

Community Provider Standard for Orthotic, Prosthetic, and Pedorthic Devices and Bundled Services

Scope:

This Community Provider Standard (“standard”) is not a promise or guarantee of business from VA. The acceptance of a VA prescription for Orthotic, Prosthetic, and Pedorthic Devices (OPPD) indicates the Community Provider’s acceptance of this standard. Parties will adhere to this standard when fulfilling any VA order for OPPD.

Community Providers agree to provide all OPPD for which the Community Provider facility and staff are accredited.

The Community Provider shall fabricate or provide OPPD according to the prescription received from the Prosthetic and Sensory Aids Service (PSAS) or VA Provider. The prescription will state VA-authorized HCPCS codes. The Community Provider shall not add or substitute components, change coding or quantity, or alter the prescription without receiving authorized approval from the VA Provider.

Products that are not commercial items are considered experimental. Purchase of experimental products is not authorized.

All non-custom footwear provided to the Veterans must appear on the PDAC product classification list (<https://www.dmepdac.com/dmecsapp/do/productsearch>).

Definitions:

VA Provider: VA Provider refers to a qualified VA clinical physician or non-physician, from various clinical disciplines, responsible for clinical care involving any orthotic, prosthetic or pedorthic interventions, or support personnel for related administrative functions.

Community Provider: A non-VA clinician who is certified and, when required, state-licensed to provide prescribed OPPD within their professional scope of practice. The Community Provider agrees to comply with all requirements of this standard. See **Credentialing** below.
(revised June 23, 2026)

PSAS Team. Prosthetics purchasing agents or prosthetics representatives from the Prosthetic and Sensory Aids Service (PSAS) of the requesting VA facility.

VA Points of Contact:

The PSAS team is the point of contact for business concerns related to Parts 2 and 3. The VA Provider is the point of contact for clinical concerns unless otherwise noted.

Part 1: Care of Veteran

Credentialing, Licensure, Training, Accreditation, and Insurance:

The Community Provider will retain records and provide to VA upon request. The Community Provider shall notify VA if any certifications, licenses, or accreditations end or are suspended. The Community Provider shall notify VA of any facilities that are added, changed, or closed within 15 calendar days of any change.

Credentialing: OPPD includes a wide range of devices with varying levels of complexity. More complex OPPD categories require specific provider credentials. *A clinician with appropriate credentials must be present and responsible for all respective prosthetic, orthotic and/or pedorthic services provided to Veterans.* The VA reserves the right to verify Community Provider credentials at any time. Community Providers must provide evidence of maintained credentials upon request.

Any prescriptions involving artificial limbs or custom orthoses for the limbs or spine require that the Community Provider hold current certification(s) from, and be in good standing with, the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCOPP) or Board of Certification/Accreditation International (BOC) as a prosthetist, orthotist, and/or pedorthist practicing within their respective scope of practice.

This Standard does not restrict other licensed clinical professionals from providing OPPD that fall within their own scope of practice. These clinicians may furnish lower-risk or less complex OPPD—such as footwear, shoe inserts, prefabricated orthotic soft goods, and off-the-shelf devices—when permitted by their licensing and professional scope. See **Community Provider** above. (Revised June 23, 2026)

Licensure: The Community Provider shall submit to VA evidence of licensure in states requiring licensure including updated documents.

Training: The Community Provider shall assure employees are trained and competent to perform the required work. If a technology requires proof of training, only those appropriately credentialed providers specifically trained or completing training by the time of delivery, may provide the item and related follow up services to the Veteran. VA reserves the right to determine which technologies require specific training.

Accreditation: Community Provider Facility Accreditation: The Community Provider's facilities shall be accredited and have continuous accreditation either by the Facility Accreditation Program of the ABCOPP or the Accredited Facilities Program of the BOC. VA may conduct site visits of the facility and review accreditations and certifications and facilities at any time. VA may conduct site visits as needed. If accreditation lapses for any reason other than administrative delays by ABCOPP or BOC, VA orders will cease.

Insurance: Community Provider shall be insured in good standing in accordance with federal and state requirements.

Requirements when Caring for Veterans in Community Provider Facilities or in VA Amputee Care Clinics:

The following will assure optimal care and respect for the Veteran as well as appropriate involvement by VA Providers.

