

## 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
<b>Amkor Technology, Inc.</b> Group 039176	<b>AmeriBen</b> 1-800-388-3193 <b>PBM: Navitus</b> 1-866-333-2757	<b>K8Y, K8Z</b>	Page 2
<b>Microchip Technologies</b> Group 045928	<b>AmeriBen</b> 1-866-879-6128 <b>PBM: Optum Direct</b> 1-800-207-2568	<b>MKQ</b>	Page 3
<b>Northwest Arizona Employee Benefit Trust (NAEBT)</b> Group 037461	<b>American Health Group (AHG)</b> 1-800-847-7605 <b>PBM: Navitus</b> 1-855-673-6504	<b>NBT</b>	Page 4
<b>Pioneer Title Holding Company, Inc.</b> Group 044410	<b>AmeriBen</b> 1-800-388-3193 <b>PBM: Prime Therapeutics</b> 1-800-424-0472 Specialty Rx 1-877-300-6202	<b>PTP</b>	Pages 5-6

Prior authorization requirements are summarized for each group on the following pages.

**Prior authorization is not a guarantee of payment:** Prior authorization helps determine a member's eligibility for a requested procedure or service before the service is rendered. Prior authorization approval decisions are based on information provided during the request process and typically requires medical records. Even if a service is authorized, the claim for the rendered service is reviewed and processed according to specific benefit plan coverage, including any applicable limitations, exclusions, maximums, and waivers. Although prior authorization may not be required for a particular service, any claim may still be subject to review for medical necessity.

**Penalties:** If a required prior authorization is not obtained prior to service, a penalty is applied to the contracted servicing provider or facility. If an out-of-network provider is used, the penalty is applied to the member.

# 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](http://navitus.com) or **1-866-333-2757**

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

# Microchip Technologies Prior Authorization List

MEMBER ID PREFIX: **MKQ**  
 PLAN TYPES: **EPO, PPO, HDHP**  
 GROUP NUMBER: **045928**

Microchip contracts with AmeriBen for utilization management, including medical policy: **1-866-879-6128**

The PBM is Optum Direct: **1-800-207-2568**

CUSTOM PRIOR AUTHORIZATION REQUIREMENTS for Microchip Technologies	
<b>Air ambulance</b> (non-emergency air ambulance transportation)	<p>Call AmeriBen <b>1-866-879-6128</b></p>
<b>Clinical trials</b> related to prevention, detection, or treatment of cancer or other life-threatening disease or condition (plan does not cover other clinical trials)	
<b>Dialysis</b>	
<b>Durable medical equipment (DME)</b> in excess of \$3,000 (purchase/rental price), including orthotics/prosthetics	
<b>Genetic/genomic testing</b> (excludes amniocentesis)	
<b>Home health care</b> (excluding home infusion services)	
<b>Inpatient behavioral health/substance use disorder admissions</b> (includes residential treatment facility services)	
<b>Inpatient hospital admissions and continued stays</b> <ul style="list-style-type: none"> <li>All elective admissions, except routine maternity deliveries</li> <li>Maternity stays longer than 48 hours for vaginal delivery and 96 hours for C-section</li> </ul>	
<b>Inpatient rehabilitation admissions:</b> Skilled nursing facilities and long-term care facilities (not custodial care)	
<b>Mental health and substance use disorder:</b> Partial hospitalization and intensive outpatient program in excess of 18 visits per calendar year per therapy type	
<b>Oncology:</b> chemotherapy drugs/infusions and radiation treatments for oncology diagnoses	
<b>Outpatient rehabilitation services:</b> physical therapy, occupational therapy, and speech therapy visits in excess of 18 per therapy type, per calendar year	
<b>Outpatient advanced radiology</b> (excludes services rendered in an emergency room setting): Coronary CT angiography, nuclear cardiology, nuclear medicine (including SPECT scans), PET scans	
<b>Specialty Infusion/injectable medications</b> over \$3,000 per infusion/injection, covered under <i>medical</i> benefits (not obtained through <i>pharmacy</i> benefits) and delivered in outpatient setting (outpatient facility, physician's office, home infusion)	<p>Call Optum Direct <b>1-800-207-2568</b></p>
<b>Specialty medications</b> billed under <i>pharmacy</i> benefits may require prior authorization	
<b>Surgical procedures</b> in an inpatient or outpatient facility setting (excludes office surgeries, screening and diagnostic colonoscopies, elective sterilization procedures, and intra-articular hyaluronic acid injections)	<p>Call AmeriBen <b>1-866-879-6128</b></p>
<b>Transplant (other than cornea):</b> Initial evaluation, pre-transplant testing, and surgery	
PHARMACY BENEFIT MANAGEMENT	
<b>Optum Direct</b>	<p><b>1-800-207-2568</b></p>

