Technicals Denials

Policy

A technical denial is a denial of the entire billed or paid amount of a claim in instances when the care provided to a member cannot be substantiated due to a healthcare provider's lack of response to Oscar's requests for medical records, itemized bills, documents, etc.

Documentation requested from healthcare providers must be received within 90 days (unless applicable state, federal, or contract laws specify a different time frame).

Reimbursement Policy:

Prepayment review technical denials

For prepayment reviews, medical records and/or related documentation will be reviewed for appropriate coding, documentation, and Medical Necessity as appropriate. When additional documentation is needed for Oscar to adjudicate the claim, the claim will be pended until the documentation is received or until the deadline for receipt of the documentation passes.

- Records request: A letter will be mailed or faxed to the healthcare provider asking that records be provided within 90 days from the date of the letter, unless applicable state, federal, or contract laws specify a different time frame.
- Explanation of remittance (EOR) notification: If the requested records are not received within the required time frame (90 days at latest), the healthcare provider will receive an EOR showing the full denial of the claim due to lack of documentation to substantiate the services billed.

Post-payment review technical denials

For post-payment reviews, medical records and/or related documentation will be reviewed as outlined in the Oscar's reimbursement policy specifications.

- Records request: A letter will be mailed or faxed to the healthcare provider asking that records be provided within 90 days from the date of the letter.
- Request for refund or Offset: If the requested records are not received within the required time frame (95 days at latest) of the final notice, Oscar will issue a technical denial, and will pursue a request for refund or offsetting request.

After the request for refund/offset request goes out, the healthcare provider The healthcare provider will have 45 days from the date on the request-for-refund letter to send a refund check before the paid amount of the claim is offset or recouped, (unless applicable state, federal, or contract laws specify a different time frame).

Publication History

Date	Action/Description
4/7/2021	Approval and inclusion in Oscar Provider Manual
3/18/2021	Original Documentation