



Oscar Authorization List	
Category	Subcategories
Inpatient Admissions	<ul style="list-style-type: none"> <li>• Acute Hospital</li> <li>• Rehabilitation, Acute/Subacute</li> <li>• Long-term Acute Care</li> <li>• Skilled Nursing Facility</li> <li>• <del>Mental Health, Substance Use and Partial Hospital/Residential Treatment (Optum)</del></li> <li>• <b>Hospice</b></li> </ul>
Therapy	<ul style="list-style-type: none"> <li>• <del>Wound Care</del> <ul style="list-style-type: none"> <li>◦ Hyperbaric Oxygen therapy</li> <li>◦ Bioengineered Skin and Soft Tissue Substitutes</li> </ul> </li> </ul>
Site of Care Review	<del>Physician Administered Specialty Drugs (eviCore)</del>
Surgery & Procedures	<ul style="list-style-type: none"> <li>• Cardiac Procedures / Surgeries               <ul style="list-style-type: none"> <li>◦ Cardiac ablation</li> <li>◦ Cardiac catheterization (eviCore)</li> <li>◦ Coronary Angioplasty/Stent (Outpatient) (eviCore)</li> <li>◦ Transcatheter valve surgeries</li> </ul> </li> <li>• Chemotherapeutic Agents (eviCore)</li> <li>• Radiation therapy (eviCore)               <ul style="list-style-type: none"> <li>◦ Brachytherapy</li> <li>◦ Stereotactic Radiation Therapy</li> <li>◦ Intensity Modulated Radiation Therapy</li> <li>◦ Neutron Beam</li> <li>◦ Proton Beam</li> <li>◦ Hyperthermia Treatment</li> <li>◦ Radiation Treatment</li> </ul> </li> <li>• Cosmetic / Plastic Surgery               <ul style="list-style-type: none"> <li>◦ Abdominoplasty / Panniculectomy</li> <li>◦ Blepharoplasty</li> <li>◦ Otoplasty</li> <li>◦ Rhinoplasty</li> </ul> </li> <li>• Other Surgery               <ul style="list-style-type: none"> <li>• <del>Bariatric surgery</del></li> <li>◦ Balloon sinuplasty</li> <li>◦ Bunionectomy</li> <li>◦ Hammertoe surgery</li> <li>◦ Oral, Orthognathic, Temporomandibular Joint surgery</li> <li>◦ Obstructive sleep apnea surgery</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Orthopedic surgeries of hip, knee, or shoulder (eviCore) <ul style="list-style-type: none"> <li>■ Arthroplasty</li> <li>■ Arthroscopy</li> </ul> </li> <li>○ Penile implants</li> <li>○ Sinus endoscopy</li> <li>○ Varicose vein surgery and sclerotherapy</li> <li>● Interventional Pain Procedures (eviCore) <ul style="list-style-type: none"> <li>○ Epidurals</li> <li>○ Facet Joint Injections</li> <li>○ Implantable Drug Delivery</li> <li>○ Nerve Blocks</li> <li>○ Trigger Point Injections</li> </ul> </li> <li>● Interventional Pain Devices (eviCore) <ul style="list-style-type: none"> <li>○ Pain infusion pumps / Implantable drug delivery</li> <li>○ Spinal cord/Nerve stimulators</li> </ul> </li> <li>● Spine Surgeries (eviCore) <ul style="list-style-type: none"> <li>○ Kyphoplasty</li> <li>○ Spinal Fusion</li> <li>○ Vertebroplasty</li> </ul> </li> <li>● Infertility Testing and Treatment (e.g., IUI)</li> <li>● Transplant-Related Services</li> <li>● <b>Radiologic guidance and Intraoperative therapy</b></li> <li>● <del>Breast Cancer Biopsy</del></li> </ul>
Test & Evaluations	<ul style="list-style-type: none"> <li>● Cardiac Diagnostic Testing (eviCore) <ul style="list-style-type: none"> <li>○ Cardiac echocardiogram</li> <li>○ Cardiac Computed Tomography Angiography (CCTA)</li> <li>○ Myocardial Perfusion Imaging Single Photon Emission Computed Tomography (MPI SPECT)</li> </ul> </li> <li>● Cardiac Diagnostic Testing <ul style="list-style-type: none"> <li>○ Electrophysiology Study (EPS)</li> <li>○ Electrophysiology (EPS) with 3D Mapping</li> </ul> </li> <li>● Molecular Diagnostic / Genetic Testing (eviCore)</li> <li>● Sleep Studies (eviCore) <ul style="list-style-type: none"> <li>○ Home-based</li> <li>○ Facility-based</li> </ul> </li> <li>● Screening / Diagnostic Imaging (eviCore) <ul style="list-style-type: none"> <li>○ CT</li> <li>○ MRA</li> <li>○ MRI</li> <li>○ Nuclear stress test</li> <li>○ OB ultrasound</li> <li>○ PET scan</li> <li>○ SPECT scan</li> </ul> </li> </ul>

