Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
July 20, 2026	July 20, 2026	01-26-58, 08-26-58, 09-26-58, 10-26-15, 24-26-57, 25-26-14, 31-26-59

SUBJECT	BY
Prior Authorization Guidelines for Upper Extremity Prosthetics and Components	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 the new Provider Handbook pages that include the guidelines for prior authorization to support the medical necessity of prescriptions for upper extremity prosthetics and components.

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 clinics, independent medical surgical clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render upper extremity prosthetics and components to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these items 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), known as the Human Services Code, requires prior authorization for prostheses.

Upper limb prosthetics refer to artificial devices designed to replace the function of a missing arm or hand, which must accommodate complex movements and often prioritize cosmetic appearance alongside functionality. They can range from nonfunctional cosmetic hands to more advanced designs that incorporate control systems for prehensile grasping.

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 to determine medical necessity for upper extremity prosthetics and components. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of upper extremity prosthetics and components 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 upper extremity prosthetics and components. 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 7.1.2.17, Prior Authorization for Upper Extremity Prosthetics and Components, Effective July 20, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, Section 7.1.2.15, Prior Authorization for Upper Extremity Prosthetics and Components, Effective July 20, 2026.

7.1.2.17 Prior Authorization Guidelines for Upper Extremity Prosthetics and Components

I. General Requirements for Prior Authorization of Upper Extremity Prosthetics and Components

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 UPPER EXTREMITY PROSTHETICS AND COMPONENTS

A. Prescriptions that Require Prior Authorization

All prescriptions for the upper extremity prosthetics and associated components

B. Documentation for Review

The following information should be submitted with an initial authorization request for an upper extremity prosthetic and needed components:

1. Medical diagnoses relevant for an upper extremity prosthetic and/or components.
2. A clinical evaluation by a specialist with specific training in rehabilitation of upper-extremity amputees (e.g. Physiatrist) that determines all of the following:
   a. Patient health status;
   b. Level of function (with mobility and ADLs);
   c. Pain assessment;
   d. Cognitive and behavioral health;
   e. Learning assessment;
   f. Residual limb assessment;
   g. Non-amputated limb and trunk assessment;
   h. Prosthetic assessment, if applicable; and
   i. Vocational assessment, if applicable.
3. A clinical assessment by a prosthetist addressing all of the following components along with the medical justification for each component/option:
   a. Design (preparatory or definitive);
   b. Control strategy (e.g. passive, body powered, myoelectric);
   c. Anatomical side and amputation level for the prosthesis;
   d. Type of socket interface (e.g. soft insert, thermoplastic);
   e. Type of socket frame;
   f. Suspension mechanism;
   g. Terminal device e.g. type of hand; and
   h. Wrist unit, elbow unit, shoulder unit, if applicable.
4. Documentation defining the functional goals that the beneficiary aspires to achieve with the use of the upper extremity prosthesis, estimated length of need, and willingness and ability of the beneficiary to utilize the prosthesis; and
5. Documentation of pre-prosthetic training to help determine the type of device to be recommended to achieve the functional goals of the beneficiary.

The following information should be submitted with a reauthorization request for a replacement upper extremity prosthetic and components:

1. Description of the reason a replacement is needed (e.g. has it been damaged, is there significant wear and tear, was it loss?)
2. Description of the requested upper extremity prosthetic and components to be replaced, and if custom made, the reason why a prefabricated or off-the-shelf upper extremity prosthetic and components is not sufficient; and
3. Description of the previous use of upper extremity prosthetic and/or components and the clinical outcome of such use; and
4. Documentation that the beneficiary still has the motivation and willingness to utilize the upper extremity prosthetic; and
5. Documentation of the estimated length of need of the upper extremity prosthetic and component replacement.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for a prescription for an upper extremity prosthetic and components, the determination of whether the requested service is medically necessary will consider whether the beneficiary:

1. Has clinical documentation demonstrating a medical diagnosis relevant for an upper extremity prosthesis and components (traumatic or surgical amputation or congenital defect of the upper extremity (or part of it)); and
2. Will regain or maintain functional status with prosthetic replacement; and
3. Has been evaluated by a healthcare professional with appropriate prosthetic training and qualifications; and
4. Has the ability and willingness to participate in the training for use of the prosthesis; and
5. Has the expected rehabilitation potential to undergo functional assessment including activities of daily living (ADL) and instrumental ADL evaluation.

For requests for authorization of repairs or replacement of an upper extremity prosthetic and/or component, the determination of whether the requested service is medically necessary will consider whether:

1. The upper extremity prosthetic and/or component has significant wear and tear; or
2. The upper extremity prosthetic and/or component has accidental or irreparable damage; or
3. The upper extremity prosthetic and/or component has been lost; or
4. There has been a significant change in the beneficiary's physical condition that could impact the fit and use of the prosthesis and evidence thereof; and
5. The upper extremity prosthetic and/or components are still medically necessary.

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 an upper extremity prosthetic and components. 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 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. Cangio, J. M., et al. (2019). "Upper extremity amputees and prosthetic care across the active military and veteran population." Physical Medicine and Rehabilitation Clinics of North America. Retrieved from Upper Extremity Amputation and Prosthetics Care Across the Active Duty Military and Veteran Populations - Scholars @ UT Health San Antonio
2. Johnson, S. S., et al. (2014). "Prosthetic training." *Physical Medicine and Rehabilitation Clinics of North America.* Retrieved from Prosthetic Training - Physical Medicine and Rehabilitation Clinics
3. Soyer, K., et al. (2016). "The importance of rehabilitation concerning upper extremity amputees: A systematic review." *Pakistan Journal of Medical Sciences.* Retrieved from The importance of rehabilitation concerning upper extremity amputees: A Systematic review - PMC

7.1.2.15 Prior Authorization Guidelines for Upper Extremity Prosthetics and Components

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4. Documentation defining the functional goals that the beneficiary aspires to achieve with the use of the upper extremity prosthesis, estimated length of need, and willingness and ability of the beneficiary to utilize the prosthesis; and
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1. Description of the reason a replacement is needed (e.g. has it been damaged, is there significant wear and tear, was it loss?)
2. Description of the requested upper extremity prosthetic and components to be replaced, and if custom made, the reason why a prefabricated or off-the-shelf upper extremity prosthetic and components is not sufficient; and
3. Description of the previous use of upper extremity prosthetic and/or components and the clinical outcome of such use; and
4. Documentation that the beneficiary still has the motivation and willingness to utilize the upper extremity prosthetic; and
5. Documentation of the estimated length of need of the upper extremity prosthetic and component replacement.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for a prescription for an upper extremity prosthetic and components, the determination of whether the requested service is medically necessary will consider whether the beneficiary:

1. Has clinical documentation demonstrating a medical diagnosis relevant for an upper extremity prosthesis and components (traumatic or surgical amputation or congenital defect of the upper extremity (or part of it)); and
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1. The upper extremity prosthetic and/or component has significant wear and tear; or
2. The upper extremity prosthetic and/or component has accidental or irreparable damage; or
3. The upper extremity prosthetic and/or component has been lost; or
4. There has been a significant change in the beneficiary's physical condition that could impact the fit and use of the prosthesis and evidence thereof; and
5. The upper extremity prosthetic and/or components are still medically necessary.

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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 an upper extremity prosthetic and components. 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 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.

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1. Cangio, J. M., et al. (2019). "Upper extremity amputees and prosthetic care across the active military and veteran population." Physical Medicine and Rehabilitation Clinics of North America. Retrieved from Upper Extremity Amputation and Prosthetics Care Across the Active Duty Military and Veteran Populations - Scholars @ UT Health San Antonio
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