



Prior Authorizations

Certain services require prior authorization before Oscar will cover their costs. Generally, in-network healthcare providers submit prior authorization requests on behalf of their patients, although Oscar members may contact their Concierge team at 1-855-OSCAR-55 to initiate authorization requests in some out-of-network cases. 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

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-OSCAR-55. 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 1-844-965-9053. Oscar members can check authorization status, and in some cases request prior authorization by contacting their Concierge team at 1-855-OSCAR-55.

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 NCQA, Texas state, and/or federal regulations. Decisions are communicated both verbally and/or in writing to providers and members, as required by regulations.

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 healthcare service, admission or treatment in accordance with Oscar's requirement that the healthcare 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 4/30/2020

Oscar Authorization List	
Category	Subcategories
Inpatient Admissions	<ul style="list-style-type: none"> ● Acute/Elective Hospital ● Hospice ● Long-term Acute Care ● Rehabilitation, Acute/Subacute ● Skilled Nursing Facility
Behavioral Health & Substance Abuse (Optum)	<p>Authorization requests for behavioral health and substance abuse are reviewed by Optum.</p> <ul style="list-style-type: none"> ● All Inpatient Admissions (Non-emergent) <ul style="list-style-type: none"> ○ Acute hospital ○ Acute / Subacute rehabilitation ○ Skilled nursing facility ● Applied behavioral analysis (ABA) ● Detoxification programs ● Electroconvulsive treatment (ECT) ● Intensive outpatient treatment ● Methadone maintenance treatment ● Outpatient psych testing ● Partial hospitalization treatment ● Residential treatment ● Transcranial magnetic stimulation (TMS)
Pharmaceuticals	<ul style="list-style-type: none"> ● Physician-Administered Drugs (e.g., Botulinum toxin, intravenous Immunoglobulin, amifostine, leucovorin calcium, peginesatide) ● Site of Care for Physician-Administered Drugs <p>Physician-Administered Drug authorization requests under the Medical benefit are reviewed by Oscar. To learn whether a Physician-Administered Drug class is subject to review for preferred drug brands, check Oscar's Clinical Guideline: Preferred Physician-Administered Specialty Drugs (CG052) or call 1-855-OSCAR-55.</p> <p>Prescription medication Pharmacy benefit authorization requests are reviewed by CVS/Caremark. To learn whether a medication requires auth or step therapy, check Oscar's formulary or call 1-855-RX-OSCAR.</p>

<p>Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies</p>	<p>High cost DME (Please call 1-855-OSCAR-55 to determine if a particular item requires PA)</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) (eviCore) ● Powered wheelchairs and ambulatory devices ● Ocular and corneal Implants ● Oxygen therapy ● Parenteral and enteral pumps and supplies ● Prostheses ● Speech devices ● Wearable defibrillators
<p>Rehabilitative & Habilitative Services</p>	<ul style="list-style-type: none"> ● Chiropractic Services (eviCore) ● Home Health Services <ul style="list-style-type: none"> ○ Home health aide ○ Occupational therapy ○ Physical therapy ○ Skilled nursing ○ Social work ○ Speech therapy
<p>Treatments & Procedures</p>	<ul style="list-style-type: none"> ● Eye <ul style="list-style-type: none"> ○ Blepharoplasty ○ Brow ptosis repair ○ Refractive surgery ● Cardiovascular <ul style="list-style-type: none"> ○ Ablation for arrhythmia ○ Cardiac catheterization (eviCore) ○ Electrophysiology studies ○ Implantable cardiac devices ○ Varicose vein treatment ● Digestive <ul style="list-style-type: none"> ○ Bariatric surgery ○ Gastric neurostimulators ● 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 Procedures
- Interventional Pain Procedures (eviCore)
 - Epidurals
 - Facet joint injections
 - Implantable drug delivery
 - Regional blocks
 - Spinal cord / Neuromuscular stimulators
 - Trigger point injections
- Gender Affirmation / Sex Reassignment Surgery
- Medical Oncology (eviCore)
 - Chemotherapy
 - Supportive oncology drugs
- Musculoskeletal Surgery
 - Bunionectomy
 - Hammertoe
 - Joint arthroscopy / arthroplasty / arthrodesis (eviCore)
 - Spinal surgery
- Organ & Tissue Transplants
 - Bone marrow
 - Heart
 - Islet cell
 - Kidney
 - Lung
- Penile implants
- Radiation Therapy (eviCore)
 - Brachytherapy
 - Intensity modulated radiation therapy
 - Hyperthermia treatment
 - Intraoperative therapy
 - Neutron beam therapy
 - Proton beam therapy
 - Radiologic guidance
 - Stereotactic radiation therapy
- Skin
 - Panniculectomy
- Wound Care

	<ul style="list-style-type: none"> ○ Hyperbaric oxygen therapy ○ Skin / Tissue grafts & substitutes
Tests & Evaluations (eviCore)	<ul style="list-style-type: none"> ● Advanced Imaging <ul style="list-style-type: none"> ○ Cardiac imaging (e.g., echo) ○ CT scans ○ MRI ○ PET scans ○ Stress tests ● 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 ● Attended Sleep Studies <ul style="list-style-type: none"> ○ Polysomnography ○ Split night studies
Transportation	<ul style="list-style-type: none"> ● Non-Emergency Transportation <ul style="list-style-type: none"> ○ Ambulettes ○ Air ambulances ○ Ground ambulances