



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	
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