of care

Inpatient

Outpatient

Procedure codes

CPT code

Units

Units

Quantity

+ Add a procedure

Diagnosis codes

Diagnosis code

+ Add diagnosis

Service type

Outpatient therapy

Direct hospital admission

Elective Surgical & Non-Surgical Services

Emergency admission

Post-acute inpatient admission

Place of service

Selecting a place of service will be available once you input the service type.

Service timing

Please select service type to see service timing options.

Expedite this request: I certify that this request requires expedited processing due to exigent circumstances as defined by state and federal law.

Transplant

- **Transplant request**

Note: We recommend reaching out to the financial coordinator at your facility in order to confirm a transplant contract is in place for your facility to avoid denials. If you have additional transplant related questions Oscar case management can be reached at 844-357-6585.

Dates of service

- The fields in this section will vary according to Level of care and Service Type. Populate the Admission and Discharge dates, Number of inpatient days and Dates of Service, fields as needed.

Provider and facility

- **Attending Provider Information**

- **Facility Information**

Note: You can type in the provider and facility by name or NPI. Note the provider location options will only show in-network locations.

3. Note that as you populate these fields, the Auths requirement results box in the lower right corner of the page will automatically update to indicate whether or not an authorization is required.

If an authorization is required, this box will also alert you if the request should be submitted to one of our partners, ASH or Evicore.

4. If an authorization is required and should be submitted to Oscar directly, select the purple Begin auth request button in the bottom right corner of the page.

The screenshot shows a form titled "Transplant" with the following sections:

- Transplant**: Radio buttons for "Yes" and "No".
- Dates of service**:
 - Inpatient dates**: "Admission date" and "Discharge date" (dropdown).
 - Number of inpatient days**: "Number of inpatient days".
 - Requested dates of service**: "Requested start date" and "Requested end date".
- Provider and facility**:
 - Attending provider**: "Attending provider name or NPI" and "Attending provider address".
 - Facility**: "Facility name or NPI".

On the right side, there is a box titled "Auth requirement results" with the text: "Auth is **required** for inpatient procedures. Fill in service fields for most accurate results." A blue arrow points from the "Requested dates of service" fields to this box. At the bottom right, there is a purple button labeled "Begin auth request".

5. As you move into the second page:

- You may see an alert to a potential duplicate or extension auth request. Review the details of this alert which will compare information included in the previous submission with the new submission. Proceed if this is NOT a duplicate request.
- **Duplicate:** When a duplicate is flagged Oscar already has the authorization request on file. Please do not submit duplicates. If additional services need to be added to an open request, contact Oscar via phone or fax. If additional services need to be added to a closed and approved request, please use the extension submission process.
- **Extension:** If additional services are needed (e.g additional days for an inpatient admission, or additional outpatient services for an episode of care), please use the extension submission process and do not submit a new request.
- You will see a pop up box asking you to confirm the procedure codes used. Review, and if the codes appear correctly, select the second “**Begin auth request**” button to proceed.

Your submission looks like it matches an existing request. Confirm if this is a duplicate or extension:

Check the fields below to see if this is a duplicate or extension of any of the matching requests. Otherwise, proceed to submitting a new request.

[Not sure? Learn more](#) ▾

Fields	Request 6DSY42K5	New request
Request type	Initial	Initial
Request status	Pending	
Level of care	Inpatient	Inpatient
Service type	Elective surgical and non surgical procedures	Elective surgical and non surgical procedures
Procedure codes	0017M	0017M
Dates of service	04/22/2025 - 08/20/2025	04/28/2025 - 08/26/2025
Provider	Michelle Li	Michelle Li
Facility	The New York Foundling	The New York Foundling
Received date	04/22/2025 12:07PM EDT	04/28/2025 12:00AM EDT

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Confirm the procedure codes for your auth request.

Only codes that may require or require authorization can be used to create a request.