# 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](http://navitus.com) or **1-855-673-6504**

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

# 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 Prime Therapeutics (Prime): [primetherapeutics.com/providers-and-physicians](http://primetherapeutics.com/providers-and-physicians) or  
**1-800-424-0472 | Specialty Rx 1-877-300-6202**

CUSTOM PRIOR AUTHORIZATION REQUIREMENTS for Pioneer Title Holding Company, Inc.	
<b>Adoptive cell therapy</b>	Call AmeriBen <b>1-800-388-3193</b>
<b>Air ambulance</b> (non-emergency)	
<b>Clinical trial</b> 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)	
<b>Dialysis</b>	
<b>Durable medical equipment (DME):</b> Items in excess of \$3,000 (purchase/rental price)	
<b>Genetic/genomic testing</b> (excludes amniocentesis)	
<b>Home health care services</b> (excludes home infusion services)	Call Prime Therapeutics <b>1-800-424-0472</b> <b>Specialty Rx 1-877-300-6202</b>
<b>Imaging, high-tech outpatient</b> (excludes services rendered in an emergency room setting): <ul style="list-style-type: none"> <li>• Computed tomographic (CT) studies</li> <li>• Coronary CT angiography</li> <li>• MRI/MRA</li> <li>• Nuclear cardiology</li> <li>• Nuclear medicine (including SPECT scans)</li> <li>• PET scans</li> </ul>	
<b>Infusion/injectable specialty medications</b> 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)	Call AmeriBen <b>1-800-388-3193</b>
<b>Injectable and specialty medications</b> billed under <i>pharmacy</i> benefits may require prior authorization	
<b>Inpatient hospital pre-admission and continued stay reviews</b> (all ages, all diagnoses) <ul style="list-style-type: none"> <li>• Long-term acute care facility (LTAC), not custodial care</li> <li>• Skilled nursing facility (SNF) and rehabilitation facility</li> <li>• Inpatient mental health/substance use disorder treatment (includes residential treatment facility services)</li> <li>• All surgical and non-surgical admissions (excluding routine vaginal or cesarian deliveries)</li> </ul> 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 <b>1-800-388-3193</b>
<b>Mental health and substance use disorder:</b> Partial hospitalization and intensive outpatient treatment program in excess of 18 visits per calendar year per therapy type	
<b>Oncology:</b> Chemotherapy drugs/infusions and radiation treatments	

<b>Orthotics/prosthetics</b> in excess of \$3,000 (purchase/rental price)	<p>Call AmeriBen <b>1-800-388-3193</b></p>
<b>Outpatient rehabilitation services:</b> Physical therapy, occupational therapy, and speech therapy visits in excess of 18 visits per therapy type, per calendar year	
<p><b>Surgical procedures (inpatient and outpatient)</b> Exception: Prior authorization <i>is not required</i> for the following surgical procedures.</p> <ul style="list-style-type: none"> <li>• Office surgeries</li> <li>• All colonoscopies and sigmoidoscopies (screening and diagnostic)</li> <li>• Elective female sterilization procedures</li> <li>• Intra-articular hyaluronic acid injections</li> </ul>	
<b>Transplant (other than cornea)</b> , including but not limited to, kidney, liver, heart, lung, pancreas, and bone marrow replacement to stem cell transfer after high-dose chemotherapy	
<b>PHARMACY BENEFIT MANAGEMENT</b>	
<b>Prime Therapeutics (Prime)</b>	<p><b>1-800-424-0472</b> <b>Specialty Rx 1-877-300-6202</b> <a href="http://primetherapeutics.com/providers-and-physicians">primetherapeutics.com/providers-and-physicians</a></p>