Amended February 22, 2019

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1134(1)
Transmittal Sheet
November 28, 2016

PROVISION OF MEDICAL STATEMENTS AND COMPLETION OF FORMS BY VA HEALTH CARE PROVIDERS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy requiring VHA health care providers, when requested and consistent with other VHA policies, to assist patients in completing Department of Veterans Affairs (VA) and non-VA medical forms and to provide patients with medical statements with respect to their medical condition(s) and functionality.

2. SUMMARY OF MAJOR CHANGES:

a. Amendment dated February 22, 2019 removes the mandate to develop a Medical Statements and Forms Advisory Board. The responsible program office is also updated to VHA Office of Clinical Operations, Office of Primary Care (10NC3) from the Office of Patient Care Services, Primary Care Services (10P4F). The Responsibilities have been updated to replace the Office of Patient Care Services with the VHA Office of Clinical Operations.

b. This directive:

(1) Provides updated guidance and resources for providers to assist with the completion of medical statements and forms,

(2) Provides examples of the various types of medical statements and forms providers may be asked to complete,

(3) Requires each medical facility to identify a local Medical Statements and Forms point of contact to serve as a resource and assist local facility level staff and patients with questions or issues related to the completion of VA and non-VA forms or provision of medical statements, and

(4) Includes guidance on the completion of disability benefits questionnaires.

3. RELATED ISSUES: VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016 and VHA Handbook 1907.06, Management of Release of Information, dated January 18, 2013.

4. RESPONSIBLE OFFICE: The VHA Office of Clinical Operations, Office of Primary Care (10NC3) is responsible for the contents of this directive. Questions may be referred to 202-461-6259 or VHA10NC3Action@va.gov.

5. RESCISSION: VHA Directive 2008-071, dated October 29, 2008 and VHA Directive 2006-010, dated February 17, 2006, are rescinded.

6. RECERTIFICATION: This VHA directive is due to be recertified on or before the last working day of November 2021. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

David J. Shulkin, M.D.
Under Secretary for Health

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

DISTRIBUTION: Emailed to the VHA Publications Distribution List on November 29, 2016.

CONTENTS

PROVISION OF MEDICAL STATEMENTS AND COMPLETION OF FORMS BY VA HEALTH CARE PROVIDERS

PROVISION OF MEDICAL STATEMENTS AND COMPLETION OF FORMS BY VA HEALTH CARE PROVIDERS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy requiring VHA health care providers, when requested and consistent with other VHA policies, to assist patients in completing Department of Veterans Affairs (VA) and non-VA medical forms and to provide patients with medical statements with respect to their medical condition(s) and functionality. **AUTHORITY:** 38 CFR 17.38(a)(1)(xv).

2. BACKGROUND

VHA strives to be the provider of choice for all enrolled Veterans and its strategic goal is to deliver personalized, proactive, patient-driven care. Timely completion of forms on behalf of Veterans is an important way for VA health care providers to understand and advocate for Veterans' concerns. Additionally, completion of medical forms by health care providers based on an examination or knowledge of the Veteran's conditions, is included under title 38 Code of Federal Regulations (CFR) 17.38(a)(1)(xv) as part of the medical benefits package (with the exception of the completion of examination forms if a third party would customarily pay health care practitioners for the examination, but will not pay VA). ***NOTE:*** *At present, as a matter of policy, there are no known forms that would fall under this exception.*

3. DEFINITIONS

a. **Assessment of Function (or Functional Assessment).** An assessment of function provides data on how an individual relates and adjusts to their environment when performing a specific task. Assessments of function generally will include measures of motion, strength, pain, endurance, flare-ups, safety, and the ability to perform and repeat meaningful tasks (e.g., assessment of daily living, reviews of medical record, etc.). Typically, VA providers can conduct assessments of function within the clinical environment and they can be enhanced by physical therapy, kinesiotherapy, or occupational therapy consultation. ***NOTE:*** *For example, a form which asks a provider to estimate how long a patient can stand is considered an assessment of function and therefore should be answered to the best of a provider's ability and clinical expertise based on the evaluation completed, even though the specific activity may not have been directly observed.*

b. **Disability Benefits Questionnaire.** A Disability Benefits Questionnaire (DBQ) is a standardized VA documentation tool used to provide pertinent medical information for Veterans in support of the disability compensation process.