0017M Auth required

Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin

Step 3B: Provide additional details

On page 2 of the request

1. Enter the following details:

- **Requestor Information**
This information will automatically populate based on your portal log-in.
Note: Please review and make sure this information is accurate, especially your fax line, as we may follow-up there to

Step 2 of 3
Complete request details (Procedure codes: 0017M)

Requestor

Provider and facility
Document attachment
Additional comments

Who is the requestor?
 Attending provider
 Referring provider
 Facility

Requestor first name
Requestor last name
Requestor phone number
Requestor fax number

Provider and facility

Attending provider
Michelle Li
NPI: 1009880044
TIN: 02656056

Attending provider phone number
302-688-8887

Attending provider fax number
302-688-3943

Add a different phone number
Add a different fax number

provider updates and request additional information.

- Provider and Facility Information
 - Attending Provider
 - Facility
 - Referring Provider
2. Be sure to upload any relevant documents for utilization review, such as reason for request, symptoms, exam findings, and treatment history. *Note: In the event you don't have documentation available right now, that's okay! Simply select the "I will fax later" checkbox and then fax us your documentation at 844-965-9053.*
 3. Add comments as needed.
 4. Select Review request in the bottom right corner.

Step 3C: Review and submit request

1. Review the details of your authorization request and verify that all information is correct and no errors are displayed on the page.
2. Click **"Submit Request"** in the bottom right corner.

Step 4: View submitted request

The following page will show you the details of your submitted request.

Note: you can view the projected decision date on this page.

Section 2: Definitions

Service Types	
Direct hospital admission*	Immediate inpatient care without an ER visit, such as direct transfers from ambulatory services, surgeries, another hospital, outpatient chemotherapy, or skilled nursing facilities.
Durable medical equipment	Includes home-use medical tools like wheelchairs, crutches, walkers, dialysis machines, ventilators, oxygen systems, monitors, specialized mattresses, patient lifts, and nebulizers.
Elective surgical and non-surgical procedures*	Planned, non-emergency medical treatments, such as scheduled surgeries, chemotherapy, or anesthesia. Examples include, but are not limited to bariatric surgery and inpatient surgery. Please do not use this service type for Car-T Cell therapy - use the dedicated service type.
Emergency admission*	Emergency admission is inpatient care directly from the ER after receiving orders for treatment. Do not include any observation days when submitting for concurrent authorization; observation stays do not require authorization.
Home healthcare	Home healthcare is skilled medical services provided at a patient's home by licensed professionals like nurses and therapists to treat or manage a condition, as ordered by a physician.
Imaging services	Diagnostic imaging procedures, including X-rays, MRI scans, CT scans, and ultrasounds.
Laboratory work	Tests on clinical specimens for diagnosis, treatment, and disease prevention. Examples include blood tests, urinalysis, tissue tests, and screenings. Includes genetic testing authorization requests.
Physician administered specialty drugs	A physician-administered drug is an outpatient drug administered by a health care provider in a physician's office or other outpatient clinical setting. These drugs are classified under the Medical benefit.
Post-acute inpatient admission	Requests to admit to an inpatient facility that provides post-acute care such as skilled nursing facilities (SNF), acute rehabilitation (ARU), inpatient hospice, and long term acute care hospitals (LTACH).
Non-Emergent Transportation	Non-emergency ambulance transport.
Emergency Room & Emergency Department	An urgent evaluation and treatment provided in the hospital's emergency room/department (ER/ED) for acute or severe conditions that require immediate attention but may not result in inpatient admission.
Observation	Short-term monitoring in an outpatient hospital setting to determine if a patient requires inpatient admission or can be discharged. Typically lasts less than 24 hours.
CAR-T Cell Therapy	A planned and pre-service elective admission submitted by the attending provider for car-t cell therapy treatment: A type of cancer treatment where a patient's T cells are modified in a lab to attack cancer cells and then infused back into the patient's body. This therapy is often used for certain types of blood cancers.

