

**PRESCRIBING AND PROVIDING EYEGLASSES, CONTACT LENSES, AND
HEARING AIDS**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy for uniform criteria necessary for prescribing specific sensori-neural aids (i.e., eyeglasses, contact lenses, and hearing aids) to eligible Veterans.

2. SUMMARY OF MAJOR CHANGES: This directive is updated to clarify the following:

a. Veteran eligibility for provision of sensori-neural aids at VA expense.

b. Veteran eligibility for replacement and spare sensori-neural aids, and second pair of eyeglasses or contact lenses.

3. RELATED ISSUES: VHA Directive 1121, VHA Eye and Vision Care, dated October 2, 2019; VHA Handbook 1170.02(1) and VHA Audiology and Speech-Language Pathology Services, dated March 14, 2011.

4. RESPONSIBLE OFFICE: The Chief Consultant, Rehabilitation and Prosthetic Services (10P4R), and the Chief Officer, Specialty Care Services (10P11), are responsible for the contents of this directive. Questions may be addressed to VHA12RPSRehabandProstheticsAction@va.gov.

5. RESCISSIONS: VHA Directive 1034(1), Prescribing and Providing Eyeglasses, Contact Lenses, and Hearing Aids, dated April 22, 2014; VHA Handbook 1173.7, Audiology and Speech Devices, dated October 30, 2000, and VHA Handbook 1173.12, Prescription Optics and Low Vision Devices, dated May 3, 2005 are rescinded.

6. RECERTIFICATION: This VHA directive is due to be recertified on or before the last working day of October 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE
UNDERSECRETARY FOR HEALTH FOR:**

/s/ Lucille B. Beck, Ph.D.
Deputy Under Secretary for Health
for Policy and Services

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

October 24, 2019

VHA DIRECTIVE 1034

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PRESCRIBING AND PROVIDING EYEGLASSES, CONTACT LENSES, AND HEARING AIDS

1. PURPOSE

This Veterans Health Administration (VHA) directive provides the uniform criteria necessary for prescribing specific sensori-neural aids (i.e., eyeglasses, contact lenses, and hearing aids) to eligible Veterans. **AUTHORITY:** Title 38 United States Code (U.S.C.) 1707(b) and 3104(a)(10); and Title 38 Code of Federal Regulations (CFR) 17.149.

2. BACKGROUND

a. All Veterans eligible for care and services under 38 CFR 17.38 are eligible for diagnostic and preventive audiology care, and diagnostic and preventive eye care services. These diagnostic and preventive services are separate from Department of Veterans Affairs (VA) provision of eyeglasses, contact lenses, and hearing aids. Even if they do not meet the eligibility criteria for eyeglasses, contact lenses, and hearing aids, Veterans remain eligible for audiology and eye care services covered under 38 CFR 17.38. For additional information, see VHA Handbook 1173.1, Eligibility, dated November 2, 2000.

b. Veterans may be eligible to receive sensori-neural aids (eyeglasses, contact lenses and hearing aids). See 38 CFR 17.149 for additional information on eligibility for such aids. Sensori-neural aids will be provided at VA expense only when prescribed by a VA or non-VA eye care provider (optometrist or ophthalmologist) resulting from a VA-authorized Veteran appointment and evaluation for eyeglasses and contact lenses, or VA or non-VA state-licensed audiologist resulting from a VA-authorized Veteran appointment.

3. POLICY

It is VHA policy that eyeglasses, contact lenses, and hearing aids will be furnished to all eligible Veterans in accordance with 38 CFR 17.149 and applicable clinical practice guidelines.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Ensuring that each VISN Director has sufficient resources to implement this

directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for ensuring Prosthetic and Sensory Aids Service has sufficient resources to implement this directive.

d. **Chief Consultant, Rehabilitation and Prosthetic Services.** The Chief Consultant, Rehabilitation and Prosthetic Services is responsible for:

(1) Ensuring the contents of this directive are current, accurate, and consistent with VA and VHA statutes, regulations, and policies.

(2) Providing support and consultative services for successful implementation of this directive.

e. **Chief Officer, Specialty Care Services.** The Chief Officer, Specialty Care Services is responsible for:

(1) Ensuring the contents of this directive are current, accurate, and consistent with VA and VHA policies, rules, and regulations.

(2) Providing support and consultative services for successful implementation of this directive.

f. **National Director, Prosthetic and Sensory Aid Service.** The National Director, Prosthetic and Sensory Aid Service is responsible for:

(1) Ensuring prescribed sensori-neural aids are procured in a manner consistent with existing purchasing authorities.

(2) Allocating budgetary resources to the field and monitoring budget execution in support of the purchase of sensori-neural aids.

