



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2015-17

July 30, 2015

**RE: Policy Revisions and Program Updates**

Dear Provider,

This letter is to inform you of the Oklahoma Health Care Authority's (OHCA) policy changes promulgated through the 2015 legislative session per the Administrative Procedures Act. All policy changes are effective September 1, 2015, and will be posted to the [policy website](#) on the aforesaid date. In the interim, comprehensive summaries of the changes are listed below. Please note, the Oklahoma Administrative Code (OAC) links identified below will be updated with the new policy changes on September 1, 2015. Please forward this letter to your administrative, billing, and compliance departments.

These rule changes were posted to the OHCA Proposed Policy Changes [website](#) from either December 16, 2014 through January 15, 2015 or January 16, 2015 through February 16, 2015 during the 2015 permanent rule making session.

Allergy testing and immunotherapy services policy at OAC [317:30-5-14](#) is amended and OAC 317:30-5-14.1 is added to establish policy for the appropriate administration of allergy testing and immunotherapy services. Criteria include: definition of allergy testing and immunotherapy, coverage requirements, non-covered services, reimbursement conditions, appropriate delivery sites, provider qualifications, and documentation requirements for home administration of immunotherapy. Additionally, revisions include clean-up to remove allergy reimbursement language from injection policy as it is referenced in the new section.

Telemedicine policy at OAC [317:30-3-27](#) is amended to clarify the definition for telemedicine, and to remove the definitions sections for consistency. Changes also remove coverage guidelines to expand the scope of the telemedicine delivery method. Revisions remove requirements for a presenter at the originating site to align with the Oklahoma Medical Licensure rules, and guidelines regarding the required use of OHCA-approved telemedicine networks. Revisions also eliminate the originating site fee payment. Additional clean-up removes restrictions on services rendered using the telemedicine delivery model.

SoonerRide policy at OAC [317:30-3-64](#), [317:30-5-327](#), [317:30-5-327.1](#), [317:30-5-327.3](#), and [317:35-3-2](#) is revised to remove coverage for transport to state Veterans Affairs hospitals as these facilities are not contracted with the Oklahoma Health Care Authority. Rules also clarify coverage guidelines for escorts, and rules remove mention of the My Life, My Choice and Sooner Senior groups as the waivers are set to expire.

High risk obstetrical (HROB) services policy at OAC [317:30-5-22](#) and [317:30-5-22.1](#) is amended to increase access in rural areas. Currently high risk obstetrical services are allowed only after an evaluation with Maternal Fetal Medicine (MFM) doctor and the member is deemed high risk; enhanced services are allowed only after a prior authorization request and treatment plan are initiated and submitted by the MFM. The initial intent of the HROB program was to promote the establishment of a relationship between the MFMs in urban areas with mothers located in rural communities. However, it appears that pregnant women in rural communities rarely travel to the urban areas to receive services. Allowing the general OB to request the HROB services/package for pregnant women will ensure pregnant women with high risk conditions receive HROB services. Furthermore, rules are amended to decrease the number of ultrasounds and biophysical profiles/non-stress test for high risk pregnancy members to align with the current standards of care, and to reflect the current number of ultrasounds and biophysical profiles currently being utilized.

Dental policy at OAC [317:30-5-696](#), [317:30-5-698](#), [317:30-5-699](#), [317:30-5-700](#), and [317:30-5-700.1](#) is revised to align practice with the Code on Dental Procedures and Nomenclature (CDT) and to ensure the delivery of dental services meets the standard of care. Proposed revisions include guidelines for x-rays, comprehensive and periodic oral evaluations, and dental sealants. Revisions also include clean-up to remove language regarding composite and amalgam restorations as it is referenced in a different section. Proposed revisions outline guidelines for stainless steel crowns to clarify that placement is allowed once for a minimum period of 24 months as well as other clean-up for clarity. In addition, policy is revised to ensure root canal therapy is performed only when medically necessary. Proposed revisions clarify utilization parameters for restorations, observation time prior to making a referral for an orthodontic consultation, and the start of the treatment year for orthodontic services. Furthermore, policy is revised to clarify the treatment year for orthodontic services begin on the date of the placement of the bands. Orthodontic policy is also revised to increase observation time prior to allowing a child to be referred for a consultation.

This letter is provided for informational purposes only. The OHCA encourages you to review each rule change in its entirety. If you have any questions regarding the information provided in this letter, please contact (800) 522-0114.

Thank you for the services you provide to our SoonerCare members.

Sincerely,

A handwritten signature in black ink, appearing to read "Garth L. Splinter, MD". The signature is cursive and somewhat stylized.

Becky Pasternik-Ikard for Garth L. Splinter, MD  
State Medicaid Director