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

MyTruAdvantage 2027 Prior Authorization List

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

- Inpatient hospital admissions – medical and surgical
- Observation Admission > 2 midnights
- 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 (if extending beyond consecutive 60-day period)
- Select Oncology services – Chemotherapy and Radiation
- Durable Medical Equipment / Prosthetics / Orthotics- Purchases greater than $2,000 and 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 https://www.mytruadvantage.com/information-2027 for full listing.
- Physical, Occupational, and Speech Therapy - (exceeding 20 visits each)
- Advanced Diagnostic Imaging
    - PET Scan - (only required if not billed with a cancer diagnosis)
- 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
    - Procedures that could be considered cosmetic
- 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
- Sclerotherapy