Prior Authorization Coverage Criteria

MyTruAdvantage provides prior authorization services to ensure members receive services that are medically and clinical necessary, and that the services are appropriate for your condition or diagnosis.

There are two parts to the prior authorization process:

1. Your provider submits a request to MyTruAdvantage in the Provider authorization portal or through other means such as fax. The request includes the specific diagnosis and treatment codes for review, along with medical or clinical records to support the request.

2. MyTruAdvantage reviews the clinical documentation submitted with the request using appropriate coverage documents and/or clinical criteria to make a decision. If the service is determined to be a covered benefit and medical necessity criteria is met, the request is approved. If not, the request is reviewed by a Medical Director for a decision. Your provider is notified of the decision in the electronic authorization portal as well through fax and mail, when applicable.

Notice of approval or denial is also sent to the MyTruAdvantage members for any authorization request received. If the authorization is denied, members will receive a denial letter which includes their appeal rights. If you have any questions about your authorization, contact customer service.

Criteria utilized for Coverage Determination Reviews:

In addition to utilizing the Evidence of Coverage (EOC) to confirm coverage, MyTruAdvantage utilizes InterQual® criteria to determine clinical appropriateness as well as Medicare National (NCD) and/or Local Coverage Determination (LCD) when completing a Coverage Determination review. Access to this coverage criteria can be accessed by following the link below:

InterQual Criteria

Questions:

The criteria provided is intended to be utilized by clinical professionals. In the event you have questions regarding the criteria, MyTruAdvantage encourages you to reach out directly to your Provider or the MyTruAdvantage clinical team at (844) 425-4280.

For any other questions about prior authorizations, please send us a message in your member account or call the customer service contact number listed above.

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語 言援助服務。請致電 1.844.425.4280 (TTY: 711)