Places of Service	
Inpatient hospital	Inpatient hospital is an acute level of care in which a patient is treated for a brief but severe episode of illness, for conditions that are the result of disease or trauma, and during recovery from surgery that include overnight hospital stay. Use this place of service for authorization requests for emergency admissions, direct hospital admissions, and inpatient elective surgical and non-surgical procedures.
Skilled nursing / Sub-acute (SNF)	Also known as sub-acute rehab (SAR). Skilled nursing care is a high level of medical care that must be provided by trained individuals, such as registered nurses (RNs) and physical, speech, and occupational therapists. Examples of skilled nursing services include wound care, intravenous (IV) therapy, injections, physical therapy, and monitoring of vital signs and medical equipment.
Inpatient acute rehab (ARU)	Acute rehabilitation is appropriate for patients who will benefit from an intensive, multidisciplinary rehabilitation program. Patients receive physical, occupational and speech therapy as needed and are medically managed by specially trained physicians. There is an attending physician onsite 24 hours a day to manage the medical aspects of each patient's care.
Long term acute care (LTACH)	Long-term acute care hospitals (LTACHs) are facilities that specialize in the treatment of patients with serious medical conditions that require care on an ongoing basis but no longer require intensive care or extensive diagnostic procedures. These patients are typically discharged from the intensive care units and require more care than they can receive in a rehabilitation center, skilled nursing facility, or at home.
Inpatient hospice	Care to provide comfort and support for persons in the last stages of a terminal illness and their families that are provided by a hospice organization.
Office	Office procedures scheduled at a provider's office in an outpatient setting.
Outpatient hospital	Services scheduled outpatient at a hospital.
Outpatient imaging center	Standalone imaging center request.
Lab	Laboratory work and testing.
Home	Services performed in patients' homes.
Ambulance	A certified transportation vehicle for transporting ill or injured people that contains all life-saving equipment and staff as required by state and local law.
Ambulatory surgical center	Ambulatory surgery centers (ASC), also known as outpatient surgery centers or same day surgery centers, are healthcare facilities where surgical procedures not requiring an overnight hospital stay are performed.
Ambulatory infusion center	Standalone or hospital based clinic administering outpatient infusion therapies.

Service Timing	
Pre-service	Prior to the start of care or admission
Concurrent	During ongoing course of treatment or condition for the service being requested
Post-service	After treatment provided or discharge

If you need to provide medical records for an authorization request, you can do so by opening the request and then selecting the upload button in the top right of the page.

Note the upload feature will not be available while a peer to peer review is in process.

In the event an authorization request was withdrawn, you will also find the withdrawn reason immediately below the decision status.

Initial decision
Withdrawn

Withdrawal reason: Duplicate: original auth pending or denied

Section 4: Request an Auth Extension

Step 1: Navigate to the authorizations page

To view the status of all authorization requests, simply:

1. Login to our portal at provider.hioscar.com
2. Click “**Authorizations**” in the top right corner

Step 2: Locate the authorization

1. You can search the list of authorizations under “**View my auths**” & “**View organization auths**” or Search for the member by using their OSC ID
2. Select the Case ID to expand the Authorization Request. Make sure the request is already in an approved status.
3. Select Add Extension Request button to open the extension request form.

Authorizations

You are viewing all authorization requests that you have created.
To view authorization records prior to 12/15/2019, please call 1-855-672-2755.

View my auths

View organization auths

Search by Member ID

Filter

Request ID	Member	Service	Requestor	Organization	Status	Effective Date
3HBF9201	David Underwood 0507626231-01	Elective surgical and non-surgical procedures inpatient hospital	Michelle LU	The New York Foundling	Approved	04/22/2025

Requests in this case

Request ID	Approved service dates	Approved inpatient days	Decision
ED5Y42X5	04/22/2025 – 08/29/2025	2 days	Approved 04/30/2025

[Add extension request](#) [View patient profile](#)

Step 3A: Request extension

In the initial extension request page:

1. Review and populate the following fields within this form:



Step 1 of 3
Check extension requirements

Previous request: [605152X3](#)