- The Community Provider may be invited to participate in the clinic visit at the discretion of the Veteran and the VA Provider.
- The Community Provider maintains professional behavior and respects Veteran privacy, without exception.
- The Community Provider serves as clinical partner and provides clinical input as well as technical expertise regarding OPPD fitting and function.
- The Community Provider is responsible for accurate and timely care and services.
- The Community Provider will provide the Veteran with the OPPD that matches the final prescription approved by the VA Provider.
- The Community Provider will not attempt to up-sell or market new products or additional, unprescribed features to the Veteran.
- The Community Provider provides the VA Provider with relevant Veteran treatment plan information, such as encounter notes.
- The Community Provider is requested to remind the Veteran of any VA Provider in-person checkout requirement to facilitate continuity of care.
- All communication between Community Provider and Veteran, and Community Provider and VA Provider is professional and collegial.
- The Community Provider will not market products or solicit Veterans at Community Provider facilities or VA facilities.
- The Community Provider will not, directly or indirectly through agents, solicit Veterans.
- Component trials must be pre-approved by a VA Provider. The Community Provider will not suggest, discuss, or perform any trials of a prosthesis or component with a Veteran without written VA Provider approval. Results of an approved trial must be submitted to the VA Provider. A definitive prescription of a trialed component is made based on the results of the VA-approved trial and with multidisciplinary consensus by VA Providers.
- The Community Provider will follow all local VA facility policies for Community Providers in VA facilities, when applicable.
- The Community Provider will not engage Veterans in disputes or disagreements with VA facilities or VA Providers.
- The Community Provider will not make the Veteran responsible for any payment.
- Gratuities, Kickbacks, Bribes, and other incentives to VA personnel, Veterans, family members or caregivers, or other interested parties are prohibited.
- Reference to Department of Veterans Affairs or the local VA facility in its commercial advertising is prohibited.
- Gray market, remanufactured, or refurbished parts or products are prohibited.
- VA has final authority over HCPCS coding and VA pricing.

The VA reserves the right to temporarily or permanently cease ordering if the Community Provider does not uphold these requirements. VA personnel will not direct, guide or prompt a Veteran to a specific Community Provider except when a physician determines that it is medical necessity as documented in clinical notes.

Notice to Proceed:

For all prescription orders, the Community Provider will attempt to contact the Veteran within 5 days and complete an evaluation appointment within 10 days of receipt of the final coded prescription, when the Veteran is available during this period. The Community Provider should add to the Veteran encounter notes if the Veteran is not available in 10 days. In instances referred to as the 1090 process, the Community Provider is authorized to begin performance upon receipt of a request transmitted by the PSAS Team or a VA Provider. To reduce wait time for Veterans, the Community Provider agrees to proceed to scheduling without a written purchase order where the prescription is not final. The Community Provider will clarify the prescription or coding with the VA Provider as needed and will then receive a written purchase order. Once the prescription coding is final, VA and the Community Provider will follow Part 2 and Part 3 to assure payment.

Healthcare Common Procedure Coding System (HCPCS) Codes:

VA prescriptions will use the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) L-Codes. VA maintains the right to establish VA specific unique codes and fees at its discretion.

Not Otherwise Specified or Classified (NOC) Codes:

An NOC device is an OPPD that cannot be adequately described by existing Healthcare Common Procedure Coding System (HCPCS) codes and is mass manufactured and commercially available through manufacturers or suppliers (e.g., prosthetic knee units, prosthetic feet, liner technologies, prosthetic terminal devices, etc.). Community providers must submit an invoice showing the NOC purchase from the manufacturer/supplier. VA retains sole discretion to determine whether an OPPD would classify for a NOC code designation.

The NOC L-Code is all inclusive and therefore, only one NOC L-Code is authorized per component. However, multiple NOC L-Codes may be utilized per artificial limb or custom orthotic device. For example, if a lower extremity artificial limb is prescribed and has been authorized by VA with a NOC L-Code prosthetic knee and a NOC L-Code prosthetic foot, it is permissible to use a NOC L-Code for each component. However, no other L-Codes that would further describe each respective component will be authorized in combination with these NOC L-Codes.

Timely Delivery of Artificial Limbs and Custom Orthotic Devices:

The Community Provider will strive to complete delivery and Veteran acceptance of items no later than 60 calendar days after receipt of a purchase order, unless delays are unavoidable, documented, and the Community Provider notifies the Veteran and PSAS Team. This paragraph takes precedence over the autogenerated purchase order date if less than 60 days.

