



An Independent Licensee of the Blue Cross Blue Shield Association

BCBSAZ/TPA Co-Administered Group Plans Medical Policies and Prior Authorization

The groups listed below use a third-party utilization management (UM) administrator to determine medical policy and the prior authorization requirements listed on pages 2 and 3. Please contact the group’s UM administrator directly for medical policy information and prior authorization requests.

| EMPLOYER GROUP | UTILIZATION MANAGEMENT | PREFIXES | PAGE |
|---|--|--------------------------|--------|
| Amkor Technology, Inc. Group # 039176 | AmeriBen Call 1-800-388-3193 for medical policies and prior authorization requests | K8Y K8Z | Page 2 |
| Northwest Arizona Employee Benefit Trust (NAEBT) Group # 037461 | American Health Group (AHG) Call 1-800-847-7605 for medical policies and prior authorization requests | NBT | Page 3 |

GENERAL PRIOR AUTHORIZATION DISCLAIMERS

- Prior authorization is not a guarantee of payment.
- Prior authorization requirements are determined and governed by the member’s benefit plan. Some large groups customize their prior authorization requirements. This document includes the customized prior authorization lists for our BCBSAZ-TPA co-administered groups. Other customized lists are now available in our code list spreadsheet, available in the secure provider portal at azblue.com/providers > Practice Management > Prior Authorization > BCBSAZ Plans-Prior Auth Code Lists.
- The prior authorization requirements lists in this document are intended as a general summary only and are subject to change without notice.
- Prior authorization approval decisions are based on information provided during the request process. To complete an authorization, medical records may be requested.
- Although prior authorization may not be required for a particular service, the claim for the service will still be subject to review for medical necessity, as well as benefits, limitations, exclusions, and waivers, if applicable.

Penalties: Any provider can initiate a prior authorization request. If the required prior authorization is not obtained prior to the service being rendered, the penalty is applied to the contracted servicing provider or facility. For members with PPO plans, a penalty may be applied to the member when the rendering provider is out-of-network and a required prior authorization is not obtained.

Amkor Technology, Inc. Prior Authorization List

MEMBER ID PREFIXES: **K8Y, K8Z**

PLAN TYPES: **PPO and EPO**

GROUP NUMBER: **039176**

Amkor contracts with AmeriBen for utilization management, including medical policy: **1-800-388-3193**

The PBM is Navitus: **1-866-333-2757**

| CUSTOM PRIOR AUTHORIZATION REQUIREMENTS for AMKOR Technology, Inc. | |
|---|--|
| Air ambulance (non-emergency air ambulance transportation) | Call AmeriBen 1-800-388-3193 |
| Dialysis | |
| Durable medical equipment (DME): items over \$1,000 and all DME for treatment of obstructive sleep apnea | |
| Genetic testing (excludes amniocentesis and genomic testing) | |
| Home health care | |
| Hospice care | |
| Infusion/injectable medications over \$1,500 per infusion/injection, delivered in outpatient setting (outpatient facility, physician's office, home infusion) and covered under <i>medical</i> benefits | Call Navitus 1-866-333-2757 |
| Injectable medications billed under <i>pharmacy</i> benefits may require prior authorization | |
| Inpatient behavioral health admissions | Call AmeriBen 1-800-388-3193 |
| Inpatient hospital admissions <ul style="list-style-type: none"> • All elective admissions, except routine maternity deliveries • Maternity stays longer than 48 hours for vaginal delivery and 96 hours for C-section | |
| Inpatient rehabilitation therapy admissions | |
| Mental health and substance abuse: partial hospitalization and intensive outpatient treatment program in excess of 20 visits per calendar year | |
| Oncology: chemotherapy drugs/infusions and radiation treatments | |
| Outpatient rehabilitation services: physical therapy, occupational therapy, and speech therapy visits in excess of 20 per therapy type, per calendar year | |
| Outpatient surgical procedures in a facility setting (excludes pain management injections, office surgeries, screening colonoscopies) | |
| Radiology: outpatient high-tech imaging – MRI/MRA only | |
| Transplant services: initial evaluation, pre-transplant testing, and surgery | |
| PHARMACY BENEFIT MANAGEMENT | |
| Navitus Health Solutions | Navitus 1-866-333-2757 navitus.com |

Northwest Arizona Employee Benefit Trust (NAEBT) Prior Auth List

MEMBER ID PREFIX: **NBT**

PLAN TYPES: **EPO and HSA**

GROUP NUMBER: **037461**

NAEBT contracts with American Health Group (AHG) for utilization management, including medical policy: **1-800-847-7605**

The PBM is Navitus: **1-866-333-2757**

| CUSTOM PRIOR AUTHORIZATION REQUIREMENTS for NAEBT | |
|--|---|
| Ambulance (fixed wing and helicopter) | Call American Health Group 1-800-847-7605 |
| Clinical trials related to the prevention, detection, or treatment of cancer or other life-threatening disease or condition | |
| Durable medical equipment (DME) over \$1,000 purchase price | |
| Genetic testing for treatment Note: Diagnostic genetic testing is an excluded benefit, except for mandated testing | |
| Home health care | |
| Hospice care services and supplies | |
| Infusion/injectable medications over \$1,000 per infusion/injection – covered under <i>medical</i> benefits (not obtained through the prescription drug benefits) | |
| Inpatient pre-admission certification and continued stay reviews (all ages, all diagnoses) <ul style="list-style-type: none"> • Surgical and non-surgical (excluding routine vaginal or cesarean deliveries) • Inpatient mental health/substance abuse treatment (includes residential treatment facility services) | |
| Long-term acute care facility (LTAC) – not custodial care | |
| Radiology: outpatient imaging over \$1,000 – CT, CT angiography, MRI/MRA, nuclear cardiology, nuclear medicine, PET scans (excludes services rendered in emergency room setting) | |
| Oncology: chemotherapy drugs/infusions and radiation treatments | |
| Skilled nursing facility (SNF) or rehab facility | |
| Sleep study | |
| Surgical procedures over \$1,000 | |
| Transplants and stem cell procedures – organ/tissue and blood or bone marrow | |
| PHARMACY BENEFIT MANAGEMENT | |
| Navitus Health Solutions | Call Navitus Customer Care 1-855-673-6504 |