



An Independent Licensee of the Blue Cross Blue Shield Association

Gold Card Prior Authorization Program Summary

Our Gold Card Prior Authorization Program (Program) offers qualifying network providers (Program providers) quick and easy authorization approval for services they render to members with Blue Cross® Blue Shield® of Arizona (AZ Blue) commercial benefit plans. The Gold Card designation recognizes providers with an excellent track record for adhering to evidence-based clinical criteria and a recent history of very few or no prior authorization request denials. This merit-based approval privilege does not extend to facilities or to any provider who has not been invited by AZ Blue to participate in the Program.

Applicable services: Gold Card prior authorization approvals apply only to services covered by medical benefits that are personally rendered to a patient by a Program provider. The Gold Card privilege also applies to services ordered by a Program provider (such as high-tech imaging) when the Program provider requests/obtains the prior authorization.

Services excluded from the Program include certain codes indicated on the prior authorization requirements list, medications (covered under both medical and pharmacy benefits), medical devices, DME, lab management (for genetic testing), clinical trials, transplant services, and out-of-network services.

Requesting Gold Card authorizations: What you need to know

1. For services that require prior authorization by *AZ Blue*, call our Gold Card hotline at **602-864-4811** (available M – F, 8 a.m. – 4:30 p.m. MST). For services that require prior authorization by *eviCore*, use the normal request procedure (available 24/7) on the [eviCore provider portal](#). When the Program provider's NPI is recognized, *eviCore* will streamline the request process to bypass the clinical review. Check to be sure:
 - The rendering provider is a Program provider.
 - The patient has an active AZ Blue commercial benefit plan and has coverage for the service.
 - The service is eligible for Gold Card prior authorization and aligns with medical policies used by AZ Blue.
 - The place of service is in-network for the member's specific benefit plan.
2. No medical records are required for a Gold Card authorization.
3. You'll receive an authorization/case confirmation number to include on your claim.
4. When preparing your claim, include your authorization number and check that the billing reflects what was approved on the authorization. If so, the claim will generally be processed without clinical review.

Program quality reviews/audits: To maintain our commitment to quality care, we'll review Program data on a monthly basis for anomalies. We'll also perform randomized authorization audits across all participants. For continued participation, you must respond promptly to all Program records requests and pass all reviews and audits.

Member eligibility: We can only offer Gold Card prior authorization approvals for members with AZ Blue commercial plans. This includes our fully insured group and individual/family plans, as well as the self-funded group plans we administer. All other lines of business are *out of scope* for this program, including:

- Federal Employee Program® (FEP®) plans
- BlueCard® plans (from other BCBS Plans)
- AZ Blue Medicare Advantage and Medicare Supplement plans
- TPA-administered group plans (CHS plans)
- Group plans with TPA-administered utilization management programs (prefixes K8Y, K8Z, NBT)

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