MyTru Advantage

**Prior Authorization/Coverage Determination Form**

Email: auth.submit@mytruadvantage.com Fax: 317-860-3624 Phone: 844-425-4280 Online: www.MyTruAdvantage.com

***Section I – General Information***

| Review Type: | Clinical reason to Expedite: |
|---|---|
| ☐ Standard<br>☐ Expedite (currently inpatient or delay will be detrimental to patient's life/ health) | _____<br>_____ |

☐ Inpatient ☐ Outpatient ☐ Observation ☐ SNF ☐ IP Rehab

☐ Initial or Pre-Service Request ☐ Extension/Renewal/Amendment (Previous auth #)
☐ Payment Request ☐ Advanced Coverage Determination

***Section II – Enrollee Information***

| Name: | Phone: | DOB: |
|---|---|---|
| _____ | _____ | _____ |

| Enrollee ID: | Group # |
|---|---|
| _____ | _____ |

***Section II – Provider Information***

| *Requesting Provider or Facility* | | *Service Provider or Facility* | |
|---|---|---|---|
| Name: _____ | | Name: _____ | |
| NPI: _____ | Group NPI: _____ | NPI: _____ | Group NPI: _____ |
| Phone: _____ | Fax: _____ | Phone: _____ | Fax: _____ |
| Address: _____ | | Address: _____ | |
| Tax ID: _____ | | Tax ID: _____ | |

***Section IV — Services Requested (with CPT, CDT, or HCPCS Code) and Supporting Diagnoses (with ICD Code)***

| *Planned Service or Procedure* | *Code* | *Start* | *End* | *Diagnosis (ICD Version 10)* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Medication-**MD signed Order Required:**
☐ MD Supplying and Billing OR ☐ Retail

Outpatient Therapy:
☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy Requested Visits: _____

DME-**MD signed Order Required:**
☐ Rental $_____ Per _____ OR ☐ Purchase $_____

Is this service being provided outside of the MyTruAdvantage HMO/PPO network? ☐ Yes ☐ No

*Reason for utilization of out of network provider:*

Clinical documentation to support this request is required. Please submit most recent provider office visit notes and other documents related to diagnosis and ordered service. Supporting documentation must be legible and in written/electronic format.

An issuer needing more information may call the requesting provider or authorized representative directly at: _____or via email at _____.

Preferred method of contact is ☐ phone or ☐ email

**Please note:** to ensure the most efficient turnaround time, accuracy of decisions, and prompt notice of decision, please provide all documentation required. This includes all provider contact information including a return notification contact number, as well as the **enrollee or representative's contact information.**

All MyTruAdvantage enrollees are provided with a determination call and a notification letter, along with the requesting service provider.
All providers may submit an authorization online by visiting mytruadvantage.com and connecting through the Provider page. Online submissions also allow providers to find up to date authorization status changes and determinations.

If you have questions regarding which services require Prior Authorization, which Part B drugs require pre-service review for medical necessity, or seek certain policy information, please visit mytruadvantage.com or contact us by phone at 844-425-4280.

MyTruAdvantage reserves the right to "downgrade" or "extend" authorization request decision time frames from Expedited to Standard status upon review if the plan determines that the standard turnaround time (72 hours to 7 days for prior authorization) will not cause detriment or delay to an enrollee's life or health. Upon any changes in status, MyTruAdvantage will issue a notification to the requesting party in form of phone call and letter indicating the change. The enrollee and provider have the right to issue an expedited grievance, should they disagree with the plan's determination to extend the timeframe. Information for issuing a grievance are included on the letter.

Authorizations are accepted by fax, email, and online submission 24 hours per day 365 days per year, and by phone Monday through Friday 8am – 5pm EST except for government-issued holidays. Voicemails containing authorization requests are not guaranteed to be received during non-business hours. Those who wish to initiate an authorization should fax or email their request to 317-860-3624 or auth.submit@mytruadvantage.com; or submit the request and supporting documentation through the online portal at mytruadvantage.com.