



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

MyTruAdvantage 2024 Pre-Certification 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 – includes home infusion and associated medical equipment
- Oncology Services – Chemotherapy and Radiation
- Durable Medical Equipment (purchases greater than \$750 and all rentals) – please note, MyTruAdvantage may allow purchase of some rented medical equipment after a certain number of payments. Please contact Member Services for details.
- Prosthetics (all)
- Part B Medications (includes specialty medication infusions) – Please refer to medication list at www.mytruadvantage.com/member-documents-and-forms 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
- Genetic Testing and Molecular Testing Services and treatments related to gender reassignment
- Transplant Evaluations and Procedures
- 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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