

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

- Must be incurred no earlier than the three-month period preceding the month of application.
- The non-covered expenses must be prescribed by a Medical professional (e.g., a physician, dentist, optometrist, etc.).
- Expenses must be certified as being medically necessary by a treating physician, physician assistant, or advanced practice registered nurse, working within the scope of his or her licensure.
- Amount is the least of the fee recognized by Medicaid, Medicare, or the average cost allowed by a commercial health insurance plan in Oklahoma.
- Expenses incurred as a result of the imposition of a transfer of assets penalty, are not allowed.
- Expenses resulting from the failure to obtain prior approval from applicable private insurance, Medicare, or Medicaid, due to the service being medically unnecessary, are not allowed.
- Deduction is not allowed for procedures allowed by Medicaid when prior authorization is denied due to the service being medically unnecessary.
- Expenses when a third party (including Medicaid) is liable for the expenses, even if provided by an out-of-network provider, are not allowed.
- General health insurance premiums paid by someone other than the recipient (excluding the community spouse) who is not a financially responsible relative and repayment is not expected to be paid back to the third party by the recipient, are not allowed.

NEW 01-01-20

TN# _____

Approval Date _____

Effective Date _____

Supersedes TN# _____