



**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

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

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

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- 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

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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 located either on-reservation or off-reservation; or
  - The nearest appropriate AHCCCS registered provider located off-reservation.

# AMPM Policy 820 W Transportation Prior Authorization (PA) Procedures

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- 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

# AMPM Policy 820 W Transportation Prior Authorization (PA) Procedures

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- 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.

