Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: February 16, 2018

The proposed policy is a Permanent Rule. The proposed policy was presented at the January 2, 2018 Tribal Consultation and is scheduled to be presented to the Medical Advisory Committee on March 15, 2018 and the OHCA Board of Directors on March 22, 2018.
Reference: APA WF 17-22A

SUMMARY:
Prior Authorization Policy – The proposed revisions amend prior authorization policy.

LEGAL AUTHORITY
The Oklahoma Health Care Authority Act, Section 5007 (F)(1) and (3) of Title 63 of Oklahoma Statutes; Section 5003 through 5016 of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Tywanda Cox
Federal and State Policy

FROM: Harvey Reynolds
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 17-22A

A. Brief description of the purpose of the rule:

The proposed revisions amend prior authorization (PA) policy by adding language that clarifies the scope of a section as encompassing all PA's, adding language about how a provider can obtain information on how and/or where to submit PA requests, updating a list of services requiring a PA but

clarifying that the list is not exhaustive and explaining other qualifying factors, adding a new section that clarifies that what was previously called preauthorization of emergency medical services for certain aliens is actually retrospective review for payment for emergency medical services to certain aliens, and revoking Part 5 of Subchapter 3 of Chapter 30 because the two remaining sections in Part 5 are covered in other parts of policy.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

No classes of persons will be affected by the proposed rule. This rule should not place any cost burden on private or public entities. No information on any cost impacts were received from any entity.

C. A description of the classes of persons who will benefit from the proposed rule:

No classes of persons will benefit from this rule change.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivision.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated affect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

Agency staff has determined that the proposed rule is budget neutral.

F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The agency does not anticipate that the proposed rule will have an adverse effect on small businesses.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there are no other legal methods to achieve the purpose of the proposed rule. Measures included a formal public comment period and tribal consultation.

I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should not have any effect on the public health, safety or environment. The proposed rule is not designed to reduce significant risks to the public health, safety or environment.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not anticipate any detrimental effect on the public health, safety or environment if the proposed rule is not implemented.

K. The date the rule impact statement was prepared and if modified, the date modified:
Prepared date: June 26, 2017

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 3. GENERAL PROVIDER POLICIES

PART 1. GENERAL SCOPE AND ADMINISTRATION

317:30-3-31. Prior authorization for health care-related goods and services

(a) Under the Oklahoma SoonerCare program, there are health care-related goods and services that require prior authorization (PA) by the Oklahoma Health Care Authority (OHCA). PA is a process to determine if a prescribed good or service is medically necessary; it is not, however, a guarantee of member eligibility or of SoonerCare payment. All goods or services requiring PA will be authorized on the basis of information submitted to OHCA, including:

1) the relevant code, as is appropriate for the good or service requested (for example, Current Procedural Terminology (CPT) codes for services; Healthcare Common Procedure Coding System (HCPCS) codes, for durable medical equipment; or National Drug Codes (NDC), for drugs); and

2) any other information required by OHCA, in the format as prescribed. The OHCA authorization file will reflect the codes that have been authorized.

(b) The OHCA staff will issue a determination for each requested good or service requiring a PA. The provider will be advised of that determination through the provider portal. The member will be advised by letter. Policy regarding member appeal of a denied PA is available at OAC 317:2-1-2.

(c) The following is an inexhaustive list of the goods and services that may require a PA, for at least some SoonerCare member populations, under some circumstances. This list is subject to change, with OHCA expressly reserving the right to add a PA requirement to a covered good or service or to remove a PA requirement from a covered good or service.

(1) Physical therapy for children;
(2) Speech therapy for children;
(3) Occupational therapy for children;
(4) High Tech Imaging (for ex. CT, MRA, MRI, PET);

