



This guide should be used to aid the interpretation of 835 EDIs. Specifically, refer to this guide if segment **REF - Healthcare Policy Identification in Loop 2110** of the 835 EDI is populated.

REF02 code	Policy message
MA1	<p>Non-contracted providers may request reconsideration of a denial of payment within 60 days of the date of this remittance advice. You must submit a Waiver of Liability form holding the Oscar member harmless regardless of the outcome of the appeal. You can access a copy of the form at www.hioscar.com/medicare/forms. When submitting your request, please include at least the following documents:</p> <ul style="list-style-type: none">● A copy of the original claim or remittance advice showing the denial;● A completed Waiver of Liability form;● Clinical records or other documentation to support your argument for reimbursement;● If your request concerns a payment amount dispute, include documentation supporting the amount you believe you should have been paid; and● Current contact information for your office in the event Oscar requires additional information to process your request. <p>Please fax your request to the Oscar Medicare Appeals Department at 833-554-9047 or mail it to P.O. Box 62378, Phoenix, Arizona 85082.</p>