



## PROVIDER ALERT

### Coordination of Benefits for ABA Providers

August 14, 2018

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Currently, Maryland Medicaid does not require preauthorization for ABA services when Medicaid is the secondary payer to another commercial carrier or Medicare services. Providers are responsible for monitoring the participant's commercial carrier benefit. Providers cannot collect any payment provided from Medicaid recipients for services.

If the commercial carrier authorizes ABA services:

- Providers are required by Maryland Medicaid to submit an Explanation of Benefits (EOB) along with their claims to Beacon. Beacon will pay the maximum amount allowed per the Medicaid fee schedule. Providers cannot balance bill Medicaid recipients for any remaining unpaid amount.

If the commercial carrier denies authorization for ABA services:

- Providers will be required to submit the denial letter stating that ABA services are not medically necessary to Beacon, along with their request for ABA preauthorization.

If the commercial carrier's benefit is exhausted:

- Providers should submit a request for preauthorization to Beacon for ABA services when they are approaching the commercial carrier's benefit exhaustion. This will indicate that the provider is now requesting that Medicaid take over as the primary payer.
- When any ABA preauthorization request is received, it will be clinically reviewed and a determination will be made based upon medical necessity. Medicaid will cover requested services provided the Beacon clinical team determines that ABA treatment is medically necessary.
- If the provider is not participating with the primary carrier, Medicaid will not reimburse for services as the primary payer, unless there is justification of a low health care provider shortage in the area. If the provider does not participate with the primary carrier, the family will be referred back to their primary carrier to obtain a referral for a participating provider.

If the commercial carrier reimburses less than the Medicaid fee schedule:

- Providers will be required to submit the EOB stating the amount reimbursed by the primary carrier. If the amount reimbursed is less than the Medicaid fee schedule allows for the services rendered, then Medicaid will reimburse up to the allowable billed amount.

ABA service inquiries:

- A participant who is inquiring about an ABA referral and has another commercial carrier will be directed back to their commercial carrier to access the ABA benefit

and an ABA referral.

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[http://maryland.beaconhealthoptions.com/provider/prv\\_alerts.html](http://maryland.beaconhealthoptions.com/provider/prv_alerts.html).

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