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that VA medical facilities in the VISN provide all eligible Veterans with access to diagnostic and preventive audiology care, and diagnostic and preventive eye care services.

(2) Ensuring that the provision of eyeglasses, contact lenses, and hearing aids at VA medical facilities comply with this directive.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that sensori-neural aids are provided consistent with 38 CFR 17.149 and this directive.

(2) Ensuring that all Veterans receive appropriate diagnostic and preventive audiology care by a state-licensed audiologist, and diagnostic and preventive eye care services by an eye care provider (optometrist or ophthalmologist), to determine clinical justification for prescription of eyeglasses, contact lenses, or hearing aids for which they are eligible under 38 CFR 17.38. This diagnostic and preventive care, to include prescription when indicated, is separate from eligibility to receive sensori-neural aids under 38 CFR 17.149.

(3) Ensuring that eyeglasses, contact lenses, and hearing aids are provided to Veterans participating in a rehabilitation program under 38 U.S.C. Chapter 31, if necessary to complete the Veteran's rehabilitation plan as determined by the Veterans Benefits Administration (VBA). **NOTE:** See 38 CFR 21.216 and 21.240, and VBA Manual 28R Part I, Section A, Chapter 3.

(4) Ensuring that sensori-neural aids are appropriately fitted and adjusted.

(5) Ensuring that replacements and spare sensori-neural aids, and second pair of eyeglasses or contact lenses are provided to eligible Veterans.

i. **Chief, Audiology and Speech Pathology Service.** The Chief, Audiology and Speech Pathology Service or designee is responsible for reviewing the eligible Veteran's case to clinically determine whether replacement equipment may be issued in a situation where negligence or willful action is suspected.

j. **VA Centralized Audiology Team.** The VA Centralized Audiology Team is responsible for reviewing the community care requests and to determine whether spare or replacement equipment is clinically justified in submitted documentation.

k. **VA Audiologist.** VA audiologists are responsible for:

(1) Conducting a comprehensive audiologic evaluation to determine the need for hearing aids and ancillary devices. The determination should be based upon clinician interpretation of necessity and clinical justification for all devices must be documented in the patient electronic health record (EHR).

(2) Considering the effect of the hearing impairment (i.e., activity and participation) using well-established, patient-centered clinical practices when determining candidacy for auditory sensorineural aids.

l. **VA Eye Care Provider.** VA eye care providers (optometrists or ophthalmologists) are responsible for:

(1) Completing an appropriate eye evaluation in accordance with professional clinical practice guidelines to determine the need for eyeglasses or contact lenses.

(2) Documenting the patient's need for specialized eyeglasses or lenses in the patient's EHR.

(3) Providing justification for prescribing eyeglasses or contact lenses according to the criteria specified in paragraph 6.

5. CLINICAL JUSTIFICATION FOR HEARING AIDS

In making decisions about candidacy for amplification, audiologists must consult current clinical practice guidelines and recommendations.

a. Replacement Hearing Aid(s).

(1) Hearing aids, wireless systems, and assistive listening devices will be replaced when the instrument proves to be ineffective, irreparable, or the Veteran's medical condition has changed and a different device is needed. Devices will not be replaced because a new make or model is available.

(2) Devices may be replaced if the item was destroyed or lost due to circumstances beyond the control of the Veteran. If negligence or willful action is suspected, the Chief, Audiology and Speech Pathology Service or designee will determine whether a replacement can be issued, and depending on circumstances, the VA Audiology and Speech Pathology Program Office may be consulted for an opinion.

b. Spare Hearing Aid(s).

(1) Veterans who have continuing eligibility may be issued a spare hearing aid if the initial hearing aid has been used successfully on a continuing basis. Binaural hearing aids are to be considered as a single unit. A Veteran who has a binaural aid may be issued a second binaural unit as a spare.

(2) Spare assistive listening devices, will not routinely be provided.

6. PRESCRIBING EYEGASSES OR CONTACT LENSES

Visual disorders requiring eyeglasses and contact lenses are varied and complex; in some cases, a combination of visual acuity level, visual field loss, and clinical practice guidelines and recommendations does not address all possible prescribing indications. Given such complicated considerations, the eye care provider (optometrist or ophthalmologist) must apply all of the following in prescribing eyeglasses and contact lenses, and documenting the clinical justification:

a. Visual Acuity and Visual Field. Eyeglasses may be provided to Veterans who meet the following minimum clinical prescribing criteria subject to evaluation by an eye care provider:

(1) Visual acuity is worse than 20/40 from uncorrected refractive error at distance or near while using both eyes.

