



Medical Assistance BULLETIN

ISSUE DATE February 4, 2026	EFFECTIVE DATE February 4, 2026	NUMBER 01-26-46, 08-26-46, 09-26-46, 10-26-05, 24-26-46, 25-26-05, 31-26-46
SUBJECT Prior Authorization Guidelines for Breast and Nipple Prosthesis	BY  Sally Kozak Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents>

PURPOSE:

The purpose of this bulletin is to advise providers of new prior authorization guidelines and new handbook pages to support the medical necessity of prescriptions for breast and nipple prostheses.

SCOPE:

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, acute care hospitals, hospital-based medical clinics, Federally Qualified Health Centers, Rural Health Clinics, independent medical surgical clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services for breast and nipple prostheses to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, section 443.6(b)(1) of the act of June 13, 1967, (P.L. 31, No. 21) (62 P.S. §443.6), referred to as the Human Services Code, requires prior authorization for prostheses.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info>

Breast and nipple prostheses are artificial replacements for those who underwent a mastectomy or lumpectomy as part of treatment for breast cancer.

On June 24, 2025, the Department advised providers of the change to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization. There are no MCG guidelines for breast and nipple prosthesis. Therefore, the Department is advising providers of clinical guidelines for prior authorization of breast and nipple prostheses for MA beneficiaries.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the attachments for the guidelines for the prior authorization review of breast and nipple prostheses. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form at:

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf>, or the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf>.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

ATTACHMENTS:

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.9, Prior Authorization for Breast and Nipple Prostheses, Effective February 4, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, PROMISe™ Provider Handbook, Section 7.1.2.7, Prior Authorization for Breast and Nipple Prostheses, Effective February 4, 2026.

7.1.2.9 Prior Authorization of Breast and Nipple Prostheses

- I. General Requirements for Prior Authorization of Breast and Nipple Prostheses
 - A. Prescriptions that Require Prior Authorization
 - B. Documentation for Review
 - C. Review of Documentation for Medical Necessity
 - D. Clinical Review Process
 - E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF BREAST/NIPPLE PROSTHESES**A. Prescriptions that Require Prior Authorization**

All prescriptions for breast and nipple prostheses.

B. Documentation for Review

1. The following information should be submitted with an initial authorization request for breast/nipple prostheses:
 - a. Letter/Medical record explaining reason for mastectomy or lumpectomy.
2. The following information should be submitted with an authorization request for replacement breast/nipple prostheses:
 - a. Letter/Medical record explaining reason for mastectomy or lumpectomy, and
 - b. Letter/Medical record documenting the reason for replacement, e.g., lost, irreparable damage, etc.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for breast and/or nipple prostheses, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

1. Has had a documented mastectomy or lumpectomy for treatment of breast cancer.

For requests for authorization of a replacement breast and/or nipple prostheses, in addition to the items above, whether the beneficiary:

1. Has had a documented mastectomy or lumpectomy for treatment of breast cancer.
2. Letter/Medical record documenting the breast/nipple prostheses is lost or is irreparably damaged

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for breast and nipple prostheses. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional

judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Centers for Medicare & Medicaid Services. (January 1, 2024). “Local Coverage Determination (LCD) for External Breast Prostheses (L33317)”. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33317>
2. Gallagher, P., Buckmaster, A., O’Carroll, S., Kiernan, G., & Geraghty, J. (2010). “External breast prostheses in post-mastectomy care: Women’s qualitative accounts.” *European Journal of Cancer Care (Engl)*, 19(1), 61–71. Retrieved from <https://doi.org/10.1111/j.1365-2354.2008.00942.x>
3. Glaus, S.W. & Carlson, G.W. (2009). “Long-term role of external breast prostheses after total mastectomy.” *The Breast Journal*, 15(4), 385–393. Retrieved from <https://doi.org/10.1111/j.1524-4741.2009.00742.x>
4. Jetha, Z.A., Gul, R.B., & Lalani, S. (2017). “Women experiences of using external breast prosthesis after mastectomy.” *Asia-Pacific Journal of Oncology Nursing*, 4(3), 250–258. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28695172/>
5. Reaby, L.L. (1998). “Breast restoration decision making: Enhancing the process.” *Cancer Nursing*, 21(3), 196–204. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/9615510/>
6. Reaby, L.L. & Hort, L.K. (1995). “Postmastectomy attitudes in women who wear external breast prostheses compared to those who have undergone breast reconstructions.” *Journal of Behavioral Medicine*, 18(1), 55–67. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/7595952/>
7. Reaby, L.L. (1998). “Reasons why women who have mastectomy decide to have or not to have breast reconstruction.” *Plastic and Reconstructive Surgery*, 101(7), 1810–1818. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/9623821/>
8. Tanner, R., Abraham, S.F., & Llewellyn-Jones, D. (1983). “External breast prostheses: A survey of their use by women after mastectomy.” *Medical Journal of Australia*, 1(6), 270–272. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/9615510/>

