



An Independent Licensee of the Blue Cross Blue Shield Association

AZ Blue/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 prior authorization requirements. Please contact the group’s UM administrator directly for medical policy information and prior authorization requests.

EMPLOYER GROUP	UTILIZATION MANAGEMENT	MEMBER ID PREFIX	PRIOR AUTH REQUIREMENTS LIST
Amkor Technology, Inc. Group 039176	AmeriBen 1-800-388-3193 PBM: Navitus 1-866-333-2757	K8Y, K8Z	Page 2
Northwest Arizona Employee Benefit Trust (NAEBT) Group 037461	American Health Group (AHG) 1-800-847-7605 PBM: Navitus 1-855-673-6504	NBT	Page 3
Pioneer Title Holding Company, Inc. Group 044410	AmeriBen 1-800-388-3193 PBM: Magellan 1-800-424-0472	PTP	Pages 4-5

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 AZ Blue-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 > AZ Blue 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 (navitus.com): **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	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 (navitus.com): **1-855-673-6504**

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	1-855-673-6504 navitus.com

Pioneer Title Holding Company Prior Auth List

MEMBER ID PREFIX: **PTP**

PLAN TYPE: **PPO**

GROUP NUMBER: **044410**

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

The PBM is MagellanRx (magellanrx.com): **1-800-424-0472**

CUSTOM PRIOR AUTHORIZATION REQUIREMENTS for Pioneer Title Holding Company, Inc.	
Adoptive cell therapy	Call AmeriBen 1-800-388-3193
Air ambulance (non-emergency)	
Clinical trial conducted in relation to the prevention, detection, or treatment of cancer or other <i>life-threatening</i> disease or condition Note: This plan does not cover clinical trials related to other diseases or conditions (check the member benefit book for further description and limitations)	
Dialysis	
Durable medical equipment (DME): Items in excess of \$3,000 (purchase/rental price)	
Genetic/genomic testing (excludes amniocentesis)	
Home health care services (excludes home infusion services)	
Imaging, high-tech outpatient (excludes services rendered in an emergency room setting): <ul style="list-style-type: none"> • Computed tomographic (CT) studies • Coronary CT angiography • MRI/MRA • Nuclear cardiology • Nuclear medicine (including SPECT scans) • PET scans 	
Infusion/injectable specialty medications over \$3,000 per infusion/injection, delivered in outpatient setting (outpatient facility, physician’s office, home infusion) and covered under <i>medical</i> benefits (not pharmacy benefits)	
Injectable and specialty medications billed under <i>pharmacy</i> benefits may require prior authorization	
Inpatient hospital pre-admission and continued stay reviews (all ages, all diagnoses) <ul style="list-style-type: none"> • Long-term acute care facility (LTAC), not custodial care • Skilled nursing facility (SNF) and rehabilitation facility • Inpatient mental health/substance use disorder treatment (includes residential treatment facility services) • All surgical and non-surgical admissions (excluding routine vaginal or cesarian deliveries) Note: The attending physician does not have to obtain prior authorization for a maternity stay of 48 hours or less for a vaginal delivery or 96 hours or less for a cesarean delivery.	Call AmeriBen 1-800-388-3193
Mental health and substance abuse: Partial hospitalization and intensive outpatient treatment program in excess of 18 visits per calendar year per therapy type	
Oncology: Chemotherapy drugs/infusions and radiation treatments	
Orthotics/prosthetics in excess of \$3,000 (purchase/rental price)	

<p>Outpatient rehabilitation services: Physical therapy, occupational therapy, and speech therapy visits in excess of 18 visits per therapy type, per calendar year</p>	<p>Call AmeriBen 1-800-388-3193</p>
<p>Surgical procedures (inpatient and outpatient) Exception: Prior authorization <i>is not required</i> for the following surgical procedures.</p> <ul style="list-style-type: none"> • Office surgeries • All colonoscopies and sigmoidoscopies (screening and diagnostic) • Elective female sterilization procedures • Intra-articular hyaluronic acid injections 	
<p>Transplant (other than cornea), including but not limited to, kidney, liver, heart, lung, pancreas, and bone marrow replacement to stem cell transfer after high-dose chemotherapy</p>	
<p>PHARMACY BENEFIT MANAGEMENT</p>	
<p>MagellanRx</p>	<p>1-800-424-0472 magellanrx.com</p>