

FURNISHING PROSTHETIC APPLIANCES AND SERVICES

1. **REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates the previous procedures of the Department of Veterans Affairs (VA) for furnishing prosthetic appliances and services to veteran beneficiaries.
2. **SUMMARY OF CHANGES:** This VHA Handbook updates current procedures.
3. **RELATED ISSUES:** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.15.
4. **RESPONSIBLE OFFICE:** The Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (113), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8515.
5. **RESCISSIONS:** VHA Manual M-2, Part IX, Chapter 3 is rescinded.
5. **RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of July 2005.

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FURNISHING APPLIANCES AND SERVICES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent national policy and procedures in furnishing prosthetic appliances to all eligible beneficiaries based upon the medical recommendations of Prosthetic Clinic Teams, staff physicians, or authorized fee-basis physicians. *NOTE: Prosthetic staff will consider the recommendations of any private physician requesting a prosthetic appliance to treat a service connected condition, or any condition of a veteran 50 percent or more service connected.*

2. FURNISHING APPLIANCES

a. In Department of Veterans Affairs (VA) facilities and VA nursing home care units, all prescriptions for appliances, repairs, or modifications requested for inpatients will be initiated sufficiently in advance of the patient's anticipated release date to permit procurement and delivery prior to discharge.

b. Special and non-routine prosthetic appliances will require approval of an appropriate committee, e.g., Major Medical and Special Equipment Committee (MMSEC), Home Improvement and Structural Alterations (HISA), VHA Headquarters, etc.

c. The Prosthetic representative will ensure compliance with the legal authority to provide services as outlined in Title 38, and ensure that the resources necessary to sustain a viable program are identified to appropriate top management officials.

d. The Prosthetic representative will review all requests from beneficiaries or their authorized representatives for determination of whether a previously provided appliance may be replaced or if circumstances indicate referral to the appropriate clinician for a new prescription.

e. In the absence of a Prosthetic representative, all requests from patients or their authorized representatives will be referred to a designated physician or the Prosthetic Team.

f. Personal equipment or appliances owned by a veteran, which have not been furnished by VA, may be added to the veteran's VA Form 10-2319 (ADP), Record of Prosthetic Service, at the veteran's request.

3. STOCK PROCUREMENT

a. If the appliance is to be procured commercially, VA Form 2237, Request, Turn-in and Receipt for Property or Services, will be electronically prepared through the Veterans Health Information Systems and Technology Architecture (VISTA) software. The printed copy of the form will be retained as a delivery copy to compare with the item(s) received. Stock items may also be procured through use of the purchase card.

b. On receipt of the appliances at the facility warehouse, delivery will be made to the Prosthetics Service. If the received appliance meets the specification of the order, as verified by

the suspense copy, VA Form 90-2138-7 (ADP), Order for Supplies or Service, will be signed and dated by an authorized receiving official.

c. **Purchase Order Number.** The purchase order number is assigned sequentially by the Integrated Funds Distribution, Control Point Activity, Accounting and Procurement (IFCAP) process at the time the order is obligated. The purchase order number from VA Form 90-2138-7 (ADP) will be used to exercise the option 'Record 2237 Purchase to 2319' after receipt. In recording the transaction to the VA Form 10-2319 (ADP), simultaneous posting to the National Prosthetic Patient Database (NPPD) occurs. The provision of items from stock is exercised through the Prosthetics software. Items and/or services are posted to the VA Form 10-2319 (ADP) and deleted from the quantity of existing stock.

d. **Blanket Purchase Agreements (BPA).** BPAs are designed to reduce the number of daily purchases and may be established for the purpose of obtaining large quantities of similar items and to benefit from quantity discounts. Under no circumstances should the existence of BPA for a particular product be used as a vehicle for denying issuance of a similar, non-BPA item that would be more appropriate for meeting a beneficiary's medical needs. These arrangements may be used jointly by several facilities. Items, equipment, and services obtained through BPAs are processed as described above using VA Form 2237.

e. **Recommended Special and/or Experimental Appliance.** If a special and/or experimental appliance is recommended for issuance to a beneficiary, VA Form 10-2641, Authorization for Issuance of Special and/or Experimental Appliances, will be prepared. Completion of this form is self-explanatory; however, a thorough and comprehensive justification for issuance of the requested item must be presented so that a proper decision can be made by VHA Headquarters personnel. In addition to the diagnosis, the following information will be required:

(1) A statement regarding the physical condition of the patient including an assessment of functional limitations and the reason why the particular device is needed.

(2) Reports of home visits (if applicable) including information on accessible space, floor plan layouts, available electrical power, or other factors effecting the use or installation of the requested equipment.

(3) Alternatives considered using more conventional devices or methods.

(4) The ability of the patient to use and operate the device and/or the availability of family members of family members or attendants to assist the veteran.

(5) Training provided to the veteran and/or family members.

(6) Illustrative literature or scientific articles (if pertinent) should be included particularly if the item is new to the market. VA Form 10-2641 will be signed by the appropriate physician, the Prosthetics representative, and will be forwarded to VHA Headquarters. A copy of the document will be held in suspense until a decision has been rendered. It is recommended that the "critical comment" on VA Form 10-2319 (ADP) be annotated to reflect the status of VA Form 10-2641. If the request is denied, the veteran will be notified of his appeal rights.

f. **Approval for Issuance of the Special and/or Experimental Appliance.** If approval for issuance of the special and/or experimental appliance is granted, the original VA Form 10-2641 will be returned to the field facility. On receipt of such approval, VA Form 10-2421 (ADP), Prosthetic Authorization for items or Services, or VA Form 2237 will be prepared in the usual manner, and a copy of the approval VA Form 10-2641 will be retained with the suspense copy of the procurement document as authority for procurement. It will be placed in the veteran's Consolidated Health Record upon receipt of the item and/or service.

g. **Follow-up Procedures on All Pending Orders.** All pending orders will be reviewed on a regular basis to determine that they are being processed in a timely fashion. Use of the IFCAP option List Purchase Card Transactions by Initiator ("LPCI") will identify obligated pending orders. Annotations to this list may include, but are not limited to: date of follow-up, person(s) contacted, general discussion, and changes in estimated delivery times.

4. REPAIRS TO APPLIANCES

a. Scope

(1) All parts procured or fabricated to replace existing parts or to modify a previously issued appliance will be considered as "repairs," regardless of whether installation is performed by a commercial source, a VA facility, or the beneficiary.

(2) Repairs will be obtained by use of either VA Form 10-2501, Prosthetic Service Card (PSC) or VA Form 10-2421, Prosthetic Authorization for Items or Services, or Purchase cards, whichever is most appropriate under the circumstances.

(3) PSCs shall be provided by all prosthetic programs at field facilities.

(4) Equipment repairs and services which may be authorized under the authority of PSCs include artificial limbs, aids for the blind and veterinary services for guide dogs, orthopedic braces, and wheelchairs.

(5) PSCs are limited to the following amounts:

(a) Blind aids and/or braces \$100

(b) Wheelchairs \$200

(c) Artificial limbs \$300

(6) Invoices for repairs or veterinary treatment obtained under the authority of a PSC will be submitted to and paid for by the Prosthetic Service with Primary Service Area (PSA) responsibility where the veteran resides.