(5) Some dental procedures, including, but not limited to orthodontics (orthodontics are covered for children only);
(6) Inpatient psychiatric services;
(7) Some prescription drugs and/or physician administered drugs;
(8) Ventilators;
(9) Hearing aids (covered for children only);
(10) Prosthetics;
(11) High risk Obstetrical services;
(12) Urine drug testing;
(13) Enteral therapy (covered for children only);
(14) Hyperalimentation;
(15) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, supplies, or equipment that are determined to be medically necessary for a child or adolescent, and which are included within the categories of mandatory and optional services in Section 1905(a) of Title XIX, regardless of whether such services, supplies, or equipment are listed as covered in Oklahoma's State Plan;
(16) Adaptive equipment for persons residing in private Intermediate Care Facilities for Individuals with Intellectual Disabilities;
(17) Some ancillary services provided in a long term care hospital or in a long term care facility;
(18) Rental of hospital beds, support surfaces, continuous positive airway pressure devices (CPAP), bi-level positive airway pressure devices (BiPAP), pneumatic compression devices, and lifts;
(19) Allergy testing and immunotherapy;
(20) Bariatric surgery; and
(21) Genetic testing.

(d) Providers should refer to the relevant Part of OAC 317:30-5 for additional, provider-specific guidance on PA requirements. Providers may also refer to the OHCA Provider Billing and Procedure Manual, available on OHCA's website, to see how and/or where to submit PA requests, as well as to find information about documentation.

317:30-3-32. Retrospective review for payment for services to certain aliens

Certain aliens are only eligible for emergency medical services (Refer to OAC 317:35-5-25). Requests for alien services should be submitted to the local county Oklahoma Department of Human Services (OKDHS) office on Form 08MA005E (MS-MA-5), Notification of Needed Medical Services. OKDHS forwards the appropriate paperwork to the Oklahoma Health Care Authority where the case undergoes retrospective review for payment by medical

staff. Retrospective review is a process in which a claim and medical records are reviewed after care is provided to validate that the services provided meet the definition of emergency before payment is made. Once a decision to approve or deny the requested services is made then the county OKDHS office is notified and the county OKDHS office is responsible for notifying the applicant and the provider of the decision.

SUBCHAPTER 3. GENERAL PROVIDER POLICIES

PART 5. ELIGIBILITY [REVOKED]

317:30-3-78. Request for prior authorization for dental services [REVOKED]

~~The currently approved ADA form is used to request prior authorization for dental services that require a treatment plan or as indicated in Part 79 of Subchapter 5 of this Chapter.~~

317:30-3-79. Hearing appliance prescription and supplier request for prior authorization [REVOKED]

~~A state licensed audiologist who holds a certificate of clinical competence from the American Speech and Hearing Association, or has completed the equivalent educational requirements and work experience necessary for the certificate, or has completed the academic program and is acquiring supervised work experience to qualify for the certificate may request prior authorization for hearing appliances from the Oklahoma Health Care Authority, Medical Authorization Unit.~~

317:30-3-82. Prior authorization for services to individuals under 21 years of age [REVOKED]

~~Under the Medicaid Program, the following services require prior authorization by the OHCA for all recipients under 21 years of age:~~

~~(1) Orthotic procedures (HCPCS Codes L5000 to L9999)~~
~~(2) Appliances (orthopedic, hearing aids)~~
~~(3) Dental services requiring a treatment plan as indicated in Subchapter 5 (Part 79 of this Chapter)~~
~~(4) Food supplements~~
~~(5) Hyperalimentation~~
~~(6) Enteral therapy~~
~~(7) Emergency medical services for certain aliens.~~
~~(8) Adaptive Equipment for persons residing in private ICF/MR's.~~
~~(9) Outpatient psychotherapy by a psychologist for children under three.~~

~~(10) Psychological testing by a psychologist beyond four hours per recipient each 12 months.~~
~~(11) Diagnosis and treatment services not otherwise covered under the program when identified during an EPSDT screening examination.~~

317:30-3-83. Prior authorization for services to adults [REVOKED]

~~(a) Under the Medicaid Program, the following services require prior authorization:~~
~~(1) Respirators~~
~~(2) Ventilators~~
~~(3) Hyperalimentation~~
~~(4) Emergency medical services for certain aliens.~~
~~(5) Adaptive equipment for persons residing in private ICF/MR's.~~

~~(b) All services requiring Prior Authorization will be authorized on the basis of the procedures involved and the OHCA authorization file will reflect the procedure codes given prior authorization. A Prior Authorization Number will be assigned and a notice generated to the medical provider. The notice of authorization will contain the Prior Authorization (PA) Number which must be on the claim for the services.~~