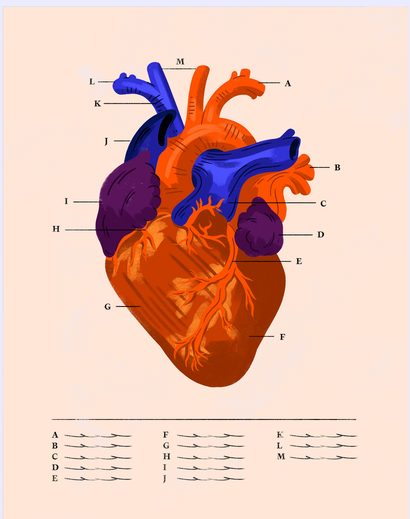
oscar

PROVIDER NEWSLETTER



Here’s what’s going on this month:

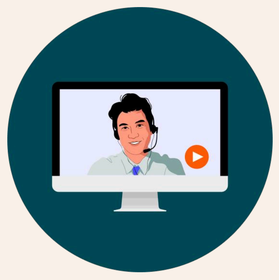
📌 Actions for your practice

📌 Oscar policies and process updates

📌 Industry news - policies and regulations

📌 Industry news – Oscar Health

📌 FAQs & Resources



Availity Essentials™ updates

Effective Sept. 1: Oscar Provider Portal authorization changes

Key workflow changes

As of **September 1, 2026**, you can no longer submit new authorization requests through the Oscar Provider Portal. Please make sure your practice is set up on Availity Essentials™ so your patient care is not delayed. If your practice does not yet have an Availity account, please visit the Availity Essentials & Oscar information page for information on how to register.

What this means for your daily workflows

- **New prior authorizations:** All new prior authorizations must be submitted through Availity Essentials or a delegated vendor, instead of through Oscar's Provider Portal.
- **Historical requests:** View historical authorization requests within either platform—Availity Essentials or the Provider Portal—regardless of where they were originally submitted.
- **Auth letters:** Access determination letters in both Availity Essentials and the Provider Portal. (Note: Letters will only appear in Availity Essentials for requests initiated through that platform.)
- **Extension requests:** Submit requests via fax or through the Provider Portal.
- **For claims, eligibility, and benefits:** There is no change. Continue to use the Oscar Provider Portal for these functions just like you do today.

Be on the lookout for additional features in Availity Essentials in the months ahead.

Need help?

- **Resources:** Visit the Availity Essentials & Oscar information page
- **Training:** Access on-demand videos in the Availity Essentials Learning Center:
  - Log into Availity Essentials
  - Go to the top navigation bar and select **Help & Training | Get Trained**
  - Select the on-demand training you would like to watch
- **Getting started:** Review our step-by-step Oscar Health provider guide: Prior authorization submissions to walk through submission procedures.
  - Scroll down to "Additional Provider Resources" → "Oscar on Availity Essentials" or by navigating to Oscar's Payer Space inside Availity.
- **Help line:** Call Availity Essentials at 1-800-AVAILITY (282-4548), Monday through Friday, from 8 a.m. to 8 p.m. EST.

Tell us about your experience with Availity Essentials: Share your feedback via our feedback survey (estimated time: 2 min).

Oscar policy and processes updates

October 1: Oscar Health introduces Laboratory Benefit Management program

On **October 1, 2026**, Oscar Health will launch a new Laboratory Benefit Management (LBM) program. As part of this program, Oscar Health is introducing 65 policies that set clear, up-to-date rules for routine lab tests based on the latest scientific research. To keep patient care on track these rules apply **after** services are billed. **No prior authorizations are required**, meaning there are no delays for patient testing or treatment.

Where these rules apply

This program applies to routine lab tests performed in:

- Doctor offices
- Hospital outpatient clinics
- Independent lab centers

Exclusions: Tests done in emergency rooms, hospital observation units, or inpatient hospital stays are not included in this program.

Appeals and disputes

This new program does not change how you submit appeals or payment disputes. The standard Oscar Health appeal process is the same.