c. **Functional Capacity Evaluation.** A functional capacity evaluation (FCE) evaluates an individual's capacity to perform work activities related to his or her participation in employment and compares the individual's health status and functional status to the demands of the job and the work environment. Typically, a FCE is conducted for the purposes of determining feasibility for employment in a specific job. A

well-designed FCE may take hours to perform and consists of a battery of standardized assessments requiring direct observation that offers results in performance-based measures. FCEs should only be performed by qualified rehabilitation professionals that have appropriate training and specialized equipment to include validity and effort measures in the evaluation. Due to the lack of specialized equipment available at most VA medical facilities required to perform FCEs, these evaluations are not routinely conducted by VA providers. ***NOTE:*** *A FCE is not a type of evaluation that is done for the purposes of VA disability benefits or compensation claims.*

d. **Medical Opinion.** A medical opinion is a provider's statement of findings and views, which may be based on review of the Veteran's medical records or personal examination of the Veteran, or both. Medical opinions are often concerned with establishing causality between a Veteran's claimed condition and events in military service or to a previously determined service-connected disability.

e. **Personal Representative.** A personal representative is a person who, under applicable law, has authority to act on behalf of the individual. This may include power of attorney, legal guardianship of an individual, the executor of the estate of a deceased individual, or someone under Federal, state, local or tribal law with such authority (e.g., parent of a minor) (see VHA Handbook 1605.1 on the VHA Publications Web site).

f. **Provider.** Physicians, advanced practice registered nurses, physician assistants, and other health care practitioners who provide primary or specialty care services to patients in accordance with licensure, scope of practice, or functional statement.

4. POLICY

Except when specifically prohibited, it is VHA policy that providers, when requested, must assist patients in completion of VA and non-VA medical forms and provide medical statements with respect to the patient's medical condition and functionality.

5. RESPONSIBILIITES

a. **Under Secretary of Health.**

The Under Secretary of Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Deputy Under Secretary for Health for Clinical Operations.** The Assistant Deputy Under Secretary for Health for Clinical Operations, or designee, is responsible for:

(1) Providing national advice, direction, on medical statements and medical forms completion; and

(2) Serving as a resource to Veterans Integrated Service Networks (VISNs), VA medical facilities, Veterans, and others to address issues, concerns, and questions related to this directive.

c. **Veterans Integrated Service Network Director.** Each VISN Director is responsible for ensuring implementation and compliance with this directive at all VA medical facilities in the VISN.

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

(1) Establishing and implementing a written facility policy addressing the following:

(a) Completion of VA Medical Forms by VA Medical Facility Health Care Providers. VA health care providers are responsible for completing VA medical forms, in either electronic or paper formats, to support the delivery of patient care. A patient or their personal representative (see definition for personal representative) may request that VA health care providers complete the medical forms on the patient's behalf. Examples of VA medical forms completed upon patient or beneficiary request include, but are not limited to:

1. Application for clothing allowance form,

2. Aid and Attendance (A&A) pension forms,

3. Housebound pension forms,

4. Survivors pension forms,

5. Vocational rehabilitation forms,

6. Disability Benefits Questionnaires (DBQ), and

7. Veterans Benefits Administration (VBA) life insurance forms. ***NOTE:*** *For more information on VBA life insurance programs and forms, please visit the VBA website at http://www.benefits.va.gov/insurance/index.asp.*

(b) Provision of Medical Statements to Support VA Benefits Claims. When honoring requests for medical statements by Veterans for VA claims adjudication, care must be taken to avoid conflict of interest or ambiguity.

1. Service connection and disability ratings for VA benefits are purely legal determinations belonging exclusively to the Veterans Benefits Administration (VBA). VHA providers often do not have access to military medical records, and may not be familiar with all the health issues specific to military service, such as environmental exposure. Additionally, the issues of service connection and disability ratings are governed by statutory and regulatory provisions beyond the scope of VHA examination and/or primary care. Consequently, they are often not well suited to assess causality of

a current condition in a manner helpful to inform the VBA adjudication process. VHA providers who wish to provide medical opinions that state causality must include clear and specific rationale citing evidence to support the conclusion reached, and should employ standard language appropriate for medical opinions (such as "at least as likely as not", etc.)