Member Service Service Timing Dates of service

Member
Member ID
Member ID (including system)
David Underwood (0507626231-01)

Service
Procedure codes
Optional
Previously approved in this case
CPT code
DOTM – Oncology Sulfase tag Units Quantity

[+ Add a procedure](#)

Diagnosis codes
Diagnosis code

[+ Add a diagnosis](#)

Service timing

- If needed, you can add additional Procedure and Diagnosis codes
- Update the dates of service

2. Select the purple **“Begin Extension Request”** in the button in the bottom right corner of the page.

Step 3B: Provide additional details

On page 2

1. Review the **“Requester”** information and update if needed.
2. Attach additional documentation related to the extension and provide additional comments as needed.
3. Select the purple **“Review request”** button in the bottom right corner of the page.

Step 3C: Review and submit extension request

On page 3

1. Review the details on this page.
2. Select the **“Submit extension request”** button in the bottom right corner of the page.

Member	Member
Service	OSCD
Date of service	05/08/2025-01
Service	Service
Level of care	Inpatient
Procedure code	007M - Drawing of Ptas large B cell lymphoma (20.02.02) with gene expression profiling by fluorescent probe hybridization of 22 genes, formalin fixed paraffin embedded tissue, algorithm reported as cell of origin Tumor
Diagnosis code	-
Service type	Elective surgical and non surgical procedures
Place of service	Inpatient hospital
Service timing	Service timing
Service timing	Concurrent
Expected?	Yes
Dates of service	Dates of service
Inpatient dates	Admission: 04/22/2025 Discharge: -
Inpatient days	1
Requested dates of service	04/22/2025 - 04/23/2025
Requester	Requester
Requester type	Request submitter attending provider
Requester	+1 Phone number: (212) 300-1111 Fax number: (212) 300-1111
Provider and facility	Provider and facility
Attending provider	Michael J. ... 100 E 10th St, New York, NY 10002 Phone number: (212) 300-1111 Fax number: (212) 300-1111
Facility	The New York Hospital 100 E 10th St, New York, NY 10002 Phone number: (212) 300-1111 Fax number: (212) 300-1111
Referring provider	-
Document attachment	Document attachment
Attached documents	Screenshot 2025-04-06 at 4:58:50 PM.png
Contains clinical?	Yes

Additional comments

Medical reason for service requested —

Ineffective previous treatment —

Cancel Submit extension request

Step 4: View submitted extension request

The following page will show you the details of your submitted extension request.

Note: the status of the authorization request moves back to a Pending status while our team reviews and a new Projected decision by date is populated.

Authorizations > Extension Request: M8A6HP8C

Extension Request: M8A6HP8C

View request and decision letter

Member name	David Underwood (OSCT8265231-01) View profile	Decision	Pending
Member date of birth	10/21/1991 (33 years)	Decision date	Unreviewed
Diagnoses	—	Projected decision by	05/05/2025
Dates of service	04/20/2025 – 04/23/2025 (suspended)	This request has not yet been reviewed. What happens next? We'll contact you if we need any more information. Learn more about our authorization process in the Provider manual.	
Number of inpatient days	1 day	All requests in case 3HBF92Q1	
Level of care	Inpatient	SG5Y3ZK5	Approved 04/19/2025
Service timing	Concurrent	M8A6HP8C	Pending Extension
Service type	Elective surgical and non-surgical procedures	Add extension request Why can't I add an extension?	
Place of service	Inpatient hospital		
Documents	Screenshot 2023-09-08 at 4:58:52 PM.png		
Procedures	CPT 80701 (Initial — Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin)		
Attending provider	Michelle Li (NPI: 1609980044)		
Referring provider	—		
Facility	The New York Foundling (NPI: 1649442229)		
Requestor	Attending provider		
Requestor name	xx		
Requestor phone number	(212) 300-1111		
Secondary phone number	—		
Requestor fax number	(212) 300-1111		
Secondary fax number	—		
Transplant Request Type	—		
Organ type	—		