



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

*SoonerSelect contracts<sup>1</sup> state that CEs may not impose prior authorization guidelines, criteria or utilization management practices that are more restrictive than OHCA without OHCA prior approval. OHCA implemented a 'Request to Change Service Provision Process' wherein CEs may submit requests for review that deviate from current fee-for-service prior authorization guidelines, criteria or utilization management practices. These requests are reviewed by OHCA subject matter experts (SMEs), 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's decision(s) is noted below:*

- **Requesting CE(s):**
  - Oklahoma Complete Health and Oklahoma Complete Health Children's Specialty Program
  - This change was approved for Humana in February 2026 and was presented at the MAC on 3/5/2026
- **Date Modification Requested:** 4/16/2026
- **Procedure Code(s):**
  - 97151 – Initial Applied Behavioral Analysis (ABA) Assessment
  - 97151 TS – Applied Behavioral Analysis (ABA) Reassessment
- **Proposed Modification:** Currently CPT code 97151 is used for ABA initial assessments and reassessments and allows billing up to 32 units (8 hours) for the service. CE is requesting the following changes:
  - Limit initial ABA assessments to 24 units (6 hours)
  - Implement a specific modifier (TS) to identify claims for a reassessment
  - Limit the units allowed for reassessments to 16 (4 hours)
  - Allow exceptions for billing up to 32 units when medically necessary due to documented clinical complexity
- **Reason for Proposed Modification:** Six hours is generally adequate for completion of an initial assessment. Reassessments would typically be expected to require less time than an initial assessment as the reassessment focuses primarily on progress in current treatment rather than a full psychosocial history of the patient. Changing the maximum units

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<sup>1</sup> **Medical & Children's Specialty Program Contract Section References:** 1.7: Covered Benefits; 1.8: Medical Management; **Dental Contract Section References:** 1.7: Covered Benefits; 1.8: Dental Services Utilization Management

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routinely approved for these services would decrease billing and claims payment for unnecessary units for standard behavioral health reassessments.

- **Impact:**

- **Member:** Minimal impact is expected as the member will continue to receive medically necessary services including initial assessments and periodic reassessments, and exceptions will be allowed in those instances when they are warranted by documentation of clinical complexity resulting in a need for longer, more in-depth reassessments.
- **Provider:** Providers will experience a change in the number of reimbursable units for assessments and reassessments in most cases; however, they will retain the ability to request additional assessment units when medical necessity is demonstrated.
- **Financial:** Specific anticipated savings from this change are not projected, however it will support more appropriate resource utilization which can generally be expected to lower claims costs.

- **OHCA Decision:**

- Requesting CE(s) may implement on or after 6/30/2026.