2. VHA providers, if requested by the Veteran, may place a descriptive statement in the Veteran's medical record regarding the current status of the Veteran's existing medical condition, disease, or injury, including prognosis and degree of function, unless the provider is uncomfortable doing so or if it would be a conflict of interest. ***NOTE:*** *VHA provides compensation and pension (C&P) disability examinations and reports as requested by VBA in connection with disability benefits claims.*

(c) Completion of DBQs to Support VA Benefits Claims. A "no wrong door" philosophy must be adopted to accommodate Veterans bringing a VA DBQ form to a VA medical facility for completion.

1. Veterans may ask their primary care or specialty care provider to complete a DBQ for conditions which are already diagnosed and documented and for which the provider is treating the Veteran. DBQs can be completed by the treating provider during a routine office visit when there is sufficient time and the medical information is available. DBQs can also be completed outside of an office visit, or an appointment can be scheduled for completion. (See VHA Directive 2013-002, Documentation of Medical Evidence for Disability Evaluation Purposes, or subsequent policy issue, on the VHA Publications Web site).

2. If a VHA treating provider has questions regarding DBQs including which DBQs they can or should complete, they may seek further guidance from VBA. Additional guidance and information on completing DBQs can be found on VHA's Office of Disability and Medical Assessment (DMA) website. Guidance specifically for primary care providers is located in DMA Fact Sheet 12-002, "DBQs and Primary Care Providers". For a complete list of DBQs, see VA's DBQ Switchboard Intranet page (***NOTE:*** *These are internal VA Web sites that are not available to the public)* or at VA's external, publicly accessible VA DBQ Switchboard Internet page.

3. For requests for completion of mental health DBQs, it is recommended that the Veteran's treating provider not complete the DBQ to maintain the integrity of the patient-provider relationship.

NOTE: *Veterans requesting assistance with submitting a VA disability benefits claim should be referred to the VBA Internet website at http://www.benefits.va.gov/compensation or the VBA toll free number at 1 (800) 827-1000 for additional assistance.*

(d) Completion of Non-VA Medical Forms. Patients may ask VA health care providers, including primary care and specialty providers, to complete non-VA forms that require a medical professional's assistance or medical opinion. ***NOTE:*** *Providers*

are required to complete the clinically pertinent content of non-VA forms to the best of their ability consistent with their clinical expertise.

NOTE: *For questions pertaining to a form(s) not specifically listed as example(s) below, contact your local Medical Statements & Forms (MS&F) POC for further assistance.*

1. Examples of non-VA forms include, but are not limited to:

a. Family Medical Leave Act forms;

b. Life insurance application forms;

c. Non-VA disability retirement forms;

d. Return to work/work status forms,

e. Medical clearance forms (e.g., for activities, oral surgery/dental work, school/college, therapeutic work programs, etc.);

f. State and federal workers' compensation forms. ***NOTE:*** *Requirements for completing workers' compensation forms may vary from state to state. Questions regarding completion of these forms should be referred to the facility Medical Statements and Forms (MS&F) point of contact (POC)*;

g. Permits (e.g. state driver's license, handicap parking forms, etc.);

h. Medical necessity or accommodation forms (e.g., for equipment or supplies, transit, utilities, etc.);

i. Capacity evaluation forms (e.g., functional, mental health, etc.);

j. Social Security Administration (SSA) examination forms;

k. Death certificates (see VHA Handbook 1601B.04, "Decedent Affairs" on the VHA Publications Web site. For detailed information on the completion of death certificates, see VHA Chief Business Office Procedure Guide 1601.B, Chapter 4, Death Certificates. ***NOTE:*** *This is an internal VA Web site that is not available to the public*),

l. Department of Defense (DoD)/military forms (e.g. Form DD 2807-1, "Report of Medical History" or similar military forms that request a review of a patient's medical history or a provider's treatment of a Veteran). ***NOTE:*** *VA providers should* ***not*** *complete DA Form 7574-1, "Military Physicians Statement of Soldier's Incapacitation/Fitness for Duty" or similar forms which require specific competencies related to military service. Such forms should be completed by a military physician or those with specialized knowledge about active military duty*; and