In-Person (Face-to-Face or Virtual) Checkout of the Device by the VA Provider:

VA encourages Veterans to return to their VA Provider within 30 days to assess the comfort, fit, and function of the device as well as Veteran's satisfaction. The Community Provider shall correct clinical deficiencies found during in-person checkout once notified, even if payment was made. Indicators include:

- Workmanship free of defect (socket fits appropriately, prosthesis correctly aligned)
- Patient education – assurance Veteran received adequate instruction on proper donning/doffing, wear schedule and care of the device and any related accessories.
- Patient acceptance of the device in all aspects (cosmetically and functionally)

Warranty Follow-Up Service:

Community Provider shall be an original equipment manufacturer (OEM), authorized dealer, authorized distributor, or authorized reseller for the proposed parts and products, verifiable in writing. All software licensing, warranty and service associated with the parts or products must be in accordance with the OEM terms and conditions.

The Veteran is expected to complete the warranty-required follow-up; the Veteran does not need a separate referral from the VA clinic. The Community Provider shall complete the warranty-required follow-up, service, and inspection within the original purchase order price.

Device: This includes, but is not limited to, basic setup, fit, adjustment, alignment, functional training with features, software settings and warranty of the OPPD provided against defective material and/or workmanship for a minimum of 90 calendar days from the date of the delivery and an additional 90 days from when the community provider resolves deficiencies identified in in-person checkout.

Components: Manufacturer's warranties that extend beyond the minimum 90 calendar day period shall be kept in effect and be enforced. The Community Provider shall furnish, without additional cost to the Government, all materials and labor necessary to correct defects detected during the warranty period. These conditions do not apply to adjustments incidental to wearing of the OPPD, adjustments required by physical change of the wearer, or where there is evidence of deliberate misuse or alteration by anyone other than the Community Provider; these conditions require a new prescription and new order.

Loaner Devices: Any OPPD repaired or furnished as a "loaner" shall be subject to this clause to the same extent as new OPPD. The warranty for a repaired OPPD or "loaner" OPPD shall be equal in duration to the term the Community Provider is required to offer new OPPD and shall run from the date of the acceptance of the repaired or "loaner" by VA.

Repairs:

Repairs outside of warranty require VA prior approval and written authorization. The Community Provider shall provide a “loaner” unit when a veteran’s OPPD requires repair by a manufacturer. A “loaner” is defined as a suitable OPPD device, fit for patient use during the repair period. VA will not pay for loaner units.

The following L-Codes would be used, as appropriate, for authorized repair and replacement of minor parts and for labor:

- L7510 – Repair prosthetic device, repair or replace minor parts.
- L7520 – Repair prosthetic device, labor component, per 15 minutes
- L4205 – Repair of orthotic device, Labor component, 15 min each
- L4210 – Repair of orthotic device, Repair and replace minor parts

Government Supplied Items:

VA may provide certain supplies to include, but not limited to shrinkers, liners, sleeves, and socks to the Veteran at the discretion of the VA.

Community Provider Supplied Items:

Any supplies provided to the Veteran by the Community Provider to include, but not limited to shrinkers, liners, sleeves, and socks shall be pre-authorized by VA unless there is an emergency. The Community Provider must seek VA authorization for emergency supplies on the same or next business day to be authorized for payment. Emergency: Vendor will be reimbursed, without pre-approval from PSAS Team, for provision of liners or other supplies that are required for an emergent medical need, such as skin breakdown. Photos may be required.

Patient Education:

Community Provider shall provide training instructions, verbally and in writing, to the Veteran or Caregiver. The Community Provider will verify Veteran or Caregiver understanding and will modify the training methods if necessary to ensure understanding. Training instruction will assure competency on the following:

- Cleaning, maintenance, and inspection of OPPD and all supplies.
- How to don, doff, and assess fit of OPPD and accessories.
- How to inspect the skin for pressure areas, redness, irritation, skin breakdown, pain, and edema.
- How to gradually increase wearing time through a planned wearing schedule.
- How and when to use prosthetic socks or additional accessories, such as seals, adjustable sockets, to accommodate limb volume fluctuations.
- How to report problems related to the OPPD to the Community Provider.

Health Insurance Portability and Accountability Act (HIPPA) Concerns:

Community Provider will be given Patient information that may include Patient's name, place of residence address, telephone number, and social security number. Patient information is confidential and is protected under the Privacy Act of 1974, and the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA). Any individual making unauthorized disclosure may be criminally liable for violations under the Acts. The Community Provider shall not use or disclose Patient information in a manner that would violate the Federal privacy and confidentiality statutes.