How to view the full policy list

- Go to the Oscar Provider Manual page
- Select your state
- In the left menu, select Reimbursement / Payment Policies
- Scroll down to Laboratory Routine Test Management to view all 65 policies

View the Laboratory Routine Test Management policies

Oscar policy and processes updates

Reimbursement policy updates

Effective October 1, 2026

Retired policy: Laboratory Testing

- Retired and replaced with the Vitamin D Testing policy under the Laboratory Routine Test Management section.

Drug Testing

- Added CMS billing and coding information as a reference to this policy.

Unlisted and Unspecified Procedures

- Added Oscar's Provider Manual as a related policy
- Corrected the title of National Drug Code (NDC) to Drugs and Biologics Billing Requirement

Effective December 1, 2026

Non-Reimbursable Services

- Updated the reimbursement guidelines for Category III CPT codes to make coverage rules clearer.
  - **Key difference:** Instead of requiring supporting documentation on all claims, services are now paid only if they are covered under an existing clinical policy and meet all requirements.
- Added details about extra services, including certain tests, procedures, and drugs, that Oscar may not cover or reimburse based on industry standards.

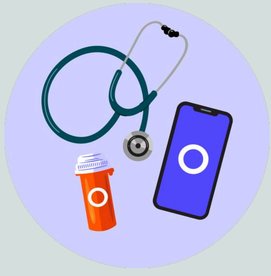
We added the following related policies:

- Bundled Services
- Routine Services, Supplies, and Equipment

New policy: Ambulance Services

- We created this policy to provide guidance for reporting and reimbursement of ambulance services. The policy covers topics such as mileage, level of care, included services and supplies, and modifiers.

Read the August 2026 Summary of Changes



Actions for your practice

Claims submission update: Taxonomy codes required on all claims

Oscar is updating its claims requirements for provider taxonomy codes. These changes help ensure claims are processed correctly and paid based on the provider specialty submitted on the claim.

Action required: Please update your billing software or notify your billing team immediately to avoid claim rejections and payment delays.

What you need to include on your claims

- **Billing provider:** You must include a billing provider taxonomy code on **every claim**.
- **Rendering provider:** If you list a rendering provider NPI, you **must also include their rendering provider taxonomy code** (regardless of NPI type).
- **Ancillary providers (Exemption):** If you bill at the organization level with a Type-2 NPI and no individual rendering provider (such as DME suppliers or imaging facilities), you do not need to fill out the rendering provider field.

Enter your code in the exact fields listed below based on your claim type:

Professional claims:

- **Electronic claims** (837P)
  - **Billing Provider:** Loop 2000A, Segment PRV
  - **Rendering Provider:** Loop 2310B, Segment PRV (or Loop 2420A if different at line level)
- **Paper claims** (CMS-1500)
  - **Billing Provider:** Box 19 (include the "ZZ" qualifier)
  - **Rendering Provider:** Box 24I shaded (for "ZZ") and Box 24J shaded (for taxonomy code)

Institutional claims:

- **Electronic claims** (837I)
  - **Billing Provider:** Loop 2000A, Segment PRV
- **Paper claims** (UB-04)
  - **Billing Provider:** Field 81 (include the "B3" qualifier)

Review our **Claim Submission Requirements** to learn more.

Including these National Uniform Claim Committee (NUCC) codes helps us process your claims correctly and pay you accurately based on your submitted specialty.

Read the Summary of Changes

Actions for your practice

Upcoming changes: New maternity billing and policy rules

Starting **January 1, 2027**, Oscar is updating its maternity care billing rules to align with the latest CPT® coding standards from the American Medical Association (AMA).

To ensure your maternity claims are processed accurately and paid without delay, please update your billing systems to reflect these code changes.

Action required: Review the updated AMA code set with your billing team to ensure all 2027 maternity claims use the correct, updated CPT codes.

What you need to know

- **New and revised codes:** Oscar will accept all new and updated CPT codes for maternity care as defined by the AMA.
- **System alignment:** Our claims processing system will automatically update to match the official AMA code releases.
- **Codebook reference:** For full code definitions and details, refer to the AMA's CPT® 2027 Professional Edition codebook upon release.

