Behavior Frontiers

a world without limits

Understanding Insurance Coverage & Coordination of Benefits

At Behavior Frontiers, we are committed to ensuring that your child's therapy is accurately covered and that you are not faced with unexpected expenses due to insurance claim denials. To facilitate this, we kindly request complete and current insurance information from you prior to the start of therapy and continuously throughout the course of treatment—particularly whenever there are any changes to your insurance coverage.

What We Need From You:

1. Coordination of benefits (COB) details if your child has more than one insurance plan (*see below*).

2. Any pre-authorization requirements before therapy begins. For example, referral for ABA, diagnostic report, and any history of prior insurance authorizations, if available.

3. Immediate updates on any insurance changes including new plans, coverage terminations, or policyholder updates.

Failure to provide this information upfront or update us on changes could result in denied claims, making you responsible for payment.

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What You Need to Know About COB:

If your child is covered under multiple insurance plans, it is not up to parents or Behavior Frontiers to determine which plan is primary or secondary—insurance companies follow standard **Coordination of Benefits (COB)** rules to decide how claims are processed. Here are some of the common scenarios:

Scenario	Which Insurance is Primary?
Your child is covered under your insurance plan and your spouse or partner's insurance plan.	The plan of the parent whose birth month and day come first in the calendar year is primary (this is called the birthday rule).
You are divorced or separated, and your child is covered under your insurance plan and your former spouse or partner's insurance plan.	The plan of whichever parent has custody of the child is primary; if custody is joint, follow the birthday rule.
Your child is under age 26 and has their own commercial policy and is also a dependent on your policy.	Your child's plan is primary.
Your child is covered under your insurance plan and Medicaid.	Your employer's insurance is always primary, unless your benefit plan doesn't include ABA coverage.

If COB is not correctly established before therapy begins, claims may be denied, and families may be responsible for uncovered costs. To review the full guideline, click here Link To Full List.

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How Insurance Billing Works at Behavior Frontiers:

1. We submit claims directly to your insurance.
2. Your insurance(s) processes the claim and determines what is covered.
3. Any co-pays, deductibles, or uncovered costs will be billed to you.
4. Claims typically take 45–90 days to process, but processing may take longer in some cases.

If insurance denies a claim for any reason, the family may be responsible for the payment.

How to Avoid Denied Claims & Unexpected Costs:

1. Before therapy starts: Notify us of ALL insurance benefits, including any required authorizations.
2. Keep us updated: Report any insurance changes immediately to prevent disruptions.
3. Understand your plan: Know your deductibles, co-pays, and coverage limitations.

Have questions about coverage with Behavior Frontiers? We're here to help!

Call us at 310.756.1937 to speak with a specialist today.