(7) When eligible beneficiaries requiring repairs to authorized appliances do not possess a PSC, prior approval for repairs must be given by the Prosthetic Representative, or designee,

before payment of repairs can be made. **NOTE:** *Exceptions to this policy are found in "Procedures for usage of PSC."*

b. **Responsibility**

(1) Prosthetic representatives, or designated officials, are responsible for the overall administration of the PSCs, to include receiving and processing all PSC invoices submitted by vendors for repairs to appliances. Training will be provided to all subordinate staff with reference to what types of repairs are appropriate or acceptable cost limits that may be authorized on beneficiary appliances.

(2) Vendors are responsible for ensuring that the appliance being repaired is described on the PSC and for obtaining a Form Letter (FL) 10-55, Authority to Exceed Repair Costs of Prosthetic Appliance, when repairs exceed the authorized limitations of the card.

(3) Veterans are responsible for safeguarding their PSC, using it only for the identified appliance(s) and for updating as required. Veterans should take care to ensure that they do not sign a "blank" invoice, and to verify that the charges on the invoice are for services received.

c. **Procedure**

a. After determination of eligibility and review to assure that the beneficiary has no previously issued card, VA Form 10-2501 will be prepared.

(1) When an initial PSC is prepared, the date of preparation will be entered in the box "Date Card Issued"; subsequent cards will reflect this same initial date. "PSC/Entitlement Records" option in the VISTA Prosthetic software will be exercised to collect the data necessary for paying invoices.

(2) Beneficiaries with more than one type appliance for which a PSC is authorized will be furnished a separate PSC for each appliance.

(2) **Limits for PSC Benefits**

(a) **Artificial Limbs.** The price limitation of \$300 will be entered in the appropriate space. The level of amputation, specification of left or right, of serviceable artificial limbs in the patient's possession, with the year of issue, will be entered in the description area for each amputation.

(b) **Aids for the Blind.** The price limitation of \$100 will be entered in the appropriate space. The make, model, and serial number of each of the major aids in the patient's possession will be listed. When a dog guide is used, the breed and dog's name; e.g., "German Shepherd," "Fido," will be entered as one item and the harness as another.

(c) **Orthopedic Braces.** The price limitation of \$100.00 will be entered in the appropriate space. The type of brace, specification of left, right, cervical spine, torso, etc., of serviceable orthopedic braces in the patient's possession, with the year of issue, will be entered in the description area.

(d) Wheelchairs. The price limitation of \$200.00 will be entered. The make, model, and serial number of the authorized wheelchair(s) in the patient's possession, with the year of issue will be entered in the description area.

(3) Preparation and Issuance by Mail

(a) When a new or replacement PSC is requested by mail, and the personal information is not available, FL 10-216, Instructions for Issuance of New Prosthetic Service Card, will be developed through the VISTA Prosthetic software and mailed to the patient with a blank PSC and a return envelope.

(b) On return of FL 10-216, the signed PSC and the old card or statement confirming loss or destruction, the revised PSC will be processed and sent to the patient with FL 10-215, Prosthetic Service card instructions (Selected). The veteran's VA Form 10-2319 (ADP) will be annotated to reflect the issuance of the PSC.

(c) When preparing FL 10-215, the appropriate box explaining the reason for furnishing the PSC will be checked. If the PSC is replaced because of the issuance of a different appliance, the box requesting the destruction of the existing card will also be checked.

(d) When the personal information is available, the PSC will be processed and sent to the patient with a return receipt. Screen 6 of the VA Form 10-2319 (ADP) will be annotated to reflect the name of the signatory on the returned receipt.

(e) The patient will verify the information and sign the PSC in ink in the appropriate box. The PSC with FL 10-216 will be given to the veteran.

(4) PSC Invoices

(a) Upon the receipt of VA Form 10-2520, PSC Invoice, a purchase card obligation will be processed for the amount of the invoice using the control point assigned to repairs. In the event that it exceeds the PSC limitations, FL 10-55 will be employed.

(b) Every effort should be made to ensure that repairs that exceed the limitations of the appropriate PSC are authorized before the card limit is exceeded. There will be cases where the limit is inadvertently exceeded before proper authorization is given; however, this is unacceptable after more than one occurrence following documented notification from the repair source of the proper process. In such subsequent cases, only the card limit for the repairs will be paid, and a copy of the invoice will be returned with the balance marked as "unauthorized repair."

(c) The preparation of two separate invoices to cover a repair exceeding established PSC limits will not be approved for payment; invoices will be prepared only for each incident of repair to appliances.

(5) Preparation and Processing of Invoices

(a) After repairs have been accomplished, the vendor will prepare invoices as illustrated on the reverse side of the PSC. VA Form 10-2520 may be used and will be furnished to vendors by the authorizing VA field facility on request. Verification will be required, to the best of the patient's ability, of the repair information and charges listed on the invoice to ascertain that the total charges have been typed or entered in ink or indelible pencil in the appropriate space on the invoice, and to sign the original only of the invoice, using the same signature as that on the PSC. Under no circumstances should the patient ever sign a blank PSC invoice. Verifiable indications of such occurrence may result in cancellation of the abusing beneficiary's PSC.

(b) The vendor will forward the original invoice and one copy, and the original FL 10-55, if applicable, to the VA field facility indicated on the PSC.

(c) On receipt of such invoices, the following actions will be taken:

1. The invoice will be entered into the Prosthetic VISTA software "suspense" option identifying the invoice amount and vendor.

2. The description of the appliance repaired and the issuance of a PSC will be checked against the information posted on the VA Form 10-2319 (ADP). Repair invoices for artificial limbs, aids for the blind, and braces should be compared to delivery dates; wheelchairs should be compared by serial numbers.

(6) Other Authorized PSC Repairs

(a) Price Limitations. Price limitations have been established for each appliance for which PSC repairs have been authorized. These are clearly defined on each PSC and may not be exceeded except in the following circumstances:

1. If a PSC is presented to a VA Orthotic Laboratory, any necessary repairs will be made without further authority, provided facilities and necessary parts or supplies are available, and the cost of the repairs do not exceed 50 percent of the cost of a replacement item. If the cost exceeds 50 percent, the Prosthetic representative with PSA responsibility over the veteran's treatment will be contacted for authorization to repair or replace the device.

2. On presentation of a PSC at any VA field facility with medical activities, the patient will be entitled to all required prosthetic services in connection with the appliances listed on the card, as well as to other appliances or accessories obviously required because of the condition for which the card was issued.

