

Streamlined ABA claim process starts September 15, 2026

June 15, 2026 • Effective September 15, 2026 • Medicaid

At a glance:

- **Starting September 15, 2026:** ABA service reimbursement will transition to a weekly approved unit structure, replacing total authorized units for a smoother claims process.
- **What's Changing:**
 - Starting September 15, 2026, ABA services will be authorized and paid using a weekly approved unit limit instead of a total number of units for the full authorization period.
 - This change is designed to:
 - Make claims easier to submit and process
 - Reduce mid-authorization adjustments
 - Support more consistent ABA services for members
- **What you need to do:** Please review your authorizations, update your billing systems, and inform your staff to support this new weekly structure and help prevent any claim delays.

New Weekly Structure for ABA Service Reimbursement Begins September 15, 2026

Starting September 15, 2026, Molina Healthcare will transition to a weekly approved unit structure for Applied Behavioral Analysis (ABA) service reimbursement. This new approach replaces the previous total authorized units and is designed to streamline the claims process, support consistent service delivery, and minimize administrative adjustments.

No action is required for existing requests or claims, including those submitted before September 15 or with date ranges that extend beyond this date. Molina Healthcare is committed to making this transition as seamless as possible for our providers and members.

Why we're making this change:

Weekly approved units help:

- Reduce interruptions caused by administrative rework
- Support steady, predictable access to ABA care
- Create a clearer match between services delivered and services paid

Our goal is to support timely care for members while making billing more predictable for providers. Moving to a weekly unit structure means members can access ABA care more consistently. This change encourages timely and appropriate services, helping to reduce interruptions caused by administrative delays.

What this means for your billing and claims

We ask our valued providers to review these updates to support compliance and uninterrupted care for our members. Each claim should reflect units delivered within the week, up to the medically necessary limit approved through prior authorization. Claims exceeding weekly limits will be denied and adjusted accordingly.

What providers need to do to avoid claim delays

- To ensure a smooth transition and avoid claim issues or payment delays:
 - **Bill weekly:** Submit claims for units delivered within each week, up to the weekly approved amount
 - **Check your auth:** Review your authorization to confirm the weekly unit limit
 - **Update systems:** Make sure your billing and scheduling systems align to a weekly structure
 - **Train staff:** Ensure billing and admin staff understand the new weekly limits
 - **Claims that exceed the approved weekly units will be denied or adjusted.**

What stays the same?

- No action is needed for:
 - Existing authorizations
 - Claims already submitted
 - Authorizations that cross September 15, 2026
 - Medical necessity review and prior authorization do not change
- Covered ABA CPT® codes do not change

We're here to help

If you have questions or need support:

Contact Molina Healthcare Provider Services at MHTXProviderServices@MolinaHealthcare.com.

Thank you for your continued partnership in delivering high-quality ABA care to our members.