



**BEHAVIORAL HEALTH
NON EMERGENCY MEDICAL
TRANSPORTATION (NEMT)
PRIOR AUTHORIZATION**



7/1/16 TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITY (TRBHA) TRANSITION

Effective 7/1/16, TRBHAs transitioned
to AHCCCS DFSSM from DBHS/ADHS



AHCCCS NEMT PRIOR AUTHORIZATION (PA) REQUIREMENTS

- State Plan requirement
- Must PA NEMT trips over 100 miles

BH NEMT PA Implementation: For Services 1/1/17 And After

- For members assigned to a TRBHA:
- PA required for NEMT trips for BH services that exceed 100 miles regardless of diagnosis billed
- IHS/638 providers excluded from PA requirement

AMPM POLICY 310 BB; 820 W

Medically Necessary Non-Emergency Transportation (NEMT) Services are Covered Under the Following Conditions:

- The medical or behavioral health service for which the transportation is needed is a covered AHCCCS service;
- The member is not able to provide, secure or pay for their own transportation, and free transportation is not available;
- The transportation is provided to and from either of the following locations:
 - The nearest appropriate IHS/Tribal 638 medical or behavioral health facility, or
 - The nearest appropriate AHCCCS registered provider.

AMPM Policy 820 W Transportation Prior Authorization (PA) Procedures

- When NEMT prior authorization is requested beyond the nearest appropriate facility or provider, medical necessity justification may be requested to ensure that AHCCCS NEMT coverage policy is being followed appropriately
- The following information may be requested by AHCCCS when PA is requested for NEMT:
 - Provider's order, including medical justification for travel outside the member's area of residence when applicable, case plan notes from an AHCCCS registered behavioral health provider, or other supporting documentation as needed to make a coverage determination

AMPM Policy 820 W Transportation Prior Authorization (PA) Procedures

- The provider ordering the covered AHCCCS service should fax the requested physician's order/medical necessity documentation directly to AHCCCS FFS
- The medical necessity documentation should be faxed using the AHCCCS FFS Prior Authorization Medical Documentation Form as the cover sheet to 602-254-2431

QUESTIONS?

Thank You.



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