

PLASTIC RECONSTRUCTIVE SURGERY

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy for conducting plastic reconstructive surgery.
- 2. SUMMARY OF MAJOR CHANGES:** The Training and Records Management paragraphs were added. Oversight responsibilities for the Under Secretary of Health and the Deputy Under Secretary for Health for Operations and Management were added.
- 3. RELATED ISSUES:** VHA Directive 1102.01(1), National Surgery Office, dated April 24, 2019 and VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- 4. RESPONSIBLE OFFICE:** The National Surgery Office (10NC2) is responsible for the contents of this directive. Questions may be addressed at 202-461-7130 or referred to vhaconso@va.gov.
- 5. RECISSIONS:** VHA Directive 1091, Plastic Reconstructive Surgery, dated February 21, 2014, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of February 28, 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary for Health
for Operations and Management

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

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PLASTIC RECONSTRUCTIVE SURGERY

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the policy for conducting plastic reconstructive surgery. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b); Title 38 Code of Federal Regulations (CFR) 17.38(a)(1)(x).

2. BACKGROUND

a. Health care services are provided to eligible Veterans by VA consistent with the medical benefits package in 38 CFR 17.38. The medical benefits package specifically includes plastic reconstructive surgery required as a result of disease or trauma and does not include cosmetic surgery that is not medically necessary.

b. In accordance with 38 CFR 17.38, care referred to in the medical benefits package will be provided to individuals only if it is determined by appropriate health care providers that the care is needed to promote, preserve, or restore the health of the individual and is consistent with generally accepted standards of medical practice. Care is deemed to promote health if the care will enhance the quality of life or daily functional level of the Veteran, identify a predisposition for development of a condition or early onset of disease which can be partly or totally ameliorated by monitoring or early diagnosis and treatment, and prevent future disease. Care is deemed to preserve health if the care will maintain the current quality of life or daily functional level of the Veteran, prevent the progression of disease, cure disease, or extend life span. Care is deemed to restore health if the care will restore the quality of life or daily functional level that has been lost due to illness or injury. **NOTE:** *VHA Directive 1341, Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018, provides information regarding gender affirmation surgery.*

3. DEFINITIONS

Plastic Reconstructive Surgery. Plastic reconstructive surgery consists of those surgical procedures performed for the revision of external bodily structures which deviate from normal either from congenital or acquired causes.

4. POLICY

It is VHA policy that plastic reconstructive surgery is performed only for procedures deemed medically necessary.

5. RESPONSIBILITIES

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

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

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

(2) Ensuring that each VISN Director has the sufficient resources to implement this directive in all VA medical facilities within that VISN.

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

c. **National Director of Surgery.** The National Director of Surgery is responsible for:

(1) Maintaining a list of all VA medical facilities with the necessary capability to serve as referral centers for plastic reconstructive surgical procedures. This list must be updated quarterly and must be available to all VA medical facilities on the National Surgery Office intranet site available at: <http://vaww.dushom.va.gov/DUSHOM/surgery/NSOMaps.asp>. **NOTE:** *This is an internal VA Web site that is not available to public.*

(2) Providing guidance on the interpretation of this directive.

d. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that capability exists for providing plastic and reconstructive surgical procedures for patients within the VISN.

(2) Ensuring that each VA medical facility Director has the sufficient resources to fulfill the terms of this directive in all of the VA medical facilities within that VISN.

(3) Providing oversight of VA medical facility Directors to assure compliance with this directive, relevant standards, and applicable regulations.

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

(1) Ensuring that plastic and reconstructive surgical procedures, either performed in VA medical facilities or in the community, are performed only for medically necessary indications, and that such indications are documented in the patient's electronic health record.

(2) Ensuring eligible Veterans have access to plastic reconstructive surgery as required by this directive.

NOTE: See VHA Handbook 1100.19, *Credentialing and Privileging*, dated October 15, 2012, for information regarding qualification standards for providers.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created in this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

- a. 38 U.S.C. 7301(b).
- b. 38 CFR 17.38.
- c. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- d. VHA Directive 1102.01(1), National Surgery Office, dated April 24, 2019.
- e. VHA Directive 1341(1), Providing Health Care for Transgender and Intersex Veterans, dated May 23, 2018.
- f. National Surgery Office, available at:
<http://vaww.dushom.va.gov/DUSHOM/surgery/NSOMaps.asp>. **NOTE:** *This is an internal VA Web site that is not available to public.*