



## 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 October 10, 2025, Aetna Better Health of Oklahoma (ABHOK) 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 CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
<b>No Prior Authorization Requirements for Certain HCPCS Codes</b>				
<b>33274</b> – Transcatheter insertion or replacement of a permanent leadless pacemaker	Aetna Better Health of Oklahoma is requesting to not add these codes to their Prior Authorization list.	Due to low claim activity, ABHOK does not feel it would be beneficial to require Prior Authorization for these codes.	Members should not experience any negative impact from this change. No potential cost savings noted.	Approved 11/24/2025 <i>Item will be presented at the January 2026, MAC meeting</i>