(2) Average visual field radius of 40 degrees or less when assessed monocularly conducted using Goldmann's equivalent III/4e (e.g., altitudinal field loss; homonymous hemianopsia; generalized constriction or other significant visual field defects from eye and/or brain injuries, diseases or disorders, etc.) to ensure proper orientation and safe ambulation in the environment.

(3) The visual acuity and visual field level is disabling, such that it affects their access to, active participation in, and/or provision of health care services (e.g., communication), and is considered to be clinical justification for eyeglasses.

b. **Clinical Practice Guidelines and Recommendations.** Eye care providers should consult the following professional literature-based clinical practice guidelines and recommendations for optometrists and ophthalmologists:

(1) Optometric Clinical Practice Guidelines, American Optometric Association.

(2) Optometric Clinical Practice Recommendations, American Optometric Association.

(3) Preferred Practice Patterns, American Academy of Ophthalmology.

c. **Special Circumstances.** Requests for prescription eyeglasses for all Veterans whose visual conditions do not meet the visual acuity, visual field, and clinical practice guidelines and recommendations provided in paragraphs 6.a. and 6.b. but who have special circumstances, may still be considered on a case-by-case basis (medically indicated need, e.g., to mitigate the impact on Veterans who are visually impaired such that it affects their access to, active participation in, or provision of health care services such as driving or walking safely to appointments, or reading medication labels). Among the possible special circumstances that might arise, the eye care provider should prescribe eyeglasses in the following special circumstances:

(1) Special eyeglasses or frames required for cosmetic facial restorations are to be provided upon the recommendation, prescription and approval of an eye care provider. In such cases, corrective lenses are authorized for any refractive error present.

(2) Veterans with a service-connected disability for the loss of vision in an eye (or the enucleation or evisceration of one eye) are eligible for eyeglasses for defective vision in the remaining eye or to protect the vision in the remaining eye (safety eyeglasses or polycarbonate lenses, as appropriate).

(3) Prescriptions by eye care providers of safety eyeglasses or polycarbonate lenses and eyeglasses with photochromic or tinted lenses are to be filled for Veterans who are monocular, and those with post-cataract surgery, chronic uveitis, severe corneal disease, clinically-significant macular degeneration, clinically-significant cataract, ocular toxicity from drugs, ocular photosensitivity from drugs, significant visual field loss, significant amblyopia or visual acuity loss in the fellow eye (worse than 20/40 correctable visual acuity by conventional spectacle lenses), traumatic brain injury, photophobia, and/or retinal or other medical eye conditions, as clinically appropriate.

(4) The need for photochromic or tinted lenses must be documented by an eye care provider; this need may include the need for ocular protection from undesirable incident radiations, such as ultraviolet (UV) radiation.

(5) Progressive addition lenses are to be procured for eligible Veterans when prescribed by an eye care provider.

(6) Eligible Veterans are to be provided an initial pair of corrective eyeglasses when prescribed by an eye care provider. Two pairs of single-vision eyeglasses, one for reading and one for distance, are to be provided if prescribed by an eye care provider in cases where bifocal lenses are contraindicated.

(7) Post-surgical aphakic cataract Veterans may also be provided two pairs of eyeglasses (in addition to contact lenses): a pair of cataract eyeglasses (aspheric lenticular), and a pair of eyeglasses for use over contact lenses when prescribed by an eye care provider.

d. **Contact Lenses.** Contact lenses are provided to eligible Veterans who meet the following clinical prescribing criteria (subject to evaluation by or the recommendation, prescription and approval of a VA eye care provider):

(1) Eligible Veterans with aphakia, severe astigmatism, pathologic myopia, keratoconus, aniseikonia, significant corneal pathology or deformity, corneal transplant, significant post-surgical anisometropia or irregular astigmatism, ocular or vision conditions in which eyeglasses are contraindicated or contact lenses provide significant improvement in the beneficiary's visual or medical function, chronic pathology or deformity of the nose, skin, or ears that precludes the wearing of eyeglasses, or other similar ocular and vision conditions.

(2) Eligible Veterans requiring bandage contact lenses to manage traumatic corneal injuries, corneal diseases and dystrophies, post-surgical corneal conditions, significant corneal abrasions, displaced corneal flaps, severe dry eye, or other similar ocular or vision conditions.

(3) Those needing specialty contact lenses as appropriate for conditions, such as iridodialysis or significant iris trauma, severe corneal scarring, ocular cicatricial pemphigoid or Stevens-Johnson syndrome, severe dry eye, nystagmus, photophobia and glare sensitivity, diplopia requiring occlusion, disfigurement in seeing or non-seeing eyes, or other similar ocular or vision conditions.

e. **Eyeglass and Contact Lens Prescriptions.** Veterans may obtain a copy of the finalized eyeglass or contact lens prescription from the examining VA optometrist or ophthalmologist.

f. **Replacement Eyeglasses.**

(1) Replacement of corrective eyeglasses necessitated by fair wear and tear, loss or breakage due to circumstances beyond the control of the beneficiary, or due to required

change of prescription, may be made at any time for eligible VA beneficiaries.

