



Clay Bullard | Chief Executive Officer

J. Kevin Stitt | Governor

2026-07

May 1, 2026

RE: Office/Outpatient Monthly Visit Limits

Dear SoonerCare Provider,

The Oklahoma Health Care Authority (OHCA) is removing the monthly physician office visit limit for SoonerCare members, effective Feb. 1, 2026, pending federal approval.

This change is reflected in recent updates to Oklahoma Administrative Code (OAC) Title 317, and it removes the numeric cap previously applied to certain physician office visits while maintaining existing medical necessity, authorization and program integrity requirements.

Policy Overview

SoonerCare covers medically necessary physician services furnished within the scope of the program and in accordance with applicable coverage rules. Historically, adult members were limited to four physician office or home visits per month, with certain exceptions.

Effective Feb. 1, 2026, SoonerCare will no longer impose a monthly numeric limit on physician office or home visits for covered services. Claims will no longer be denied solely due to exceeding a physician visit count threshold.

What is Changing

- Removal of the **four visits per month limitation** previously applied to adult physician office and home visits.
- Medically necessary physician visits will not be denied based solely on the number of visits provided within a month.

What is Not Changing

This policy change does **not** eliminate other existing program requirements or service-specific limits including but not limited to:

- Medical necessity requirements.
- Prior authorization requirements where applicable.



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- Documentation, coding and billing requirements.
- Program integrity reviews and utilization monitoring.

In addition, this change does **not** modify:

- Daily visit limits that apply to **other provider types or payment methodologies**, such as:
 - Rural Health Clinics (RHCs).
 - Federally Qualified Health Centers (FQHCs).
 - Clinic, urgent care or facility-based visit limits.
- Daily limits that apply to **specific services** (e.g., inpatient visits, nursing facility visits, encounter-based payment structures).

Providers should continue to follow all applicable provider-specific rules and coverage limitations.

Additional Guidance Forthcoming

OHCA will release supplemental guidance and FAQs once systems updates are finalized and federal approval is received.

If you have questions, please contact the OHCA Provider Services helpdesk at 800-522-0114 or visit the [Provider Resources page](#).

Sincerely,



Sherri White
Chief Operating Officer

FAQs

Does this apply to both primary care and specialty physicians?

Yes.

Does this change affect RHC or FQHC encounter limits?

Yes. It eliminates the monthly visit/encounter limits for RHC and FQHC but does not change daily visit/encounter limits.

Are prior authorization requirements changing?

No.

How will claims be handled if submitted before system updates are complete?

Providers need to re-bill their claims if they received a denial for visit limit has been met

Does this apply to both fee-for-service and managed care?

Yes.