



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
- Sclerotherapy

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) Y0150_MM0071_C