3. Major repairs to appliances in excess of the limitation listed on the PSC, or emergency replacement of such an item if medically indicated, will be provided without the necessity for prior eligibility certification from the field facility exercising jurisdiction over the veteran's case. Requests for prosthetic services under such circumstances will be processed as follows:

a. The patient will be immediately referred to an appropriate physician (if necessary) for examination and medical determination of need for the requested major repair or replacement.

b. If authorized, the Prosthetic representative, or designee, will make all necessary arrangements, in accordance with existing policies and procedures, to obtain immediate repairs or replacement. *NOTE: Such cases will be processed as emergencies and every effort will be made to expedite service to the patient.*

c. The field facility authorizing and procuring repairs or replacement appliances will be obligated for payment of all costs incurred, except for costs of any repairs obtained under direct authority of the PSC.

d. When any device is in the process of being repaired by a commercial vendor under the authority of a PSC, and it is found that more extensive repairs are absolutely essential to restore the device to serviceable condition, the vendor should immediately contact the Prosthetic representative of the field facility listed on the card. A full explanation of the situation and the total estimated cost for the repairs will be obtained from the vendor. A determination will then be made as to what action is to be taken in the case. If it is agreed that the repairs are necessary and economically feasible, FL 10-55 will be prepared by the Prosthetic activity.

e. If the quoted cost appears to be excessive for any reason and no emergency exists, the device (preferably with the patient) will be referred to the Prosthetic Service for clinical evaluation and possible replacement. If the need is emergent, minimal repairs will be authorized and the patient will be scheduled for examination.

f. If all of the conditions of preceding subparagraph 4c(6)(d)c. are met, but the Prosthetics representative cannot be contacted during non-office hours and prosthetic repairs must be accomplished in order to ambulate the patient, the minimum, absolutely essential repairs may be performed on the prerogative of both the patient and the vendor. However, the Prosthetic representative will be contacted by the vendor at the earliest opportunity and a complete explanation submitted. The invoices will then be processed on receipt.

(b) In using VA Form 10-2501, a terminal device may be repaired as part of an artificial arm.

(7) **Revoked or Cancelled PSC.** A beneficiary's PSC will be cancelled or revoked if:

(a) There is an adjudication rating action resulting in lack of eligibility for a beneficiary for the appliance or repairs thereto.

(b) There is a medical determination that there is no further need for the appliance.

(c) There is flagrant abuse of the benefits of the PSC, e.g., signing blank invoices, using the card for unauthorized purchases more than twice, etc.

1. When a determination to cancel has been made, immediate steps will be taken by the Prosthetic representative to re-possess the PSC. Such action will include informing the patient, in writing, of the reasons for the action, including the statement that continued use of the card to obtain repairs will be considered as a fraudulent act. Revocation letters forwarded for abuse or lack of cooperation will be sent via registered mail and contain a statement that the patient will obtain prior authority from the local facility of jurisdiction for all future repair services. This

letter will be developed through the Prosthetic VISTA software "correspondence menu" to ensure inclusion and ready review on VA Form 10-2319 (ADP).

2. If the patient does not surrender the card, and does not submit a letter explaining the circumstances within 45 days of receipt of certified correspondence, VA Form 10-2319 (ADP) will be prominently annotated through the "critical comment" screen #6 to suspend payment of all subsequent invoices charged to the card. An investigation under the auspices of the District Counsel may be required when there is a dispute between the Prosthetic representative and the billing vendor over legitimate billing.

(8) **Repairs VA Form 10-2421, Prosthetic Authorization for Items or Services.** In the absence of a PSC or use of PSC, VA Form 10-2421 will be used to obtain repair or replacement parts for any appliances for eligible beneficiaries [qualifying under Pub. L. 104-262]. Service may be authorized up to one-half the replacement value of the item. These forms will be processed in the usual manner.

(9) **Centralized Hearing Aids Repair Program**

(a) A national centralized program for processing hearing aids for repair is established at the Denver Distribution Center (DDC), Denver, CO. Except for local emergency repairs, all hearing aids in possession of veterans will be processed for repair through this centralized system.

(b) Personally purchased hearing aids may be included in the centralized program upon approval of the Audiology and Speech Pathology Service (ASPS) with PSA responsibility where the veteran resides and detailed notification to the DDC. ASPS will input data through the Remote Order Entry System.

(c) On receipt of notification indicating the issuance of a hearing aid to a veteran not already participating in the program, the DDC will forward a mailing carton and instructions to facilitate repairs of the aid.

(d) The Prosthetic Service with PSA responsibility where the veteran resides will authorize and pay for appropriate local emergency repairs to hearing aids when repair by DDC is not feasible.

(e) VA facilities requiring repairs to hearing aids for long-term non service-connected patients may forward such aids to the DDC. VA Form 10-2529-3, Request and Receipt for Prosthetic Appliances or Services, should be prepared by the Prosthetic Service with PSA responsibility in the usual manner and clearly annotated to identify the hearing aid by manufacturer, model number and serial number.

(f) All costs for repairs of hearing aids by the DDC will be charged to the Prosthetic Service with PSA responsibility where veteran resides. Procedures for processing emergent repairs by VA field facilities will be established at the local level.

5. LOAN OF APPLIANCES

a. Scope

(1) The procedures for furnishing appliances as outlined are generally applicable to major items of medical equipment which are loaned or furnished to eligible veterans.

(2) Necessary forms for managing the issuance of major items of medical equipment and the procedures, i.e., FL 10-219, Notice to Veteran of Loan of Medical Accessories and Receipt; FL 10-219a, Release from Responsibility for Government Property; and FL 10-426a, Information Letter – Major Medical Equipment, should be created in the local “correspondence menu” of the prosthetics VISTA software. This ensures that a copy is reserved in VA Form 10-2319 (ADP) when the original is sent to a beneficiary. It is not necessary that a separate letter be sent whenever multiple or subsequent issues of the major medical equipment are involved. One letter sent upon the issuance of the first item is sufficient to inform the veteran of the existing policy.

(a) Reusable medical equipment will be recovered, if offered, refurbished if necessary, and reissued whenever such actions are cost-effective. For the purposes of recovery, loan items will be depreciated at the rate of 20 percent per year from the date purchased. If it is not cost-effective to recover a particular item, the offer will be politely declined and the veteran or family member will be advised to donate it to some nonprofit organization; e.g., a veterans service organization, the Red Cross, or the American Cancer Society.

(b) Appliances and/or items will be furnished on loan when the purchase cost of the item exceeds \$6,000 or the Durable Medical Equipment (DME) item with a life-span of 1 to 5 years is only required for a short period of time, generally 1 to 3 months, or less.

(c) Appliances and/or items whose loan periods have expired will be deleted from the loan program and permanently issued to the veteran.

b. Responsibility

(1) The Prosthetic representative is responsible for the overall administration of the loan program. This includes identifying those items that are to be loaned, the duration of the loan period, establishing loan records, maintaining an inventory of returned loaned items, and documenting the records of veterans in receipt of loaned items.

(2) The Prosthetic representative with PSA responsibility will repair and/or replace any loaned equipment in the possession of a veteran residing within that PSA.

c. Procedure

(1) The VISTA "Loan Program" menu will be selected. The equipment may be placed on loan by responding to prompts for the usual information. No item may be placed on loan that is not entered on the veteran's VA Form 10-2319 (ADP) prior to initiating the loan process.

(2) VA Form 10-1439, Prosthetic Inventory Card Prosthetic - Loaner Item, an automated loan card, will be maintained to document actions during the serviceable life of an appliance, which will be 5 years from the initial purchase and/or delivery date. Particular care should be taken to ensure that the item's description, value, and purchase date is accurately recorded, as this information is critical in the follow-up activity.

(3) The VISTA software will establish the dates of follow-up. With the exception of 'short-term' loans (1 to 12 months), the first date will be 6 months from the date of loan. Routine follow-up dates are 6 months, 12 months, and annually thereafter. When electronically transferred and downloaded to another facility, these dates remain unchanged to accommodate subsequent follow-up including the loan expiration date originally established.

