

AMENDED: July 2, 2014

**Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420**

**VHA DIRECTIVE 1034(1)
Transmittal Sheet
April 22, 2014**

**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 CHANGES:** This Directive is updated to clarify the following:
 - a. Veteran eligibility for sensori-neural aids is subject to 38 CFR 17.149.
 - b. Veteran eligibility for diagnostic and preventive audiological and eye care services is separate from eligibility for sensori-neural aids.
- 3. RELATED ISSUES:** VHA Handbook 1121.01, VHA Handbook 1170.02, and VHA Handbook 1173.1.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Rehabilitation and Prosthetic Services (10P4R), and the Chief Consultant, Specialty Care Services (10P4E), are responsible for the contents of this Directive. Questions may be addressed to 202-461-7444.
- 5. RESCISSIONS:** VHA Directive 2008-070, dated October 28, 2008, is rescinded.
- 6. RECERTIFICATION:** This VHA Directive is due to be recertified on or before the last working day of April, 2019.

Robert A. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List on 4/23/2014.

April 22, 2014

VHA DIRECTIVE 1034(1)

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

1. PURPOSE: 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. **AUTHORITY:** 38 U.S.C. 1707(b) and 3104(a)(10).

2. BACKGROUND:

a. Title 38 United States Code (U.S.C.) 1707(b) provides that VHA may furnish sensori-neural aids only in accordance with guidelines that the Department of Veterans Affairs (VA) prescribes. Subsequently, the VA promulgated regulations establishing such guidelines at Title 38 Code of Federal Regulations (CFR) 17.149.

b. 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 VA's provision of eyeglasses, contact lenses, and hearing aids. Veterans shall not be denied access to audiology and eye care services covered under 38 CFR 17.38 because they do not meet the eligibility criteria for eyeglasses, contact lenses, and hearing aids.

c. Veterans in all enrollment Priority Groups may be eligible to receive sensori-neural aids (eyeglasses, contact lenses and hearing aids) as authorized under 38 CFR 17.149 provided they are otherwise receiving VA care or services.

3. POLICY: This Directive provides that eyeglasses, contact lenses, and hearing aids will be furnished to all eligible Veterans in accordance with 38 CFR 17.149 as well as the parameters and prescribing criteria delineated in this Directive.

4. RESPONSIBILITIES:

a. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for ensuring that VISN and VA medical facility policies are developed to address eligibility for, and access to, diagnostic and preventive audiology care, and diagnostic and preventive eye care services, and that the provision of eyeglasses, contact lenses, and hearing aids comply with provisions of this Directive.

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

(1) Ensuring that, as identified in 38 CFR 17.149, needed sensori-neural aids are provided to the following Veterans, only if such Veterans are otherwise receiving VA care or services.

(a) Those with any compensable service connected disability.

(b) Those who are former Prisoners of War (POWs).

VHA DIRECTIVE 1034(1)

April 22, 2014

(c) Those who were awarded a Purple Heart.

(d) Those in receipt of benefits under 38 U.S.C. 1151.

(e) Those in receipt of an increased pension based on the need for regular aid and attendance or by reason of being permanently house-bound.

(f) Those who have a visual or hearing impairment resulting from the existence of another medical condition for which the Veteran is receiving VA care, or which resulted from treatment of that medical condition, e.g., stroke, polytrauma, traumatic brain injury, diabetes, multiple sclerosis, vascular disease, geriatric chronic illnesses, toxicity from drugs, ocular photosensitivity from drugs, cataract surgery, and/or other surgeries performed on the eye, ear, or brain resulting in vision or hearing impairment.

(g) Those with significant functional or cognitive impairment evidenced by deficiencies in activities of daily living, but not including normally occurring visual or hearing impairments.

