

SoonerSelect

SoonerSelect Medical Contracted Entity (CE) Requests to Change Service Provisions

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 August 6, 2025, Aetna Better Health of Oklahoma 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:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODE(S) IMPACTED	OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	ANTICIPATED IMPACT	OHCA DECISION
Reinstating Prior Authorization Requirements for J Codes				
J3490, J3590, J8499 – All “miscellaneous” codes for unclassified drugs.	OHCA currently does not require prior authorization for the J codes listed.	Aetna is requesting to require prior authorization for the “Unspecified” J codes; J3490, J3590, and J8499.	A post claim review process in the past 90 days has shown a “significant” number of very high-cost genetic drugs are being billed on these unspecified J codes. Reinstating a prior authorization process would reduce the risk of these drugs being administered without prior authorization.	Approved 8/19/2025 <i>Item will be presented at the September 2025, MAC meeting</i>