(4) Items over 5 years old will not normally be loaned, nor will items which have been recovered after being loaned two times.

(5) Loaned items that are returned to inventory that have a residual value greater than \$6,000 will be loaned, if provided to another veteran within 5 years from the date of purchase.

(6) FL 10-219, incorporated in the local VISTA correspondence menu, will be printed in duplicate and the original and one copy will be forwarded to the patient at the time the loaned appliance is shipped or delivered. An entry will be made in the electronic loan correspondence suspense file pending return of the signed original from the patient. On receipt of the signed copy of the FL 10-219, it will be filed in the veteran's Consolidated Health Record. The electronic loan correspondence suspense file entry will be closed.

(7) When alerted by the prosthetic software that a loan follow-up is required, it will be accomplished by one of the following:

(a) Personal Contact. If the Prosthetic representative has personal knowledge that the veteran is using the device, the appropriate option of the loan program will be exercised, and "personal" will be selected as the type of contact.

(b) Record Review. If the Prosthetic representative does not have personal knowledge of the veteran's continued need for the item, a review of the veteran's VA Form 10-2319 (ADP) or Consolidated Health Record will be made to determine if the veteran has requested service to the item, was recently issued items of a similar nature, or if the veteran's medical condition is such that continued need for the item can be established. If it can be reasonably assumed that the veteran still requires the item, the appropriate option of the loan program will be exercised, and "Record Review" will be selected as the type of contact.

(c) Telephone or Letter. If continued need cannot be established by the preceding methods, contact will be made by telephone or FL 10-426, Temporary Loan Follow-up Letter. If a letter is the method of follow-up, an entry will be made in the electronic loan correspondence suspense file. This file may be dated for automatic 'alert' or 'print' by the imputing user. The incomplete follow-up will appear each time the "Follow-up Loan Report" is viewed and remains open, pending receipt of a response. If it can be reasonably assumed that the veteran still requires the item, the appropriate option of the loan program will be exercised, and "Telephone or Letter" will be selected as the type of contact.

(8) If any methods of follow-up indicate that a veteran no longer needs the item, appropriate arrangements for the return of the loaned property will be made, if economically feasible. The recovery of equipment for which recovery costs exceed the residual value of an item will not normally be authorized, unless it is known that the item is in very good condition and the item is suitable for reissue.

(9) If a follow-up letter is returned as undeliverable or no response is received, a second attempt will be made to contact the veteran during the next review period. If unsuccessful, the "Comments" section of the inventory card will be documented with the phrase "unable to contact," the card will be printed for filing in the veteran's Consolidated Health Record, and deleted from the loan program (in that order).

(10) When loaned items are recovered or permanently issued, a "loan release form" will be generated from the prosthetics software correspondence option, and forwarded to the veteran and automatically documented on the veteran's VA Form 10-2319 (ADP).

6. VA PROSTHETIC AND ORTHOTIC LABORATORIES

a. Scope

(1) The size of a VA Prosthetic and Orthotics Laboratory will vary depending on the needs of the VA medical center. Laboratories may be established as a necessary part of patient treatment services in any VA medical center when analyzed as cost-effective.

(2) The Prosthetic and Orthotic Laboratory will be assigned organizationally to the Prosthetic Service.

(3) Prosthetic and orthopedic appliances, when required to be custom-fabricated for specific veterans, may be procured from commercial vendors where adequate facilities are conveniently available. However, existing VA Prosthetic and Orthotic Laboratories will be used as a primary source and will be utilized to the fullest extent possible.

(4) Laboratories employing two or more technicians will serve as a referral source for the fabrication of orthotic and/or prosthetic devices for other VA facilities without a Prosthetic and Orthotic Laboratory or for those facilities with smaller laboratories.

(5) In field facilities having established VA Prosthetic and Orthotic Laboratories, the Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (SHG), will periodically conduct an evaluation to ensure that the:

(a) Laboratory is being properly utilized to its full capacity; that the quality of appliances fabricated is completely satisfactory to prescribing physicians and is at least equal to the best available from local commercial vendors.

(b) Needs of the patients are being fully met through a combination of internal fabrication and commercial procurement.

- (c) Laboratory is operating as efficiently and economically as possible.
- (d) Current staffing is proper for the amount of work being done.

(6) In field facilities not having a VA Prosthetic and Orthotic Laboratory, but desiring to establish one, a request for authority, with full justification, will be submitted to the Chief Consultant, Prosthetic and Sensory Aids Service SHG, through the appropriate Network Director.

(7) VA Prosthetic and Orthotic Laboratories have been established at selected VA facilities (see App. C).

b. **Responsibility**

(1) The Chief Consultant, Prosthetic and Sensory Aids Service SHG, is responsible for the formulation of policies, standards, and scope of VA Prosthetic and Orthotic Laboratory activities, including, but not limited to, providing training and technical assistance to the laboratories, participating in the development and recommendation of space, equipment, and funds to be provided, and recommending proper staffing levels.

(2) The Director of a facility in which a VA Prosthetic and Orthotic Laboratory is located will be responsible for assuring that other VA facilities requesting services from the laboratory are afforded fair and equitable priorities, and the requirements of any one facility (including the Director's own) do not take precedence over any other. The Director will be responsible to the same degree for successful operation of this activity as for the conduct of other activities that solely benefit the Director's own facility.

(3) The Prosthetic representative will ensure that the quality of the appliances fabricated is satisfactory to patients and prescribing physicians, the time required for delivery is not excessive or will not result in prolonged hospital stays for patients, and the prices charged for such appliances are reasonable.

d. The Prosthetic and Orthotic Laboratory Supervisor is responsible to the Prosthetic Program Manager, for the efficient and economical administration and operation of the laboratory in accordance with established policies, standards and procedures.

c. **Procedure**

(1) VA Prosthetic and Orthotic Laboratories design, fabricate, repair, and fit custom-made artificial limbs, braces, corsets, surgical belts, arch supports, and similar appliances for VA beneficiaries on receipt of a properly prepared VA Form 10-2529-3, from any facility. The fabrication of permanent type artificial limbs may be authorized in accordance with the following policy:

(a) Non-service connected veterans who are new amputees will be provided a preparatory limb using conventional endoskeletal componentry. Once the veteran has achieved appropriate shrinkage and is ready for a permanent prosthesis, the socket may be replaced and the limb

cosmetically finished. These veterans will not be referred to a commercial contractor unless such action is necessary to expedite the treatment process.

(b) Eligible veterans will select their provider for artificial limbs from the listing of contract vendors, including capable VA Prosthetic and Orthotic Laboratories. Service connected veterans who have obtained their most recent limb from a non-contract provider will be allowed to have their subsequent limb manufactured by the VA non-contract provider as long as the prosthetist is willing to accept the geographic VA preferred provider payment rate for the State in which the prosthetist performs this service. The VA Prosthetic and Orthotic Laboratory will be on the same listing, and may be selected to fabricate definitive limbs.

(2) Prosthetic and Orthotic Laboratories designated as Orthopedic Shoe Last clinics may fabricate or modify custom-made orthopedic shoes.