***NOTE:** For the purposes of this Directive, normally occurring visual and hearing impairments are not considered as deficiencies of activities of daily living, as usually defined. Normally occurring impairments are not the same as age-related impairments from disease conditions or disorders (such as age-related macular degeneration, age-related cataract, etc.) that may result in significant functional impairment, including low vision and blindness, adversely impacting activities of daily living. Veterans with normally occurring visual or hearing impairments may be eligible for sensori-neural aids if they meet the criteria in paragraph 4b(1)(h).*

(h) Those visually or hearing impaired so severely that the provision of sensori-neural aids is necessary to permit active participation in their own medical treatment. ***NOTE:** The term “so severely” is a loss of vision and/or hearing that interferes with or restricts access to, involvement in, or active participation in health care services (e.g. communication or reading medication labels). The term is not to be interpreted that a severe hearing loss or severe vision loss must exist to be eligible for eyeglasses or hearing aids. The clinical indications for prescription and provision of hearing aids, contact lenses and eyeglasses are delineated within the clinical practice prescribing criteria for the audiologist, and eye care provider in paragraphs 4c and 4d.*

(i) Those Veterans who have service-connected hearing disabilities rated zero percent if there is organic conductive, mixed, or sensory hearing impairment, and loss of pure tone hearing sensitivity in the low, mid, or high-frequency range, or a combination of frequency ranges which contributes to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

(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 under 38 CFR 17.38 for which they are eligible. This diagnostic and preventive care, to include prescription, is separate from eligibility to receive sensori-neural aids under 38 CFR 17.149.

April 22, 2014

VHA DIRECTIVE 1034(1)

(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) Replacing, repairing, and providing spare or a second pair of eyeglasses, contact lenses, and hearing aids for Veterans in accordance with VHA Handbooks 1173.12 and 1173.7, as appropriate.

c. **Audiologist.** All Veterans shall receive a hearing evaluation by a state-licensed audiologist to determine the need for hearing aids. The audiologist is responsible for applying all of the following in prescribing hearing aids and documenting the clinical justification:

(1) Hearing aids may be provided to Veterans who meet the following minimum clinical prescribing criteria subject to evaluation by an audiologist:

(a) Hearing thresholds of 40 decibels (dB) hearing level (HL) or greater at 500, 1000, 2000, 3000, or 4000 hertz (Hz).

(b) Hearing thresholds of 26 dB HL or greater at three of the frequencies noted in paragraph 4c(1)(a).

(c) Speech recognition less than 94 percent (see 38 CFR 3.385).

(d) The hearing loss (hearing thresholds and speech recognition criteria in (a), (b), and (c) under 4c(1) above) 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 hearing aids.

(2) When determining candidacy for hearing aids, audiologists shall consider the effect of the hearing impairment (i.e., activity and participation) using well-established, patient-centered clinical practices. It is the effect of impairment, specifically participation restrictions (e.g., in health care), that is the justification for eligibility based on medical need. In making decisions about candidacy for amplification, audiologists must apply evidence-based clinical practice guidelines and recommendations including, but not limited to:

(a) Audiology Clinical Practice Algorithms and Statements. Joint Committee on Clinical Practice Algorithms and Statements. Joint Audiology Committee Statements on Hearing Aid Selection and Fitting.

(b) Guidelines for the Audiologic Management of Adult Hearing Impairment, American Academy of Audiology.

(c) Clinical practice statements and algorithms: American Speech-Language-Hearing Association.

d. **Eye Care Provider.** All Veterans shall receive an appropriate eye evaluation by an eye care provider (optometrist or ophthalmologist) to determine the need for eyeglasses and contact lenses. Visual disorders requiring eyeglasses and contact lenses are so varied and complex that, in some cases, a combination of visual acuity level, visual field loss, and clinical practice guidelines and recommendations do not address all possible prescribing indications. Given such complicated considerations, the eye care provider (an optometrist or ophthalmologist) shall apply all of the following in prescribing eyeglasses and contact lenses, and documenting the clinical justification:

(1) **Visual Acuity and Visual Field.** Eyeglasses may be provided to Veterans that meet the following minimum clinical prescribing criteria subject to evaluation by an eye care provider:

(a) Visual acuity is 20/50 or worse from uncorrected refractive error at distance or near while using both eyes.