(2) Replacement eyeglasses can be prescribed at any time due to required refractive change of prescription to improve one line of visual acuity or when there is a significant change in the sphere, cylinder or axis eyeglass prescription. **NOTE:** *Appropriate prescriptions and resultant sphere, cylinder and axis changes must be determined by the examining eye care provider. Replacement eyeglasses are provided in the same manner as the initial prescription when the criteria are met.*

(3) Eyeglasses will not be replaced because of availability of newer technology, unless there is evidence that it will significantly benefit the Veteran. **NOTE:** *Eyeglasses are not to be replaced solely for cosmetic purposes.*

g. Second Pair and Spare Eyeglasses.

(1) A second pair of eyeglasses will not be provided to any beneficiary unless there are compelling medical circumstances requiring a second pair. **NOTE:** *Two pairs of single vision eyeglasses, one for reading and one for distance, will be provided in cases where bifocal lenses are contraindicated.*

(2) Spare eyeglasses may be prescribed, if medically necessary, but only as determined by the eye care provider; they will not be routinely provided.

(3) When providing spare eyeglasses from any existing prescription, the prescription must be current and appropriate for the visual needs of the beneficiary.

h. Replacement Contact Lenses.

(1) Replacement contact lenses are provided to eligible beneficiaries upon the recommendation, prescription and approval of a VA eye care provider.

(2) Replacement contact lenses are not normally provided to beneficiaries unless medically necessary.

i. **Second Pair of Contact Lenses.** Beneficiaries who are enrolled and who have an eye or vision condition requiring contact lenses may be provided a second lens or pair of lenses when loss or destruction of the beneficiary's contact lens(es) creates a severe hardship or a compelling medical need upon the recommendation, prescription and approval of a VA eye care provider.

7. TRAINING

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records

Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

9. REFERENCES

- a. 38 U.S.C. Chapter 31.
- b. 38 U.S.C. 1707(b).
- c. 38 U.S.C. 3104 (a)(10).
- d. 38 CFR 17.149; 17.38; 21.216; and 21.240.
- e. VHA Directive 1121, VHA Eye and Vision Care, dated October 2, 2019.
- f. VHA Directive 1182, Vocational Rehabilitation: Chapter 31 Benefits Timely Access to Health Care Services, dated April 2, 2015.
- g. VHA Handbook 1170.02(1), VHA Audiology and Speech-Language Pathology Services, dated March 14, 2011.
- h. VHA Handbook 1173.1, Eligibility, dated November 2, 2000.
- i. VHA Handbook 1173.12, Prescription Optics and Low-Vision Devices, dated May 31, 2005.
- j. American Speech-Language-Hearing Association. (2018). Scope of practice in audiology [Scope of Practice], available at: <https://www.asha.org/uploadedFiles/SP2018-00353.pdf>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*
- k. Audiology Clinical Practice Algorithms and Statements. Joint Committee on Clinical Practice Algorithms and Statements. Statement 3 and Algorithm 3. Joint Audiology Committee Statements on Hearing Aid Selection and Fitting (Audiology Today, Special Issue, August 2000): https://audiology-web.s3.amazonaws.com/migrated/ClinicalPracticeAlgorithms.pdf_53994824786af8.17185566.pdf. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*
- l. Guidelines for the Audiologic Management of Adult Hearing Impairment, American Academy of Audiology, October 2006. <https://www.audiologyonline.com/articles/guideline-for-audiologic-management-adult-966> **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*
- m. Joint Audiology Committee on Clinical Practice (1999). Clinical practice

statements and algorithms: American Speech-Language-Hearing Association, <http://www.asha.org/policy/GL1999-00013.htm>. **NOTE:** This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

n. Optometric Clinical Practice Guidelines, American Optometric Association <https://www.aoa.org/optometrists/tools-and-resources/clinical-care-publications/clinical-practice-guidelines>. **NOTE:** This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

o. Optometric Clinical Practice Recommendations, American Optometric Association, <https://www.aoa.org/optometrists/education-and-training/clinical-care/clinical-care-publications>. **NOTE:** This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

p. Preferred Practice Patterns, American Academy of Ophthalmology, <https://www.aao.org/guidelines-browse?filter=preferredpracticepatterns>. **NOTE:** This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

q. Veterans Benefits Association Manual 28R, Part 1, Section A, Chapter 3.