m. Attorneys' forms regarding patient medical status or functional assessment (e.g., information needed by attorneys to assist Veterans in completing social security or

disability claims). ***NOTE:*** *Completion of attorneys' forms or provision of statements unrelated to the patient's medical status or for non-medical reasons should be evaluated on a case-by-case basis by the provider receiving the form. Examples of such forms or statements include the provision of VA expert opinions, testimony, or release of records strictly requested for the purposes of litigation. VA providers should seek assistance from the local facility point of contact (POC) for consultation with their local Regional Counsel.*

2. The provider may complete non-VA forms:

a. During the scheduled appointment;

b. After the scheduled appointment and the provider returns the completed form to the patient through release of information; or

c. Between scheduled visits, the patient may submit the form to release of information for completion. The provider may complete the form with or without a face-to-face visit, as appropriate.

3. When completion of the form extends beyond the scope of the provider, the provider should assist by consulting with the appropriate specialty care services, (e.g., physical therapy, occupational therapy, blind rehabilitation, kinesiotherapy, mental health, neurology, orthopedics, audiology, cardiology, physiatry, etc.) or route the form to the appropriate provider using local facility release of information processes and procedures.

4. The facility must ensure there are alternatives in place to assist Veterans with completion of forms if the services are not available locally within VHA. Examples of such circumstances include when completion of a form:

a. Extends beyond the capability of the facility, such as the need for a certified provider to complete a medical examination or evaluation (e.g., Federal Aviation Administration (FAA) exam, Department of Transportation (DOT) exam, DOT Substance Abuse Professional evaluation, etc.)

b. Requires specialized clinical expertise or equipment to perform evaluations or examinations (e.g., functional capacity evaluations, etc.)

c. May compromise a provider-patient relationship, such as a request for a concealed weapons or firearms permit.

5. Alternative options include, but are not limited to:

a. Develop the service at the facility-level (i.e., designate provider(s) to receive required training or certification, at the facility expense);

b. Arrange for the service at another VA medical facility convenient to the Veteran, in accordance with local policy;

c. Contractual agreement with federal facilities or similar arrangements with non-VA provider(s); or

d. Other arrangement with non-VA medical care services. ***NOTE:*** *For instance, FAA and DOT exams are medical evaluations and therefore may be covered under non-VA care medical services. However, to be reimbursed, the non-VA provider performing the examination must follow appropriate non-VA medical care policies and procedures and standard healthcare billing and coding requirements. For additional information, refer to* VHA Directive 1601, Non-VA Medical Care Program on the VHA Publications Web site) *or visit the* National Non-VA Care Program Office Intranet page. *This is an internal VA Web site that is not available to the public*.

(e) Provision of Medical Statements to Non-VA Entities. Veterans may request a descriptive statement be put into their VA electronic health record regarding the current status of an existing medical condition, disease, or injury that includes a statement of diagnosis, prognosis, and assessment of function for purposes other than VA disability claims, such as for submission to non-VA entities.

(f) Release of Information (ROI) Procedures. VHA privacy and release of information policies and procedures must be applied prior to releasing any medical statements or medical forms completed on behalf of the Veteran. A written request from the patient or third party authorization is required in accordance with VHA Handbook 1605.1, Privacy and Release of Information and VHA Handbook 1907.06, Management and Release of Information, using VA Forms 10-5345a or 10-5345. A copy of the medical statement (unless entered directly into the Veterans' health record as a progress note) or the completed paper medical form, along with the requisite written request or authorization, must be scanned into Veterans Health Information Systems and Technology Architecture (VistA) Imaging.

(2) Ensuring that there is a process in place for notifying the requestor if a medical statement or form cannot be completed within the 20 work day timeframe, in accordance with VHA Handbook 1907.06, Management and Release of Information.

(3) Ensuring that there is a process in place for reconsideration when a provider refuses to issue a medical statement or complete a VA or non-VA form on behalf of a Veteran or if a Veteran objects to the content of a completed form.

