

OHCA Guideline

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| Policy: | 317:30-3-90 - 317:30-3-91 - Out-of-State Services |
| Last Review Date: | November 21, 2025 |
| Effective Date: | September 1, 2019 |
| Next Review: | March 1, 2026 |
| * This document is not a contract, and these guidelines do not encompass every possible situation. Although all items contained in these guidelines may be met, this does not reflect or imply the responsibility of this agency or department to change the plan provision to include the stated services as an eligible benefit. | |
| <input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria | |
| Summary | |
| Purpose | <p>To provide guidelines to assure medical necessity and consistency in the prior authorization process.</p> <p>The Oklahoma Health Care Authority's Out-of-State Services Program requires prior authorization (PA) for all non-emergent out-of-state services more than 50 miles from the Oklahoma border. This PA process also provides case management for members requiring necessary services that are not available in Oklahoma.</p> |
| Definitions | |
| <p>317:30-3-89. Definitions</p> <p>"Emergency" means a serious situation or occurrence that happens unexpectedly and demands immediate action such as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected, by a reasonable and prudent layperson, to result in placing the member's health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part.</p> <p>"Out-of-state provider" means a provider contracted with SoonerCare in accordance with Oklahoma Administrative Code (OAC) 317:30-3-2, if:</p> <ul style="list-style-type: none">(A) The physical address where services are or will be rendered is located outside the Oklahoma border and within the United States; or(B) The physical address where services are or will be rendered is located within the Oklahoma border, but:<ul style="list-style-type: none">(i) The out-of-state provider maintains all member and/or billing records outside the Oklahoma border; and(ii) The out-of-state provider is unable to produce the originals or exact copies of the member and/or billing records from the location in Oklahoma where services are rendered. <p>"Temporary" means lasting for a limited period of time, such as when a member is on vacation, but does not include situations in which a SoonerCare member leaves Oklahoma for the purpose of receiving medical care and treatment.</p> | |
| CPT Codes Covered Requiring Prior Authorization (PA) | |
| Prior authorization code/unit requests – In order to streamline the PA/claims process, group codes have been created. You will submit your PA request using the appropriate group code below | |

(modifiers not required) and you will continue to file your claims using the appropriate CPT code and modifiers.

- MA009 – Out-of-state services

Approval Criteria

GENERAL:

All non-emergent out-of-state services more than 50 miles from the Oklahoma border must be prior authorized by the Oklahoma Health Care Authority (OHCA). Obtaining approval for out-of-state services does not mean that there is approval for a specific procedure code.

OHCA requires that the HCA-65 Form be completed and submitted for out-of-state services PA review - [HCA-65 Form 4.28.2025](#).

In addition to the HCA 65 Form, the following information must be submitted for review:

1. Documentation to establish the medical necessity of services requested, such as medical records.
2. Letter of medical necessity or another thorough summary document that includes:
 - a. Summary of the member's condition and history of treatment related to the request.
 - b. History of other providers who have evaluated, treated or consulted the member related to the request.
 - c. Recommended treatment or further diagnostic information needed.
 - d. Why medical care cannot be completed in Oklahoma or the next closest location.
3. All pertinent information for the out-of-state request must be submitted via the eQ Suite Care Coordination Portal at <https://eqsuite-ok.acentra.com> or via the OHCA Population Care Management Division at 405-213-1145.

Additional Information

Prior authorization does not guarantee approval - additional documentation may be required. Supplier generated forms and physician letters of medical necessity are not a substitute for the comprehensive medical record.

To provide services outside of Oklahoma, providers must follow a two-step authorization process. First, an out-of-state authorization must be approved. Once granted, the provider must then submit a PA request to MAU for any specific procedure codes that require it. Services should not be rendered until both the out-of-state status and the specific procedure codes are fully authorized.

How to determine if a HCPCS code requires a PA via the [HCP Provider Portal > Home](#).

1. Select the Providers tab
2. Choose Secure Sites
3. Enter your login information and password
 - a. Once you have obtained access, on the Provider Main page, select Pricing & Limitation.
 - b. Enter the code to obtain information regarding that specific code.
 - c. If the code requires prior authorization, please review the General Overview section to locate and complete the required forms necessary for submission of your request.

The out-of-state prior authorization represents a clinical decision regarding medical necessity. It is not a guarantee of member eligibility or of SoonerCare payment. It is the responsibility of the provider to verify not only SoonerCare eligibility, but also to verify program eligibility and benefit plan (for example: SoonerCare Choice, SoonerCare Traditional) at the time of service.

Factors that may affect payment include, but are not limited to, correct claim completion, appropriate referral (if required), provider contract, timely filing and member eligibility.

Out-of-State Services Policy

317:30-3-90. Out-of-state services - [PART 6. Out-of-state services](#)

(a) Consistent with Section 431.52 of Title 42 of the Code of Federal Regulations (C.F.R.), an eligible SoonerCare member who is a resident of Oklahoma but who is temporarily out of state, may receive services from an out-of-state provider to the same extent that he or she would receive such services in Oklahoma, if:

(1) Medical services are needed for a medical emergency, as determined by the attending physician or other provider (M.D., D.O., P.A. or A.P.R.N), or dentist [Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD)]. For any provider who is not contracted at the time the services are provided, requested documentation from OHCA of the emergency must be submitted, including, but not limited to, emergency room reports, medical histories, discharge summaries and all other relevant medical reports.