Veteran Encounter Notes:

The Community Provider must return Veteran visit information, notes, or records within 30 days from the date of service upon request from VA, by Veteran prescription or as a local practice. The medical records can be returned to VA via VHIE (Veterans Health and Information Exchange), direct messaging, Health Share Referral Manager (HSRM), secure email, secure fax, or mail according to local procedures. Any records provided, made available, or learned by either of the parties which contain PII or PHI about any Veteran or Community Provider or which contain information about either party's business or operations which is not available to the public, or which contain information which has been designated as proprietary or confidential by either party will be held in the strictest confidence, used solely to perform obligations, not be disclosed to any other entity or person, and maintained in accordance with the requirements of all applicable laws.

Recall:

The Community Provider shall not be paid for any fees associated with OPPD recall, removal, required adjustment, or required modification mandated by the manufacturer, distributor, or any regulatory or government agency.

Infection Control Procedures:

The Community Provider will practice universal precautions with all patients, i.e. gloves, mask, gown when deemed necessary. Community Provider must adhere to VA policies for Community Providers with direct Veteran interaction in Community Provider facilities or within VA facilities. Such policies will be given to Community Providers as needed.

----- **End Part 1** -----

Part 2: Pricing

Table 1. Price Methods

	Coding	Price
OPPD	VA-authorized HCPCS codes with established CMS fee schedule(s). *See exceptions below.	DMEPOS bundled fee schedule in effect on the VA order date & Community Provider address.
Orthoses Repairs & Labor/Service	L4205 – Repair of orthotic device, Labor component, 15 min each	PDAC labor rate multiplied by VA approved labor units for the repairs. Plus, when applicable, the amount charged to the community provider as shown on the manufacturer's invoice (MIV) for parts/repairs.
	L4210 – Repair of orthotic device, repair or replace minor parts	
Prostheses Repairs & Labor/Service	L7510 – Repair prosthetic device, repair or replace minor parts.	
	L7520 – Repair prosthetic device, labor component, per 15 minutes	
Exceptions	*Exception 1: Footwear	Use Table 2 Footwear Price Method
	*Exception 2: VA-authorized use of Not otherwise Classified or Specified (NOC) or other HCPCS codes that do not have established CMS/PDAC fee schedules. -OPPD items that include several established L-codes and a feature for which there is not an established L-code, as determined by PDAC or VA, will be paid as a whole item, using a single NOC code. In such instances, no other HCPCS code(s) would be authorized as applicable for the NOC coded product. Manufacturer/Supplier Invoice Value (MIV): MIV is the price paid by the Community Provider to the manufacturer/supplier for the prescribed item(s). MIV is not the list price or mfr. suggested retail price (MSRP).	Use Table 3 NOC Price Method
	*Exception 3: VA has determined the CMS DMEPOS fee schedules for the VA-authorized HCPC codes provide payment less than the cost of the item for these excepted products.	Use Table 4 VA Special Code Pricing Method Exceptions to DMEPOS Pricing

Table 2 - Footwear Price Method

Community Providers will provide Veterans with footwear that maximizes both clinical efficacy and durability, with clinical efficacy being the more important. Multiple instances of poor shoe durability across multiple patients due to low quality footwear being provided could cause VA to suspend all OPPD ordering, at the VA's sole discretion.		
This table is correct as of May 2026. Subject to updates consistent with DMEPOS changes without notice.		
CMS DMEPOS bundled fee schedule price is based on the VA order date and Community Provider address.		
Category	HCPCS Code	Price Method
Diabetic Shoes	A5500, A5501	CMS DMEPOS bundled fee schedule
Diabetic Shoe Additions	A5503, A5504, A5505, A5506, A5507	CMS DMEPOS bundled fee schedule
Deluxe Shoe Features	A5508	Prohibited Item. VA does not prescribe deluxe shoe features. PER CMS: A deluxe feature does not contribute to the therapeutic function
Diabetic Insoles	A5510, A5512, A5513, A5514	CMS DMEPOS bundled fee schedule HCPCS A5510 use A5512 pricing
Custom Foot Orthotics	L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L5000	CMS DMEPOS bundled fee schedule
Foot Splints	L3031, L3100, L3170	CMS DMEPOS bundled fee schedule
Orthopedic Shoes	L3215, L3216, L3219, L3221, L3253, L3260, L3265	CMS DMEPOS bundled fee schedule pricing for HCPCS A5500
Orthopedic Boots	L3217, L3222	CMS DMEPOS bundled fee schedule pricing for HCPCS A5500 + \$15 each boot or, if amount is below MIV, use \$45 each boot + MIV.
Shoes Attached to Orthoses	L3224, L3225	CMS DMEPOS bundled fee schedule
Custom Orthopedic Shoes	L3230, L3250, L3251, L3252	CMS DMEPOS bundled fee schedule pricing for HCPCS A5501. (If amount is below MIV, use \$75 each shoe + MIV).
Shoe Modifications	L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485	CMS DMEPOS bundled fee schedule HCPCS L3320 use L3310 pricing. HCPCS L3485 use L3480 pricing.
Orthopedic Shoe Additions	L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595	CMS DMEPOS bundled fee schedule
Orthosis Transfers	L3600, L3610, L3620, L3630	CMS DMEPOS bundled fee schedule
Not Otherwise Classified (NOC)	L3649	Use Table 3. Manufacturer's Invoice Value required.
Split Sizing Charge	L3257	Quantity=1 per pair of shoes. Use CMS DMEPOS bundled fee schedule for HCPCS A5500.

