



SoonerSelect Medical and Children's Specialty Program (CSP) Contracted Entity (CE) Requests to Change Service Provisions

The SoonerSelect Medical and Children's Specialty Program Contracts at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that 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 11/24/2025, Oklahoma Complete Health (OCH) & Oklahoma Complete Health Children's Specialty Program (OCHCSP) 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:

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PROCEDURE CODE	PROPOSED MODIFICATION TO CURRENT PROTOCOL	REASON FOR PROPOSED MODIFICATION	ANTICIPATED IMPACT	OHCA DECISION
Decrease the threshold triggering review of medical necessity criteria.				
97153 – Direct Applied Behavioral Analysis (ABA) Services	<p>Implementation of review thresholds for ABA services hours/day (24 units) for CPT 97153 and 30 hours/week consistent with OHCA combined hours framework.</p> <p>These thresholds are utilization management triggers, NOT coverage limits.</p> <p>Services delivered beyond the approved amount without prior authorization will be denied for lack of authorization, not for exceeding a numeric threshold.</p>	<p>Recent studies challenge the assumption that higher ABA service hours lead to better outcomes:</p> <ul style="list-style-type: none"> - Smith et al. (2015): Found little correlation between treatment hours and outcomes. - Vietze & Lax (2018): Age of entry was a stronger predictor of success than total hours. - Rogers et al.: No significant difference in outcomes between 15 and 25 hours per week. - Tiura et al.: Cognitive ability and age at treatment start were the most significant predictors. - Lovaas (1987): Historically supported intensive ABA, but newer research questions its generalizability. <p>Observed provider behavior includes billing for 8+ hours of ABA services per</p>	<p>Members will continue to receive all medically necessary services under EPSDT. This approach supports appropriate utilization, reduces therapy fatigue, and maintains flexibility for individualized treatment planning. Providers will not be restricted by arbitrary limits; instead, requests exceeding thresholds will undergo clinical review. Benefit costs may stabilize through reduced overutilization while preserving access to care. Turnaround times for prior authorization will follow OHCA standards.</p>	<p>Approved 12/15/2025</p> <p>This change will be implemented on or after 12/15/2025</p>

Presented at the January 8, 2026 Medical Advisory Committee meeting

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		day, sometimes overlapping with other services. This raises concerns about double billing and clinically inappropriate service stacking. Implementing clinical review thresholds will help identify patterns of potential overutilization without imposing absolute caps, ensuring services remain medically necessary and appropriately documented.		