(2) Medical services are needed and the member's health would be endangered if he or she were required to return to Oklahoma for medical care and treatment, as determined by the attending physician or other provider (M.D., D.O., P.A. or A.P.R.N), or a dentist [Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD)]. For any provider who is not contracted at the time the services are provided, documentation of the nature and possible extent of the endangerment must be submitted as requested from OHCA.

(3) The Oklahoma Health Care Authority's (OHCA) Chief Medical Officer (CMO), or his or her designee, determines, on the basis of medical advice, that the needed medical services, or necessary supplemental resources, are more readily available in the state where the member is located at the time of needing medical treatment. Prior authorization must be obtained from the OHCA's CMO, or his or her designee, before the services are rendered.

(b) Per 42 C.F.R. § 431.52, if it is the customary or general practice for SoonerCare members who are residing in a particular locality within Oklahoma to use medical or dental resources in another state, reimbursement is available for services furnished in another state to the same extent that reimbursement for services is furnished within Oklahoma boundaries. The services being rendered must be provided by a provider who is contracted with OHCA and must be appropriately licensed and in good standing with the state in which they practice.

(1) Except for out-of-state inpatient psychiatric services, no prior authorization is necessary for services provided in accordance with paragraph (b), above, if the member obtains them from an out-of-state provider that is:

(A) Located in a border state (Arkansas, Colorado, Kansas, Missouri, New Mexico or Texas) within fifty (50) miles of the Oklahoma border, with exceptions for dental services. OHCA will allow the member to travel up to one hundred (100) miles from the Oklahoma border to receive dental services; and

(B) Provided, however, that nothing in this paragraph shall be interpreted to eliminate or otherwise affect a prior authorization requirement established by any other OHCA rule, including, but not limited to, Oklahoma Administrative Code (OAC) 317:30-3-31, that would have to be met if the health care-related good and/or service were provided in Oklahoma.

(2) In all other instances, prior authorization must be obtained from the OHCA's CMO, or his or her designee, before the services are rendered.

(c) Clinical trials, either in-state or out-of-state, will need to adhere to any federal regulations which provide for certain exceptions to OHCA's out-of-state policy. For the full clinical trials policy, please refer to OAC 317:30-3-57.1.

Except as provided in subsections (a)(1), (a)(2), (b) (1) and (c), above, SoonerCare will not pay for any services furnished by an out-of-state provider unless prior authorization has been obtained from the OHCA's CMO, or his or her designee, before the services are rendered. Prior authorization for out-of-state services must be obtained in all instances in which the member is located in Oklahoma at the time the services are determined to be medically necessary.

(1) As part of this authorization process, the following documents must be submitted to the OHCA's CMO, or his or her designee:

(A) Documents sufficient to establish the "medical necessity" of the services requested, as that term is defined by OAC 317:30-3-1(f). See also OAC 317:30-3-31, Prior authorization for health care-related goods and services. Examples of such documents may include, but are not limited to, Histories of Present Illnesses (HPIs), physical exams, laboratory reports, imaging reports, progress notes, hospital charts and/or other relevant medical records; and

(B) Documents sufficient to establish that the health care needs of the member cannot be met in Oklahoma. Such documents shall include, but not be limited to, a letter from the referring provider that contains:

(i) A clear presentation of the member's medical condition and diagnosis for which out-of-state treatment is requested, including a summary of treatment to date that is supported by the documents in paragraph (c)(1)(A), above;

(ii) Names of physicians and/or facilities in Oklahoma that the member has previously been referred to for diagnosis and/or treatment;

(iii) Physicians consulted by the attending physician relative to diagnosis and/or availability of recommended treatment in Oklahoma;

(iv) Recommended treatment or further diagnostic work; and

(v) Reasons why medical care cannot be provided in Oklahoma or the next closest location outside Oklahoma.

(C) Except for emergency medical, behavioral health cases, and as provided in subsections (a)(1),(a)(2) and (b)(1), above, prior authorization requests for out-of-state services must be made in writing with all the necessary documents that show medical necessity and details of the services provided, including but not limited to, relevant medical history, description of services and procedures to be performed, Histories of Present Illnesses (HPIs), physical exams, laboratory reports and imaging reports, and must be received by OHCA at least ten (10) calendar days prior to the date services are to be provided in another state or at the discretion of the CMO or his/her designee.

(i) Emergency medical, behavioral health and dental cases must be identified as such by the physician or provider in the prior authorization request.

(ii) Any telephone request for prior authorization of out-of-state services will only be accepted in emergency situations and must be promptly followed by a written request.

(2) Prior authorization requirements for medically necessary lodging, transportation and/or meals assistance associated with out-of-state services are established in other OHCA rules, including, but not limited to, OAC 317:30-3-92 and 317:30-5-327.1. In accordance with federal regulations, exceptions to prior authorization requirements will be made for members who are participating in a clinical trial that requires out-of-state medically necessary services. For the full clinical trials policy, please refer to OAC 317:30-3-57.1.

(e) The limitations established in subsections (a) through (c), above, shall not apply to children who reside outside of Oklahoma and for whom the Oklahoma Human Services (OKDHS) makes Title IV-E adoption assistance payments or Title IV-E foster care maintenance payments.

(f) Denials of requests for prior authorization may be appealed in accordance with OAC 317:2-1-2(d)(1)(C).

(g) Out-of-state providers shall, upon request by authorized OHCA representatives, make available fiscal and medical records as required by applicable federal regulations, OHCA rules and the Provider Agreement. Such records shall be made available for review by authorized OHCA representatives at the OHCA's address in Oklahoma City, Oklahoma.