



SoonerSelect Medical Contracted Entity (CE) Change of Service Provision Summary

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 March 13, 2026, 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 Change of Service Provision Summary				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Applied Behavior Analysis (ABA) Assessments- Process Change				
97151 – Initial Assessment - Applied Behavior analysis (ABA) assessments covering evaluation, treatment planning and caregiver communications 97151-TS – Reassessment – Billed in 15-minute units with a maximum of 32 units (8 hours) per authorization period	Initial Assessment 97151 - Limit to 24 units (6 hours) Reassessment (97151 TS) – Introduce a modifier (e.g., TS) Cap at 16 units (4 hours) every 6 months	Initial Assessment 97151 – 24 units should suffice for comprehensive assessment. Setting a reasonable cap helps ensure efficiency and consistency. Reassessment (97151 TS)- Reassessments require less time than initial evaluations.	This approach supports appropriate utilization, reduces therapy fatigue, aligns with national norms, and maintains flexibility for individualized treatment planning.	Approved