(4) Appointing a Facility Medical Statements and Forms Point of Contact. Every VA medical facility or large Community-Based Outpatient Clinic (CBOC) (greater than 10,000 enrolled Veterans) must have at least one designated Medical Statements and Forms Point of Contact (MS&F POC), or designee(s), whose responsibilities are described in paragraph 4.f. The MS&F POC, or designee(s), must be knowledgeable in the following areas:

(a) Various types of VA and non-VA medical forms and medical statements and possible issues related to their completion.

(b) Understanding of and familiarity with this directive and related privacy and release of information policies and processes (see VHA Handbooks 1605.1 and 1907.06 on the VHA Publications Web site).

(c) The services available at the local facility (e.g., Health Information Management Services, Privacy office, Risk Manager, Release of Information office, local regional counsel office, clinical subject matter expert, etc.) to assist providers in completing non-VA forms.

(d) Existing VA regulations regarding acceptable uses of non-VA care services or ability to communicate with the appropriate facility subject matter expert(s).

d. **Facility Chief of Staff and Associate Director for Patient Care Services.** The facility Chief of Staff and Associate Director for Patient Care Services are responsible for:

(1) Ensuring that VA providers understand their responsibility for providing medical statements and completing VA and non-VA forms in accordance with this directive.

(2) Designating a clinical subject matter expert(s) to serve as consultant(s) to the MS&F POC on special clinical issues related to non-VA medical statements and forms completion.

(3) Developing alternative strategies for situations when completion of a form extends beyond the scope of a VA provider or when completion of a form would disrupt the therapeutic relationship.

e. **VA Provider.** VA providers are responsible for:

(1) Completing VA and non-VA forms and medical statements received from or on behalf of patients with respect to a patient's medical condition and functionality, to the best of their ability based on their scope and clinical expertise. When completion of the form extends beyond the scope of the provider, the provider should assist by consulting with a specialty care expert as appropriate, reviewing evidence in the VA electronic medical record (including text documents, test results and vital measurements) pertinent to the condition and function that provides important information needed to complete medical forms and statements.

(2) Applying VHA privacy and release of information policies prior to releasing any forms or statements completed on behalf of the Veteran (see VHA Handbooks 1605.1 and 1907.06 on the VHA Publications Web site).

(3) Seeking further guidance and assistance from the designated facility MS&F POC, Risk Manager, Privacy Officer, or other facility representatives, when necessary, to address questions or issues that may arise while completing medical statements or VA and non-VA forms.

f. **Medical Statements and Forms Point of Contact.** The MS&F POC, or designee(s), is responsible for:

(1) Responding to questions or issues from local facility level staff and patients related to the completion of VA and non-VA forms or provision of medical statements.

(2) Serving as a resource to providers and other staff with patient requests or concerns related to completion of VA and non-VA forms or provision of medical statements.

(3) Consulting with the on issues that cannot be resolved at the local facility or VISN level, as needed.

6. REFERENCES

a. 38 CFR 17.38(a)(1)

b. VHA Directive 1315 Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, dated December 8, 2017.

c. VHA Directive 1046, Compensation and Pension Disability Examinations, dated December 6, 2018

d. VHA Directive 1601, Non-VA Medical Care Program, dated January 23, 2013.

e. VHA Directive 1601B.04, Decedent Affairs, dated December 1, 2017

f. VHA Directive 1605.01, Privacy and Release of Information dated August 31, 2016

g. VHA Directive 1605.01, Privacy and Release of Information dated August 31, 2016.

h. VHA Handbook 1907.06, Management of Release of Information, dated January 18, 2013.

i. National Non-VA Care Program Office Intranet Page on the VHA Publications Web site.

j. VA DBQ Switchboard Intranet Page ***NOTE:*** *This is an internal VA Web site that is not available to the public*.

k. VA DBQ Switchboard Internet Page (accessible to the public).

l. VHA Office of Disability and Medical Assessment (DMA) Intranet Page. ***NOTE:*** *This is an internal VA Web site that is not available to the public*.

m. DMA Fact Sheet 12-002, “DBQs and Primary Care Providers”. ***NOTE:*** *This is an internal VA Web site that is not available to the public*.

n. VHA Chief Business Office Procedure Guide 1601.B, Chapter 4, Death Certificates. ***NOTE:*** *This is an internal VA Web site that is not available to the public*.