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.

<table>
<thead>
<tr>
<th>REF02 code</th>
<th>Policy message</th>
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| MA1        | 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:  
  ● 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.  

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.