



# Medical Assistance BULLETIN

<b>ISSUE DATE</b>  January 29, 2026	<b>EFFECTIVE DATE</b>  January 29, 2026	<b>NUMBER</b>  01-26-44, 08-26-44, 09-26-44, 10-26-03, 24-26-44, 25-26-03, 31-26-44
<b>SUBJECT</b>  Prior Authorization Guidelines for Face and Ear Prostheses		<b>BY</b>   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 guidelines for prior authorization and new handbook pages to support the medical necessity of prescriptions for face and ear prostheses.

**SCOPE:**

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, Federally Qualified Health Centers, Rural Health Centers, independent medical surgical clinics, speech hearing clinics, pharmacies and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services for face and ear 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

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>

of June 13, 1967, (P.L. 31, No. 21) (62 P.S. §443.6), known as the Human Services Code, requires prior authorization for prostheses.

Face and ear prostheses are prescribed when a beneficiary has a loss or absence of facial tissue or ear tissue. Prostheses are medically necessary to restore appearance, support function, or improve daily living for a beneficiary. These services include evaluating the beneficiary's condition, reviewing medical records and assessing the need for prosthetic devices. The MA Program requires a prior authorization request to be submitted with all supporting clinical documentation to confirm medical necessity before a face or ear prosthesis can be approved.

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 face and ear prostheses to determine medical necessity. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of face and ear 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 face and ear prosthesis. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbooks at: <https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides>.

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 7.1.2.10, Prior Authorization of Face and Ear Prosthesis, Effective January 29, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, PROMISe™ Provider Handbook, Section 7.1.2.8, Prior Authorization of Face and Ear Prosthesis, Effective January 29, 2026.

### **7.1.2.10 PRIOR AUTHORIZATION OF FACE AND EAR PROSTHESIS**

- I. General Requirements for Face and Ear Prosthesis
  - 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 Face and Ear Prosthesis**

### **A. Prescriptions that Require Prior Authorization**

All prescriptions for face and ear prosthesis.

### **B. Documentation for Review**

The following information should be submitted with an initial authorization request for face and ear prosthesis:

1. Medical records demonstrating the beneficiary's current physical features, physical impairment, or disability.
2. Diagnoses relevant to requested prosthetic device.
3. X-Ray and/or MRI reports, if appropriate.
4. Physical therapy evaluation/assessment, if appropriate.

### **C. Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a face and ear prosthesis, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

1. Was prescribed the prosthesis to compensate for the loss or absence of facial tissue as a result of disease, trauma, surgery or a congenital defect.

### **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 face and ear prosthesis. 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. (August 1, 2015). "Local Coverage Determination (LCD): Facial Prostheses (L33738)". Retrieved from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33738>

2. Chang, T.-L., Garrett, N., Roumanas, E., & Beumer, J., III. (2005). "Treatment satisfaction with facial prostheses." *Journal of Prosthetic Dentistry*, 94(3), 275–280. Retrieved from [https://www.thejpd.org/article/S0022-3913\(05\)00317-3/abstract](https://www.thejpd.org/article/S0022-3913(05)00317-3/abstract)
3. Roumanas, E.D., Freymiller, E.G., Chang, T.L., Aghaloo, T., & Beumer, J., 3rd. (2002). "Implant-retained prostheses for facial defects: An up to 14-year follow-up report on the survival rates of implants at UCLA." *International Journal of Prosthodontics*, 15(4), 325–332. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/12170845/>

### **7.1.2.8 PRIOR AUTHORIZATION OF FACE AND EAR PROSTHESIS**

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