(3) Prosthetic and Orthotic Laboratories will store, modify as necessary, fit, and issue prefabricated orthotic devices, i.e., corsets, belts, elastic hosiery, and other appliances provided under centralized distribution programs or purchased from commercial sources.

(4) Prosthetic and Orthotic Laboratories must repair artificial limbs, braces, wheelchairs, and other appliances in possession of eligible veterans on receipt of VA Form 10-2529-3 or on presentation by the veteran of a valid PSC.

(5) Prosthetic and Orthotic Laboratories may participate in clinical evaluation studies of newly developed prosthetic and orthotic devices initiated by the Chief Consultant, Prosthetic and Sensory Aids Service SHG.

7. VA RESTORATION CLINICS

a. Scope

(1) Restoration Clinics will be used as a primary fabrication source for VA beneficiaries and will be utilized to the fullest extent possible.

(2) Restoration Clinics will be assigned organizationally to the Chief, Prosthetic Service.

(3) In field facilities having established VA Restoration Clinics, the facility Director will conduct an annual evaluation to ensure that the clinic is being properly utilized to its full capacity; that the quality of appliances fabricated is completely satisfactory and is at least equal to the best available from local commercial facilities; that the needs of patients are being fully met; that the clinic is operating as efficiently and economically as possible; and that current staffing is proper for the amount of work being done. The Chief Consultant, Prosthetic and Sensory Aids Service SHG, will assist in such evaluation by providing comparative statistical analyses of all VA Restoration Clinics in operation with specific recommendations when requested.

(4) Custom made artificial eyes, facial and body restorations, cosmetic partial hands and similar appliances may be procured from commercial sources if the quality of the appliance is

satisfactory, the time required for delivery is not excessive, and prices charged for such appliances are reasonable.

(5) Cosmetic gloves for partial hand amputees may be fabricated by the Restoration Clinic located in New York if commercially available sources are not adequate. Such appliances will be made available to any VA facility upon receipt of a properly prepared VA Form 10-2529-3.

(6) VA Restoration Clinics have been established at selected VA facilities (see App. D).

b. **Responsibility**

(1) The Chief Consultant, Prosthetic and Sensory Aids Service SHG, is responsible for:

(a) The formulation of policies, standards, and scope of VA Restoration Clinic activities, including, but not limited to, providing training and technical assistance to the clinics, participating in the development and recommendation of space, equipment, and funds to be provided, and recommending proper staffing levels.

(b) Directing the use of standardized materials and techniques if required for efficient operation and/or uniformity of services to patients.

(2) The facility Director in which a VA Restoration Clinic is located is responsible for ensuring that other VA facilities requesting services from the clinic are accorded fair and equitable priorities and that the requirements of any one facility (including the Director's own) do not take precedence over any other. *NOTE: The Director is responsible to the same degree for successful operation of this activity as for the conduct of other activities that solely benefit the Director's own facility.*

(3) The Chief, Prosthetic Service, must ensure that the quality of the appliances fabricated is satisfactory to patients and prescribing physicians, the time required for delivery is not excessive or will not result in prolonged hospital stay for patients, and the prices charged for such appliances are reasonable.

(4) The Supervisor of the Restoration Clinic is responsible to the Prosthetic representative for the efficient and economical administration and operation of the clinic in accordance with established policies, standards, and procedures.

c. **Procedure**

(1) Restoration Clinics custom make artificial eyes, facial and body restorations, cosmetic partial hands, ear inserts and similar appliances for eligible VA beneficiaries on receipt of clinical notes and VA Form 10-2529-3, from all VA facilities. For referrals, VA Form 10-10EZ, Application for Medical Benefits, is also required.

(2) Restoration Clinics may participate in clinical evaluation studies of new materials and techniques initiated by the Chief Consultant, Prosthetic and Sensory Aids Service SHG.

(3) Restoration Clinics will fabricate or repair special appliances in possession of their own eligible VA beneficiaries, and for beneficiaries of other field facilities, provided such work can be done with existing staff and without detriment to direct patient services.

8. VA DDC

The DDC provides for the warehousing, procurement, and distribution of hearing aids, hearing accessories, hearing aid batteries, artificial larynxes, prosthetic stump socks, select aids for the blind and flexible orthoses, and repairs hearing aids.

NOTE: Any changes in policy and/or procedures concerning the centralized distribution of prosthetic items will be coordinated among the Prosthetic and Sensory Aids Service Strategic Healthcare Group, DDC, and the involved VHA Clinical Program.

a. Responsibility

(1) The Office of Acquisition and Materiel Management (OA&MM) provides internal management including:

- (a) Supervision of the personnel involved in the centralized distribution of prosthetic items,
- (b) The review and development of the policies and procedures needed to operate the centralized distribution functions,
- (c) Preparation of annual budget estimates to support resource requirements, and
- (d) Initial funding from the Supply Fund (escrow account).

(2) VHA Headquarters Program Officials provide:

- (a) Review of the resources requirements, and
- (b) Oversight of the distribution functions in terms of the various VHA programs involved, i.e., Prosthetic and Sensory Aids, Audiology and Speech Pathology, and Blind Rehabilitation.

b. Procedures

(1) Initial items will be obtained from DDC by utilizing the Remote Order Entry System (ROES), an automated process that orders, certifies, issues and invoices local facilities for services rendered to beneficiaries residing within their PSA. Similar or other select items will be furnished to beneficiaries through VA health care facilities, Blind Rehabilitation Centers and VA or contract Audiology Clinics.

(2) Replacement items may be obtained by the following processes:

- (a) Local facility ordering for individual beneficiary through the ROES process.

(b) Individual beneficiary requests by use of written correspondence or established VA Form 2346, Veterans Request for Hearing Aid Batteries, and VA Form 2345, Veterans Request for Stump Socks.

(c) Items may be furnished by direct issue to VA beneficiaries whenever they reside or sojourn in foreign countries, provided that written correspondence or VA Form 2345 and VA Form 2346 are mailed in an envelope with postage of the foreign country affixed.

(3) Payments for the items acquired from DDC are accomplished via an established 1358 account. Billing reports (Order Detail by Commodity/Facility) are received from DDC at the end of each month for payment certification.

9. DIRECT PURCHASING BY PROSTHETIC ACTIVITIES UNDER COCP

a. Scope

(1) The Contracting Officers Certification Program (COCP) is a formal process for the delegation of procurement authority to contracting officers. This program establishes a chain of contracting authority within the Department as required by law, regulations, and Executive Order 12931, and ensures a trained, experienced and regulated workforce.

(2) Warrants to Prosthetic and Sensory Aids Service (PSAS) are authorized up to \$100,000 for open market purchases and "the maximum order limitation of the contract," which means the money limit is determined by the specific established Federal Supply Schedules, decentralized and local beneficiary service contracts. The purchasing authority encompasses procurement of all items required for the medical treatment and rehabilitation of beneficiaries. Appropriate delegations of authority are required for Prosthetic staff in addition to their warrants to ensure compliance with MP-2, 108-25.5002.

b. Responsibility

(1) Managers of Fiscal Service and Acquisition and Materiel Management Service will conduct periodic reviews, to ensure that Prosthetic purchasing activities are in compliance with applicable acquisition and accounting regulations. Monthly reports are required to provide information for the Federal Procurement Data System (FPDS).