(b) 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.

(c) 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.

(2) **Clinical Practice Guidelines and Recommendations.** Professional literature-based Clinical Practice Guidelines and Recommendations for optometrists and ophthalmologists include, but are not limited to:

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

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

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

(3) **Special Circumstances.** Requests for prescription eyeglasses for eligible Veterans whose visual conditions do not meet the visual acuity, visual field, and clinical practice guidelines and recommendations provided in paragraphs 4d(2)(a), 4d(2)(b), and 4d(2)(c) 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, and/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, it is VHA policy that the eye care provider should prescribe eyeglasses in the following special circumstances:

(a) Special eyeglasses or frames required for cosmetic facial restorations are to be procured upon the recommendation and approval of an optometrist or ophthalmologist. In such cases, corrective lenses are authorized for any refractive error present.

April 22, 2014

VHA DIRECTIVE 1034(1)

(b) 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).

(c) Prescriptions by optometrists or ophthalmologists of safety eyeglasses or polycarbonate lenses and/or 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 appropriate.

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

(e) Progressive addition lenses are to be procured for eligible Veterans when prescribed by an optometrist or ophthalmologist.

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

(g) Post-surgical aphakic cataract patients 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 optometrist or ophthalmologist.

(4) **Contact Lenses.** Contact lenses may be provided to Veterans that meet the following clinical prescribing criteria subject to evaluation by an eye care provider:

(a) Those 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 and/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 ocular and vision conditions when prescribed by an optometrist or ophthalmologist.

(b) Those 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 ocular or vision conditions when prescribed by an optometrist or ophthalmologist.

(c) 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 ocular or vision conditions when prescribed by an optometrist or ophthalmologist.

(5) **Eyeglasses and Contact Lens Prescriptions.** By request, Veterans may obtain a copy of the eyeglasses or contact lens prescription from the examining optometrist or ophthalmologist.

5. REFERENCES:

- a. 38 CFR 3.385.
- b. 38 U.S.C. 17.
- c. 38 CFR 17.149.
- d. 38 CFR 17.30.
- e. 38 CFR 17.37.
- f. 38 CFR 17.38.
- g. 38 CFR 17.47.
- h. 38 CFR 21.216.
- i. 38 CFR 21.240.
- j. 38 U.S.C. 31.
- k. 38 U.S.C. 1151.
- l. 38 U.S.C. 1701.
- m. 38 U.S.C. 1710.
- n. VHA Handbook 1121.01, VHA Eye Care.
- o. VHA Handbook 1170.02, VA Audiology and Speech Language Pathology Services.
- p. VHA Handbook 1173.1, Eligibility.
- q. VHA Handbook 1173.7, Audiology and Speech Devices.
- r. VHA Handbook 1173.12, Prescription Optics and Low Vision Devices.

April 22, 2014

VHA DIRECTIVE 1034(1)

s. Guidelines for the Audiologic Management of Adult Hearing Impairment, American Academy of Audiology,

<http://www.audiology.org/resources/documentlibrary/documents/haguidelines.pdf>.

t. 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)

<http://www.audiology.org/resources/documentlibrary/Documents/ClinicalPracticeAlgorithms.pdf>

u. 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>.

v. Optometric Clinical Practice Guidelines, American Optometric Association,

<http://www.aoa.org/x4813.xml>.

w. Optometric Clinical Practice Recommendations, American Optometric Association,

<http://www.aoa.org/optometrists/education-and-training/clinical-care>.

x. Preferred Practice Patterns, American Academy of Ophthalmology,

<http://one.aao.org/CE/PracticeGuidelines/PPP.aspx>.