



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.mytruadvantage.com

MyTruAdvantage 2026 Prior Authorization List

PA fax number: 317-860-3624
Online: www.mytruadvantage.com

- Inpatient hospital admissions – medical and surgical
- Observation Admission > 23 hours
- Long Term Acute Care Hospital (LTACH) admissions
- Inpatient Sub-Acute and Acute Rehab Facility admissions
- Skilled Nursing Facility admissions
- Mental Health and Substance Abuse Admission
 - Inpatient/Detox (IP)
 - Residential (RES)
 - Intensive Outpatient Programs (IOP)
 - Partial Hospitalization Programs (PHP)
- Non-emergent Ambulance Services
- Home Health Care (Visits exceeding 10 each annually: PT, OT, Skilled Nursing)
- Select Oncology Services – Chemotherapy and Radiation
- Durable Medical Equipment/ Prosthetics/Orthotics (purchases greater than \$2000 & Rentals exceeding \$150 /month – please note, MyTruAdvantage may allow purchase of some rented medical equipment after a certain number of payments. Please contact Member Services for details.
- Part B Medications (includes select specialty medications) – Please refer to medication list at <http://www.mytruadvantage.com/information-2026> for full listing
- Physical, Occupational, and Speech Therapy (exceeding 20 visits each)
- Applied Behavioral Analysis (ABA) Therapy



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- Advanced Diagnostic Imaging
 - PET Scan
- Dialysis Treatment
- Select Genetic and Molecular Testing Services
- Treatments related to gender reassignment
- Transplant Services - Organ, Cell & Gene Therapy Services, Ventricular Assist Devices
- Select Outpatient Procedures and Services (includes services performed at Ambulatory Surgery Centers and Outpatient Hospital Settings):
 - Joint replacements
 - Orthopedic trauma surgery/open reduction internal fixation fracture repairs
 - Arthroscopic procedures
 - Spinal surgery
 - Podiatry surgery
 - All neurological implants and implanted nerve stimulator devices
 - Bariatric surgery procedures not performed as inpatient
- Infertility – care and treatment
- Treatment with Human Growth Hormone

Some services may be covered with a Letter of Medical Necessity:

- Treatment of impotence or sexual dysfunction
- Administration of testosterone
- Sclerotherapy

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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. Y0150_MM0064_C