



SoonerSelect Medical Contracted Entity (CE) Requests to Change Service Provisions

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical contracted entities (CEs) may not impose prior authorization guidelines/criteria or utilization management practices that are more restrictive than OHCA without OHCA prior approval.

On June 6, 2025, Aetna Better Health of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

OHCA subject matter experts (SMEs) reviewed the requests, evaluating them in comparison to OHCA historical processes and practices, standard business practice in other markets, and available data to determine whether to approve the requests.

OHCA decisions are noted in the table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODE(S) IMPACTED	OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	ANTICIPATED IMPACT	OHCA DECISION
New Patient Codes: 99201 – 99205 Established Patient Codes: 99211 - 99215	OHCA does not currently have a protocol requesting that new patient codes not be used for established visits in the same provider practice.	Aetna Better Health of Oklahoma is requesting that new patient codes not be used for established visits in the same provider practice. Applicable to all providers located within the same group setting. Any provider providing services in the group would be considered an established visit.	Aetna will monitor utilization for new versus established patient codes in the same practice to ensure upcoding is mitigated and patient coverage is maintained.	APPROVED for dates of service on or after 7/1/2025.