(2) OA&MM is responsible for providing required training to the appropriate prosthetic staff. This training should consist of "VA Small Purchase Procurement Procedures: Level A, Module I & II."

(3) All PSAS personnel involved in purchasing must complete the required training, pass the written exam, and obtain a warrant. A pre-test will be administered by the responsible training official to determine the level of familiarity or training required. A post-test will be administered to ensure successful completion of the training and to issue a warrant. Any PSAS employee requiring a warrant, who has not been provided the requisite training for reasons beyond the employee's control, may be issued an interim warrant for a period of 90 days from the date of issuance.

c. Procedures

(1) VA Form 1358, Estimated Miscellaneous Obligation or Change in Obligation, may be established on a monthly basis for utilizing known sources of procurement not capable of processing orders through the Purchase Card system. VA Form 1358 will be closed on a monthly basis in compliance with established fiscal regulations.

(a) A review of the past 12 months of activity with the source(s) requiring VA Form 1358 use, will be conducted to determine the average monthly allocation.

(b) Funds used in establishing VA Form 1358s are deducted from assigned control points on the basis of appropriate BOC designation. The authorization number, for example C80423, provided by Fiscal Service delineates the year (C8), month (04), and expenditure purpose (23) in an alphanumeric format.

(c) When control point balances are not sufficient to support the VA Form 1358 requirement, a written request to Fiscal Service justifying the need for additional funds will be made.

(d) The IFCAP option of VISTA will be used to create and record sequential transactions against the balance of the existing VA Form 1358. These transactions are identified as purchase order numbers, i.e., #POC40823-0002, when using documents other than those in the Purchase Card system.

(2) **Purchase Card Procurement.** The Purchase Card, a procurement card with a pre-set monetary limit, will be the primary method of authorizing purchases by designated employees. The use of this card results in obligations against a specific fund control point in a sequential manner. Available fund control balances will not reflect purchase charges until reconciliation of applicable invoices.

(a) PC 2421 is the software option for generating an Purchase Card document containing the necessary information to procure the items and/or services requested.

(b) Whenever feasible, deliveries of Purchase Card items should be made directly to the cardholder. However delivery of equipment and/or supplies may be to the veteran, the Prosthetic Department, or to the facility's receiving warehouse.

(c) A Dispute Officer or Purchase Card Auditor is responsible for coordinating and monitoring billing errors, disputed procurements, and credits which can not be resolved within 30 days. Activity of this type is identified as a Statement of Questioned Item (SQI).

(3) **VA Form 10-2421.** VA Form 10-2421 will be used when the Purchase Card is not accepted by the procurement source. It must be obligated against an established VA Form 1358. Use of this form will require that the vendor submit an invoice which must be certified for payment purposes.

(4) Rescinding of Procurement Authority by PSAS Under COCP

(a) Authority to procure under COCP may be rescinded when supplies and services are not consistent with organizational responsibilities and are outside the applicable VA Acquisition Regulations (VAAR) and Federal Acquisition Regulations (FAR).

(b) Any decision by the local contracting officer to rescind a warrant for other than normal reasons, i.e., change of duty station, retirement, etc., will be reported to the Deputy Assistant Secretary for Acquisition and Materiel Management and the Chief Consultant, Prosthetic and Sensory Aids Service SHG through the Veterans Integrated Services Network (VISN) Director, along with a complete explanation of the circumstances leading to the rescission action. The decision shall be reviewed by both OA&MM and VHA Program staff. The local contracting officer will be notified in writing as to the concurrence or non-concurrence in the warrant rescission.

10. PROSTHETIC TREATMENT CENTERS

a. **Scope.** The facilities designated as Prosthetic Treatment Centers (PTCs) in Appendix B have established amputee clinic teams, experienced Prosthetic Staff and Physical Medicine and Rehabilitation Service personnel capable of providing assistance necessary to resolve difficult prosthetic problems. They may also have a substantial number of special medical programs, e.g., Spinal Cord Injury Service (SCIS), Spinal Cord Injury Outpatient Support Clinic (SCI/OSC), Visual Impairment Services Team (VIST), Hospital-based Primary Care (HBPC), Prosthetic-Orthotic Laboratory (POL), Restoration Clinic (RC), Blind Rehabilitation Clinic (BRC), Driver rehabilitation (DR), Geriatric Research, Education, and Clinical Care (GRECC), etc., and the personnel experienced in treating specific disabilities which require prosthetic appliances and/or equipment.

b. Responsibility

(1) The PTC will ensure that appropriate prescriptions are developed and that protocol checkout procedures are followed on all appliances required for all authorized patients referred by other VA field facilities.

(2) The PTC provides or arranges for adequate pre-prosthetic therapy and post-prosthetic training in the use of prosthetic devices.

(3) A paramount responsibility is to fabricate artificial limbs, braces, orthopedic shoes, artificial eyes, cosmetic restorations, and similar devices. When required devices are commercially procured, the PTC will monitor the adherence to prescription on the same basis as in-house fabrication.

(4) The PTC initiates and, after approval by VHA Headquarters, conducts limited research studies in the field of prosthetics or orthotics dealing with the development of new materials, devices, or fabrication techniques for applicants or with the problems and reactions of patients wearing or using devices.

(5) The PTC provides the professional and technical guidance in the training of all employees who have an interest in prosthetics.

(6) The Prosthetic representative will be responsible for coordinating all aspects of required care, and arranging for necessary patient travel.

(7) The clinical staff normally involved in the treatment of the patient's disability, e.g., spinal cord injury, blindness, amputation, etc., will be responsible for the care of the patients referred to a facility designated as a PTC.

c. **Procedures**

(1) Patients to be considered for referral to a facility designated as a PTC include those with conditions deemed to be complicated or unusual enough to require specialized evaluations, prescription, fabrication and training to resolve the patient's problem.

(2) Referrals will be arranged by the following process:

(a) Communication between the referral and receiving facility regarding the need for clinical records, pertinent findings with regard to other known medical conditions is a prerequisite.

(b) The appropriate administrative records such as VA Form 10-10EZ, VA Form 10-2529-3, and supportive medical documentation will be provided to the PTC when a patient referral is accepted.

(c) If a referral results in a prescription for a custom appliance, the PTC will provide the required equipment and/or appliance. If the referral results in a standardized prosthetic appliance, the equipment and/or appliance will be provided by the facility which initiated the referral.

(d) The PTC must provide copies of documented treatment to the referring Prosthetic representative within 15 working days of any episode of care.

11. MAJOR MEDICAL AND SPECIAL EQUIPMENT COMMITTEE (MMSEC)

a. **Scope**

(1) All facilities providing prosthetic equipment and/or appliances should establish a MMSEC. The MMSEC should be comprised of knowledgeable medical, therapy, engineering, and administrative specialists with PSA responsibility for prosthetic services; referrals will be made when the expertise does not exist at the local VA medical center.

(2) The MMSEC may review requests for major items; e.g., environmental control systems, motorized wheelchairs, hospital beds, patient lifts, respiratory equipment, etc., as well as special items of automobile adaptive equipment; i.e., van modifications, sensitized brakes and steering systems. Special equipment may also include experimental appliances and/or devices as well as unusual requests for modalities of care.

