



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 11/14/2025, 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 CODES	PROPOSED CHANGE TO CURRENT PROTOCOL	REASON FOR PROPOSED MODIFICATION	ANTICIPATED IMPACT	OHCA DECISION
Addition of Prior Authorization Requirement to Specific Surgical Codes				
<p>49650 – Laparoscopic repair of an initial inguinal hernia</p> <p>58662 - Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method.</p> <p>49591 – Repair of anterior abdominal hernia(s), any approach initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3cm, reducible.</p> <p>54360 – Plastic operation on penis to correct angulation</p> <p>49593 – Repair of anterior abdominal hernia(s), any approach, initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3cm to 10cm, reducible</p> <p>49505 – Repair initial inguinal hernia, age 5 years or older; reducible</p>	<p>The addition of a prior authorization (PA) requirement to the CPT codes listed to the left.</p>	<p>The implementation of a PA requirement is intended to ensure that prescribed treatments, procedures, or medications align with evidence-based clinical guidelines and are medically necessary.</p> <p>Additionally, it allows for OCH and OCHCSP the ability to promote appropriate utilization of healthcare resources, reduce unnecessary or duplicative services, and support cost-effective care delivery.</p> <p>Finally, this change enhances oversight and helps maintain quality of care by verifying that interventions meet defined clinical criteria before services are rendered.</p>	<p>The proposed changes attempt to manage the utilization of specific codes and achieve overall cost savings for OCH and OCHCSP and its members. Help control healthcare costs by preventing overuse of high-cost or non-essential services.</p>	<p>Approved 12/15/2025</p> <p>This change will be implemented on or after 2/1/2026</p>

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PROCEDURE CODES	PROPOSED CHANGE TO CURRENT PROTOCOL	REASON FOR PROPOSED MODIFICATION	ANTICIPATED IMPACT	OHCA DECISION
<p>49595 – Repair of anterior abdominal hernia(s), any approach, initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible</p> <p>49329 – laparoscopic procedures in the abdomen, peritoneum, and omentum that do not have a specific code</p> <p>59841 – Induced abortion, by dilation and evacuation</p>				