7.1.2.7 Prior Authorization of Breast and Nipple Prostheses

- I. General Requirements for Prior Authorization of Breast and Nipple Prostheses
 - A. Prescriptions that Require Prior Authorization
 - B. Documentation for Review
 - C. Review of Documentation for Medical Necessity
 - D. Clinical Review Process
 - E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF BREAST/NIPPLE PROSTHESES**A. Prescriptions that Require Prior Authorization**

All prescriptions for breast and nipple prostheses.

B. Documentation for Review

1. The following information should be submitted with an initial authorization request for breast/nipple prostheses:
 - a. Letter/Medical record explaining reason for mastectomy or lumpectomy.
2. The following information should be submitted with an authorization request for replacement breast/nipple prostheses:
 - a. Letter/Medical record explaining reason for mastectomy or lumpectomy, and
 - b. Letter/Medical record documenting the reason for replacement, e.g., lost, irreparable damage, etc.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for breast and/or nipple prostheses, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

1. Has had a documented mastectomy or lumpectomy for treatment of breast cancer.

For requests for authorization of a replacement breast and/or nipple prostheses, in addition to the items above, whether the beneficiary:

1. Has had a documented mastectomy or lumpectomy for treatment of breast cancer.
2. Letter/Medical record documenting the breast/nipple prostheses is lost or irreparably damaged

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for breast and nipple prostheses. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional

judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Centers for Medicare & Medicaid Services. (January 1, 2024). “Local Coverage Determination (LCD) for External Breast Prostheses (L33317)”. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33317>
2. Gallagher, P., Buckmaster, A., O’Carroll, S., Kiernan, G., & Geraghty, J. (2010). “External breast prostheses in post-mastectomy care: Women’s qualitative accounts.” *European Journal of Cancer Care (Engl)*, 19(1), 61–71. Retrieved from <https://doi.org/10.1111/j.1365-2354.2008.00942.x>
3. Glaus, S.W. & Carlson, G.W. (2009). “Long-term role of external breast prostheses after total mastectomy.” *The Breast Journal*, 15(4), 385–393. Retrieved from <https://doi.org/10.1111/j.1524-4741.2009.00742.x>
4. Jetha, Z.A., Gul, R.B., & Lalani, S. (2017). “Women experiences of using external breast prosthesis after mastectomy.” *Asia-Pacific Journal of Oncology Nursing*, 4(3), 250–258. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/28695172/>
5. Reaby, L.L. (1998). “Breast restoration decision making: Enhancing the process.” *Cancer Nursing*, 21(3), 196–204. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/9615510/>
6. Reaby, L.L. & Hort, L.K. (1995). “Postmastectomy attitudes in women who wear external breast prostheses compared to those who have undergone breast reconstructions.” *Journal of Behavioral Medicine*, 18(1), 55–67. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/7595952/>
7. Reaby, L.L. (1998). “Reasons why women who have mastectomy decide to have or not to have breast reconstruction.” *Plastic and Reconstructive Surgery*, 101(7), 1810–1818. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/9623821/>
8. Tanner, R., Abraham, S.F., & Llewellyn-Jones, D. (1983). “External breast prostheses: A survey of their use by women after mastectomy.” *Medical Journal of Australia*, 1(6), 270–272. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/9615510/>