(3) The MMSEC will be outlined in a medical center Policy Memorandum, meet on a regularly scheduled basis, and maintain minutes.

b. **Responsibility**

(1) The MMSEC Chairperson, a physician who is knowledgeable about prosthetic equipment and rehabilitation, will be charged with the direct professional responsibility for all patients referred to the Committee.

(2) The Prosthetic representative will serve as the coordinator and be responsible for the overall administrative management of the Committee. The remaining composition of the MMSEC will be flexible and should include a specialty physician involved in the patient's treatment, a rehabilitation medicine therapist, a nurse, a driver rehabilitation specialist, a social worker, and a biomedical engineer (when indicated).

(3) The MMSEC will review prescriptions written by fee-basis or private physicians to ensure that the requested items are necessary for the treatment or rehabilitation of the veteran.

(4) The MMSEC will arrange for home visits necessary to assess the available space in the veteran's home, power capability, ingress or egress to the home and/or bathroom facilities, and the need for the requested equipment.

(5) The MMSEC will finalize prescriptions for the needed equipment and arrange for training of the veteran and/or care provider in the use and operation of the equipment.

c. **Procedure**

(1) Upon receipt of a request that requires MMSEC consideration, the beneficiary will be afforded ample opportunity to attend the meeting for presenting information that may not be a part of the medical record. The veteran's personal comments and desires will be solicited before a final decision is made; this participation will be encouraged.

(2) Scheduling of veterans to the Committee will be accomplished through the VISTA appointment menu. Relevant medical records will be obtained for the meeting.

(3) The Committee coordinator will briefly outline the cases to be considered prior to seeing the veteran; the driver training specialist and/or therapist (as applicable) will give a brief verbal summary of each case.

(4) The medical findings and recommendations will be included in the veteran's medical records. Appropriate prescriptions will be written to cover all approved items. The MMSEC chairperson will arrange for:

(a) Any medical consultation, if indicated.

(b) Professional training, if indicated.

(5) The MMSEC Committee coordinator will prepare correspondence to the beneficiary and/or representatives on its decisions; decisions will be communicated to the veteran including the reasons for denial and the veteran will be advised in writing regarding appellate and reconsideration rights.

(6) The MMSEC Committee coordinator will arrange for the provision of the approved items and/or services, and prepare a VA Form 10-2641, for submission to the VISN and VHA Headquarters, if required.

12. VISUAL IMPAIRMENT SERVICES TEAM (VIST)

a. Scope

(1) This team will serve as the primary source for determining the specialized and/or custom equipment needs of all visually impaired and blind veterans eligible for VA health care, and will make necessary referrals to BRCs.

(2) The team will be comprised of health care and allied health care professionals charged with the responsibility for determining the comprehensive services required by a visually impaired veteran. Representatives may include, but are not limited to, the following Services: Ophthalmology, Optometry, Medicine, Audiology and Speech Pathology, Prosthetics, Social Work, Nursing, Administration, Vocational Rehabilitation, Adjudication and Veterans Benefits Administration. The VIST may also include a representative from the local Blinded Veterans Association as well as a representative from a local agency for the blind.

(3) The VIST chairperson will be elected by the team members and will serve a 1-year term.

(4) Veterans enrolled in the VIST Program will be offered an annual evaluation for continued appropriateness of equipment, medical and social needs.

c. Responsibility

(1) The Prosthetic representative will provide prescribed equipment and repairs for all eligible blind and visually impaired veterans.

(a) The Prosthetic representative at a field facility with a BRC will provide the initial low-vision aid or blind equipment recommended for all veterans who successfully complete training at that facility.

(b) The Prosthetic representative at the facility with PSA responsibility for the veteran will provide replacement and repairs to low vision aids or blind equipment provided by the BRC.

(2) The VIST Coordinator will carry overall responsibility to coordinate, act as consultant and as resource person, blindness services for blinded veterans. **NOTE:** *Recommendations for blind aids from other disciplines, not developed through the VIST, will be referred to the VIST Coordinator.* The VIST Coordinator will work with Prosthetics to obtain the appropriate blind aids.

c. Procedure

(1) All team members will determine and ensure that legally blind veterans with whom they have contact are enrolled in the VIST Program.

(2) The treatment records of all VIST enrollees will be reviewed to ensure that they are evaluated at least annually by designated disciplines of the team.

(3) The Blind Rehabilitation Outpatient Specialist (BROS) is responsible for recommending prosthetic equipment for veterans participating in the BROS Program.

(4) The VIST Coordinator is responsible for assisting eligible veterans in applying for blind rehabilitation training.

(5) Prosthetic requests will be developed by VIST for all items and/or services deemed necessary for any treatment of VIST enrollees. VA Form 10-2641 will be required when requests are for special mechanical or electronic devices, i.e., speech recognition systems, computers, and software.

AMPUTEE CLINIC TEAMS

VISN I

Boston Health Care System
Manchester, NH
Providence, RI
Togus, ME
Connecticut Health Care System
White River Junction, VT

VISN II

Albany, NY
Syracuse, NY
Western New York Health Care System

VISN III

Bronx, NY
New Jersey Health Care System
Lyons, NJ
New York, NY
Northport, NY
Hudson Valley Health Care System

VISN IV

Clarksburg, WV
Lebanon, PA
Philadelphia, PA
Pittsburgh (University Drive), PA
Wilkes-Barre, PA
Wilmington, DE

VISN V

Maryland Health Care System
Martinsburg, WV
Washington, DC

VISN VI

Asheville, NC
Hampton, VA
Durham, NC
Richmond, VA
Salem, VA
Salisbury, NC
Beckley, WV

VISN VII

Atlanta, GA
Augusta, GA
Birmingham, AL
Charleston, SC
Columbia, SC
Dublin, GA
Montgomery, AL

VISN VIII

Ft. Myers, FL (Outpatient Clinic (OPC))
Bay Pines, FL
Miami, FL
North Florida and South Georgia Health Care System
San Juan, PR
Tampa, FL

VISN IX

Lexington, KY
Memphis, TN
Mountain Home, TN
Nashville, TN
Murfreesboro, TN
Louisville, KY
Huntington, WV

VISN X

Chillicothe, OH
Cincinnati, OH
Cleveland, OH
Columbus, OH
Dayton, OH

VISN XI

Ann Arbor, MI
Detroit, MI
Indianapolis, IN
Battle Creek, MI
Danville, IL
Marion, IL
Ft. Wayne, IN

VISN XII

Chicago (Lakeside), IL
Chicago (Westside), IL
Hines, IL
Milwaukee, WI
North Chicago, IL
Madison, WI

VISN XIII

Fargo, ND
Minneapolis, MN
Sioux Falls, SD

VISN XIV

Des Moines, IA
Iowa City, IA
Knoxville, IA
Lincoln, NE
Omaha, NE

VISN XV

Columbia, MO
Kansas City, MO
Leavenworth, KS
St. Louis, MO
Topeka, KS
Wichita, KS

VISN XVI

Alexandria, LA
Biloxi, MS
Houston, TX
Jackson, MS
Little Rock, AR
Muskogee, OK
New Orleans, LA
Oklahoma City, OK
Shreveport, LA
Tulsa, OK (OPC)