Durable Medical Equipment (DME)	<ul style="list-style-type: none"> <li>• Cardiac Devices <ul style="list-style-type: none"> <li>○ Cardiac Resynchronization Therapy / Implantable cardiac devices (e.g., ICD, Pacemaker)</li> <li>○ Implantable loop recorders</li> <li>○ Wearable Cardioverter Defibrillators (i.e., Zoll LifeVest®)</li> </ul> </li> <li>• Equipment and Supplies <ul style="list-style-type: none"> <li>○ Bone Growth Stimulators</li> <li>○ Cochlear and auditory brainstem implants</li> <li>○ Electric wheelchairs and scooters</li> <li>○ High Frequency Chest Compression Vests</li> <li>○ Hospital / Electric beds</li> <li>○ Noninvasive positive pressure ventilation (CPAP, BiPAP) (eviCore)</li> <li>○ Prosthetics</li> <li>○ <b>Braces and Orthoses</b></li> <li>○ <b>Continuous glucose monitors / insulin pumps</b></li> <li>○ <b>Hospital grade breast pumps</b></li> <li>○ <b>Negative pressure wound therapy pumps</b></li> <li>○ <b>Parenteral and enteral pumps and supplies</b></li> <li>○ <b>Wearable defibrillators</b></li> </ul> </li> </ul> <p><b>High cost DME (Call 855-672-2755 to determine if a particular item requires PA) Any DME greater than \$750</b></p>
Behavioral Health & Substance Abuse	<ul style="list-style-type: none"> <li>• Behavioral Health Services (Optum) <ul style="list-style-type: none"> <li>○ Electroconvulsive Therapy (ECT)</li> <li>○ Transcranial Magnetic Stimulation (TMS)</li> <li>○ Applied Behavior Analysis (ABA)</li> </ul> </li> <li>• All Inpatient Admissions (Non-emergent)</li> <li>• Partial hospitalization treatment</li> <li>• Residential treatment</li> <li>• Intensive outpatient</li> <li>• Outpatient psych testing</li> <li>• Methadone maintenance treatment</li> <li>• Detoxification programs</li> </ul> <p><b>Authorization requests for behavioral health and substance abuse are reviewed by Optum. Preauthorization is required for inpatient stays, except for emergency admissions.</b></p>
Rehabilitative & Habilitative Services	<p>Home Health Services</p> <ul style="list-style-type: none"> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> </ul>



	<ul style="list-style-type: none"><li>• Speech Therapy</li><li>• Skilled Nursing</li><li>• Home health aide</li><li>• Social work</li></ul>
Physician-Administered Specialty Drugs	Specialty Drugs (e.g. Botulinum toxin, intravenous Immunoglobulin, amifostine, leucovorin calcium, peginesatide)
Transportation	<ul style="list-style-type: none"><li>• Non-emergency transportation<ul style="list-style-type: none"><li>○ Air <b>A</b>mbulances</li><li>○ <b>Ambulettes</b></li></ul></li></ul>
<b>Pharmacy</b>	<b><i>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 855-RX-OSCAR.</i></b>