

## AHCCCS Fee For Service Behavioral Health NEMT Updates and Reminders

Fee For Service (FFS) behavioral health (BH) non-emergency medical transport (NEMT) authorization requests must:

- ✓ Be for BH NEMT services for AHCCCS members who are enrolled with one of following Tribal Regional Behavioral Health Authorities (TRBHA): Gila River, Pascua Yaqui, Navajo Nation, or White Mountain Apache.
- ✓ Be to the nearest appropriate provider (unless necessity is established for travel beyond the nearest provider).
- ✓ Be for trips that are over 100 miles one way or round trip.
- ✓ Must be submitted prior to service delivery in order to be considered timely.
- ✓ Contain a **valid behavioral health diagnosis** code for all behavior health transports. All behavioral health NEMT requests must be identifiable as BH services. NEMT requests which indicate that NEMT is for a BH service, but are submitted with a non-behavioral health diagnosis code may be denied or pending for more information. BH staff coordinating transport services for members should provide NEMT companies with a valid BH diagnosis for BH NEMT authorizations and billing. If the BH diagnosis is unknown to the NEMT provider at the time of the authorization request, F99 can be used.
- ✓ The new **BT** event type must be selected when authorization is requested for behavioral health NEMT effective June 15, 2017. Event types OR, RR, or OT must still be used when requesting authorization for medical services.
- ✓ Be submitted with a diagnosis that *matches* the type of service the member is being transported for. The service the member *is being transported to/from* determines whether NEMT should be requested as a medical service, or as a behavioral health service.
  - *Example#1:* Behavioral health residential facility staff is arranging non-emergency transport for a resident's appointment with their heart specialist. The request for NEMT authorization would be submitted with a medical diagnosis code because the member is being transported to and from a medical service.
  - *Example #2:* Behavioral health residential facility staff is arranging non-emergency transportation to a resident's home for a home pass. The authorization request should be submitted with a behavioral health diagnosis code because the home pass is part of the resident's BH treatment plan.
- ✓ Provide a *specific* reason for the transport. The information submitted with the authorization request must provide enough information for Transportation area staff to determine whether the service the member is being transported for is a covered service. BH staff and/or TRBHA staff coordinating transport services for members should provide the NEMT provider with the reason for transport.
- ✓ Be able to be verified with treatment plan information as needed. The BH service the member is being transported to and from should be **documented in the member's BH treatment plan**. The BH provider managing the member's BH care, and/or TRBHA staff, may provide treatment plan information to support approval of the NEMT service. The services in the TRBHA member's treatment plan are coverable when documented by the AHCCCS registered behavioral health provider *completing* the behavioral health assessment. It is the responsibility of the BH provider managing the member's BH care to obtain all member consents that are necessary for sharing of the member's treatment plan information for NEMT authorization.

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- ✓ BH Providers and TRBHA staff submitting supporting documentation should reference the NEMT provider's pended authorization number if available, and must fax the documentation *using the FFS Medical Documentation Form as the coversheet*. The FFS Medical Documentation form can be found at: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/priorauthorizationforms.html>  
The box for Transportation must be selected. Documents should be faxed to: 602-254-2431. Please be sure to submit *separate* faxes for each member.

### NOTE:

Prior authorization requirements do not apply to IHS/638 providers.

All behavior health related inquiries and authorization requests for members enrolled with a Regional Behavioral Health Authority (Cenpatico, MMIC, or Health Choice), or who are enrolled with CRS for behavioral health services, should be referred to the entity the member is enrolled with for BH services. Please use the following link to view health plan contact information:

<https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>

**Urgent/Expedited** requests should be submitted online with supporting documentation, AND a call must be made to the FFS Transportation line to notify transport staff that an *expedited* request has been submitted. After calling the Transport line to provide notification of submission of an expedited request, providers should follow up by checking status online. Expedited authorization requests should indicate why expedited review is required. If expedited review is being requested for facility admissions, or for services that must be delivered urgently, this information should be clearly indicated at the time of the expedited authorization request. Non-emergency requests requiring expedited review will be prioritized. Emergency transportation services do not require authorization.

FFS Transport line: 602-417-4400

Online system: <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

Transportation fax: 602-254-2431

BH NEMT providers entering authorization requests online **must enter CASE, EVENT, and ACTIVITY levels for each authorization request entered**. It is necessary to enter all levels of the authorization for transportation staff to process the request. BH NEMT providers should use the online ATTACHMENT feature to upload supporting documents.

For training on how to enter authorizations using the Web Portal please submit your training request to:

[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

**Requests with special circumstances:** An explanation of circumstances requiring a member to receive services at locations that require long distance travel or travel beyond the closest provider, trips to locations that are not identifiable as behavioral health service locations, or other unusual circumstances, should be clearly documented at the time of submission. Continuity of care, and the need for specialized services, are circumstances which may necessitate travel beyond the closest provider. An explanation of these circumstances must be communicated to the transportation area.

## **AHCCCS Fee For Service Behavioral Health NEMT Updates and Reminders**

When it is known that supporting documentation is required for a coverage determination, documentation should be submitted at the time of the authorization request. If the authorization request has already been submitted without documentation, do not upload additional documentation unless requested to do so by Transportation PA staff. This reduces the volume of unnecessary information received.

Services documented in the TRBHA member's treatment plan are covered. The behavioral health treatment plan is developed by the AHCCCS registered provider performing the member's behavioral health assessment.