VISN XVII

Dallas, TX
San Antonio, TX
Temple, TX

VISN XVIII

Albuquerque, NM
Amarillo, TX
El Paso, TX (OPC)
Phoenix, AZ
Tucson, AR

VISN XIX

Denver, CO
Ft. Harrison, MT
Salt Lake City, UT
Cheyenne, WY

VISN XX

Boise, ID
Portland, OR
Roseburg, OR
Puget Sound Health Care System
Spokane, WA
Walla Walla, WA
White City, OR
Anchorage, AK

VISN XXI

Fresno, CA
Honolulu, HI
Manila, PI
Palo Alto, CA
Reno, NV
San Francisco, CA
Northern California System of Clinics

VISN XXII

Las Vegas, NV
Loma Linda, CA
Long Beach, CA
Los Angeles, CA (OPC)
San Diego, CA
Sepulveda, CA
West Los Angeles, CA

DESIGNATED PROSTHETIC TREATMENT CENTERS

VISN I

Boston Health Care System
West Haven, CT

VISN II

Albany, NY
Buffalo, NY
Syracuse, NY

VISN III

Bronx, NY
Brooklyn, NY
East Orange, NJ
New York, NY

VISN IV

Pittsburgh (University Drive), PA
Wilkes-Barre, PA

VISN V

Washington, DC
Maryland Health Care System

VISN VI

Richmond, VA
Hampton, VA
Durham, NC

VISN VII

Augusta, GA
Birmingham, AL
Columbia, SC
Decatur (Atlanta), GA

VISN VIII

Bay Pines, FL
Miami, FL
San Juan, PR
Tampa, FL
West Palm Beach, FL
North Florida and South Georgia (Gainesville)

VISN IX

Memphis, TN
Nashville, TN
Louisville, KY

VISN X

Cleveland, OH
Cincinnati, OH

VISN XI

Detroit, MI
Indianapolis, IN

VISN XII

Hines, IL
Chicago (WS), IL
Milwaukee, WI

VISN XIII

Minneapolis, MN

VISN XV

Kansas City, MO
St. Louis, MO

VISN XVI

Houston, TX
Central Arkansas Veterans Health Care System
New Orleans, LA
Oklahoma City, OK

VISN XVII

Dallas, TX
San Antonio, TX
VA Central Texas Health Care System (Temple)

VISN XVIII

New Mexico Health Care System
Phoenix, AZ
Southern Arizona Health Care System

VISN XIX

Denver, CO
Salt Lake City, UT

VISN XX

Portland, OR
Puget Sound Health Care System

VISN XXI

Palo Alto, CA
San Francisco, CA

VISN XXII

Sepulveda, CA
Long Beach, CA
San Diego, CA
West Los Angeles, CA

**PROSTHETIC - ORTHOTIC LABORATORIES AUTHORIZED
IN VA FIELD FACILITIES**

VISN I

| <u>Facility</u> | <u>Station Number</u> |
|---|-----------------------|
| Boston Health Care System Togus, ME (Regional Office Center (ROC)) | 523 and 525 402 |

VISN II

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Buffalo, NY | 528 |

VISN III

| <u>Facility</u> | <u>Station Number</u> |
|---------------------------|-----------------------|
| Bronx, NY | 526 |
| Brooklyn, NY (St. Albans) | 527 |
| East Orange, NJ | 561 |
| Northport, NY | 632 |
| Castle Point, NY | 533 |
| New York, NY | 630 |

VISN IV

| <u>Facility</u> | <u>Station Number</u> |
|------------------|-----------------------|
| Pittsburgh, PA | 646 |
| Wilkes-Barre, PA | 691 |

VISN V

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Fort Howard, MD | 566 |
| Martinsburg, WV | 613 |

VISN VI

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Hampton, VA | 590 |
| Richmond, VA | 652 |

VISN VII

| <u>Facility</u> | <u>Station Number</u> |
|-----------------------|-----------------------|
| Columbia, SC | 544 |
| Decatur, GA (Atlanta) | 508 |
| Montgomery, AL | 619 |

VISN VIII

| <u>Facility</u> | <u>Station Number</u> |
|--|-----------------------|
| West Palm Beach, FL | 598 |
| North Florida and South Georgia Health Care System (Gainesville) | 573 |
| Bay Pines, FL | 516 |
| Miami, FL | 546 |
| San Juan, PR (ROC) | 455 |
| Tampa, FL | 673 |

VISN IX

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Louisville, KY | 603 |
| Nashville, TN | 626 |
| Memphis, TN | 614 |

VISN X

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Cincinnati, OH | 539 |
| Cleveland, OH | 541 |
| Dayton, OH | 552 |

VISN XI

| <u>Facility</u> | <u>Station Number</u> |
|------------------|-----------------------|
| Detroit, MI | 553 |
| Indianapolis, IN | 583 |

VISN XII

| <u>Facility</u> | <u>Station Number</u> |
|------------------------|-----------------------|
| Chicago (Westside), IL | 537 |
| Hines, IL | 578 |
| Milwaukee, WI | 695 |

VISN XIII

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Minneapolis, MN | 618 |

VISN XV

| <u>Facility</u> | <u>Station Number</u> |
|-------------------|-----------------------|
| Kansas City, MO | 589 |
| St. Louis, MO | 657 |
| Wichita, KS (ROC) | 452 |

VISN XVI

| <u>Facility</u> | <u>Station Number</u> |
|-------------------|-----------------------|
| New Orleans, LA | 629 |
| Oklahoma City, OK | 635 |
| Little Rock, AR | 598 |
| Houston, TX | 580 |

VISN XVII

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Dallas, TX | 549 |
| San Antonio, TX | 671 |
| Temple, TX | 674 |

VISN XVIII

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Albuquerque, NM | 501 |
| Tucson, AZ | 678 |

VISN XIX

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Denver, CO | 554 |

VISN XX

| <u>Facility</u> | <u>Station Number</u> |
|-----------------|-----------------------|
| Portland, OR | 648 |
| Seattle, WA | 663 |

VISN XXI

| <u>Facility</u> | <u>Station Number</u> |
|-------------------|-----------------------|
| Manila, PI (RO) | 358 |
| Palo Alto, CA | 640 |
| San Francisco, CA | 662 |

VISN XXII

| <u>Facility</u> | <u>Station Number</u> |
|----------------------|-----------------------|
| Long Beach, CA | 600 |
| San Diego, CA | 664 |
| Sepulveda, CA | 665 |
| West Los Angeles, CA | 691 |

RESTORATION CLINICS AUTHORIZED IN VA FIELD FACILITIES**VISN II**

| Facility | Station Number |
|---------------------------------|-----------------------|
| VA Medical Center, New York, NY | 630 |

VISN VII

| Facility | Station Number |
|--|-----------------------|
| VA Medical Center, Decatur, GA (Atlanta) | 508 |

VISN X

| Facility | Station Number |
|----------------------------------|-----------------------|
| VA Medical Center, Cleveland, OH | 541 |

VISN XV

| Facility | Station Number |
|----------------------------------|-----------------------|
| VA Medical Center, St. Louis, MO | 657 |

VISN XX

| Facility | Station Number |
|---------------------------------|-----------------------|
| VA Medical Center, Portland, OR | 648 |

VISN XXII

| Facility | Station Number |
|---|-----------------------|
| VA Medical Center, West Los Angeles, CA | 691 |