



**TO: Non-Emergency Ambulance Providers**

**RE: Requesting Authorization for Non-emergency Ambulance Services for Retroactive Eligibility**

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The purpose of this provider bulletin is to clarify the prior authorization (PA) process for non-emergency ambulance services provided to clients who are granted retroactive eligibility. For individuals who are granted eligibility retroactively, a provider may request authorization after the non-emergency ambulance transportation has occurred.

Providers must verify client eligibility for the date of service through the Secure Web Portal [www.ct.dssmap.com](http://www.ct.dssmap.com) or the Automated Eligibility Verification System (AEVS). Non-Emergency Medical Transportation (NEMT) providers should retain the eligibility verification number once retroactive eligibility for Medicaid has been verified for the dates of service. Any PA related questions by NEMT providers, can contact Akriti Rai at (619)-736-9263 or via email at [documentsCT@veyo.com](mailto:documentsCT@veyo.com).

The request for authorization and a copy of the verification of eligibility (VOE) should be submitted to the Department's NEMT broker, Veyo, within ninety (90) days of the granting of eligibility along with clinical information and documentation to substantiate the medical necessity of the nonemergency ambulance transportation.

This process is also to be followed when a dual eligible member's NEMT claim has been denied by Medicare. Documentation of the Medicare denial is required to be submitted in addition to the above documents to Veyo.

Any retroactive authorization requests that do not meet these guidelines will be denied and returned to the ambulance provider.