Resources

AMA recommendations and Oscar's Medical Policy:

- **2027 AMA CPT Maternity Care Services Guidelines and Code Updates:** View the full list of new and revised codes here.
- **Oscar's Medical Policy (CG038 – Home Births and Birth Centers):** This policy is being updated to align the new 2027 CPT®code set. Read the full details in the AMA Guidelines.

Review the care code changes

Industry news – Policies & regulations

Policy update: Court order pauses some 2027 ACA rule changes

What happened?

A recent federal court decision (Columbus vs.Kennedy II) has temporarily paused certain parts of the new 2027 Affordable Care Act (ACA) enrollment and eligibility rules while the legal case moves forward.

Key takeaways for your practice & patients

- **Financial help for patients is protected:** The court paused the new tax-reconciliation rule, for now. Under current official guidance, ACA patients will not lose their health insurance or financial help (tax credits) if there are issues with their past tax filings. This helps prevent sudden coverage cancellations.
- **Simpler income checks stay in place:** Health insurance exchanges will keep accepting a patient's stated income if tax records aren't available, preventing delays in coverage.
- **No changes to health plan options:** Current rules still limit the number of non-standard health plans insurers can offer. This means there are limits on special plan choices for your patients, such as Oscar's diabetes and menopause plans.

What this means for your office

- **No immediate changes:** There is no change to how you check patient eligibility or submit claims. Please continue using the Oscar Provider Portal to verify member coverage before visits.
- **Possible appeals:** The government has 60 days to appeal the court decision, which could change whether these rules take effect later.
- **Future updates:** We expect state and federal agencies will continue to issue more guidance in response.

Oscar is tracking these legal updates closely and will keep your team informed. If you have any questions about patient coverage or daily workflows, please contact Provider Services at (855) 672 2755 (Option 4).

Read Summary

Industry news – Oscar Health

Oscar in the news: National recognition for quality & affordability

Why national honors for Oscar translate to better support for your practice

Oscar Health was recently featured in major national publications for offering affordable, high-quality healthcare coverage:

- **TIME Magazine:** TIME named Oscar one of America's Best Companies of 2026—one of only eight health plans in the entire country to make the list.
- **Forbes:** Forbes features Oscar as a top health insurance company for offering affordable ACA plans while healthcare costs continue to rise.

Why this matters to your practice

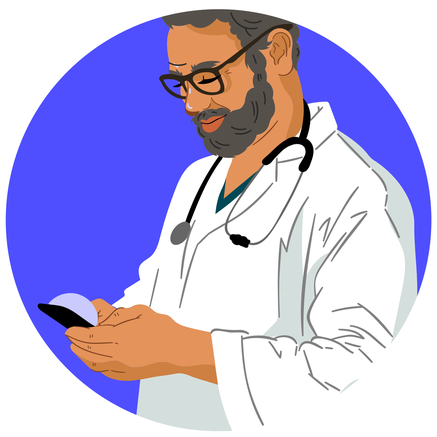
- **Better health outcomes & fewer missed visits:** When health insurance stays affordable, patients keep their coverage all year. This means fewer canceled visits, taking medicine as prescribed, and no breaks in treatment.
- **Consistent coverage & reliable pay:** Strong member growth brings a steady stream of insured patients to your office. This cuts down on sudden loss of coverage that causes billing headaches.
- **Less paperwork and fewer delays:** As Oscar grows, we stay focused on making your workday easier. We focus on faster authorization approvals, easy-to-use online tools, and quick claim payments.

We appreciate your continued partnership in caring for our members. Together, we look forward to making healthcare simpler and improving health outcomes for your patients!

FAQs & Resources

You have questions, we have answers

We know that getting you the information you need, when you need it, is essential to getting patients the care they need. That's why we've developed online provider resources that you can access 24/7.



Provider Resource hub

Access a variety of tools like videos and how-to guides for common tasks

Learn more

Provider Manual

View policy and procedure information by state

Learn more

FAQ's

Check out answers to some of our most commonly asked questions

Learn more

Got a minute?

Share your thoughts so we can make this newsletter work better for you.

Take Survey

Want to talk to us directly?

Reach out to our Provider Services team at (855) 672-2755 (option 4)

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