



# Molina Healthcare of Nebraska, Provider Notice

## ABA Services: Weekly Unit Authorization and Reimbursement

**05/27/2026**

---

**Effective July 1, 2026**, Molina Healthcare of Nebraska 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.

### **What's Changing:**

Starting July 1, 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 providers 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.

No action is required for existing requests or claims, including those submitted before July 1 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

If you have general questions about this communication, please contact our Provider Relations Team at [NEProviderRelations@MolinaHealthcare.com](mailto:NEProviderRelations@MolinaHealthcare.com).



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 Submissions**

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:**

- **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

*We appreciate your participation and thank you for caring for our members!*

If you have general questions about this communication, please contact our Provider Relations Team at [NEProviderRelations@MolinaHealthcare.com](mailto:NEProviderRelations@MolinaHealthcare.com).