Table 3 - NOC Price Method

Manufacturer/Supplier Invoice Value (MIV)	Price	Notes
Up to \$25	\$75	VA reserves the right to determine a VA price for common items for administrative efficiency. MIV: Price paid by the Community Provider to the manufacturer/supplier for the prescribed item(s). MIV is not the list price or manufacturer suggested retail price. Community Provider shall provide a manufacturer/supplier invoice to avoid payment delays. Repeated failure to provide this invoice may be cause for the VA to cease ordering.
\$25.01 to \$50	\$100	
\$50.01 to \$100	MIV plus \$150	
\$100.01 to \$200	MIV plus \$200	
\$200.01 to \$500	MIV plus \$300	
\$500.01 to \$1000	MIV plus \$500	
\$1000.01 to \$2000	MIV plus \$1000	
\$2000.01 to \$5,000	MIV plus \$2000	
\$5000.01 to \$10,000	MIV plus \$3000	
\$10,000.01 to \$20,000	MIV plus \$4000	
\$20,000.01 to \$30,000	MIV plus \$6000	
\$30,000.01 and above	MIV plus \$10,000	

**Table 4 – VA Special Code Pricing Method
Exceptions to DMEPOS Pricing**

Product Exceptions (List as of May 2026)	Notes
Daw Sure Stance Knee	VA has determined the CMS DMEPOS fee schedules for the VA-authorized HCPC codes provide payment less than the cost of these products.
Ossur Proflex Terra Foot	
Ottobock Empower Foot	
Ottobock Terion Foot	
Ottobock Genium knee	VA has used a specially developed price method which results in a price comparable to Table 3 pricing. To maintain CMS coding integrity, VA will use VA-determined HCPCS codes.
Ottobock X4 knee	
Fillauer Taska Hand	
Naked Prosthetics Griplock Finger	
Ossur IDigits Access (for up to four digits)	The VA-authorized HCPCS codes, VA special code (when applicable), and price will be provided on an associated purchase order. This product list is current May 2026 and subject to updates consistent with DMEPOS changes or VA determination without notice.
Ossur IDigits Quantum: (for up to four digits)	
Ossur IDigits Quantum: for replacing all 5 digits	
Ossur iLimb Quantum Hand	
Point Designs – Point Digits	

----- **End Part 2** -----

Part 3: Other Business Arrangements

System for Award Management:

The Community Provider must be registered in the System for Award Management (SAM.gov).

Community Provider Business Sale or Name Change:

The Community Provider will provide notice to VA when full or partial ownership changes, with or without name change. Successor businesses must adhere to this standard.

Salvage:

In the event of a Veteran's death prior to delivery and acceptance of an artificial limb, VA will pay the Community Provider for the work performed up to the point that the Community Provider is notified to stop work. The final price paid will be mutually agreed upon and will not exceed the price of the artificial limb established in this document less the salvage value of the unused prosthetic devices. When a Veteran refuses to continue to work with the vendor and does not accept delivery of the limb, VA will accept delivery of the limb when the limb meets the prescription and terms of the order.

Proof of Order Completion:

The Community Provider shall obtain a dated signature from the Veteran at the time of initial delivery of the completed order at the Community Provider's location that certifies the Veteran's acceptance of the products or service for payment. However, per **In-Person Check Out of the Device by the VA in Part 1**, the Veteran's signature does not constitute VA Provider acceptance of final delivery if in-person checkout is indicated, even though payment is made time of delivery.

Payment:

Payment is by credit card. The Community Provider will provide the invoice and credit card receipt to PSAS. For charges not made in accordance with the pricing in this standard, PSAS will attempt to resolve the discrepancy with the Community Provider. In cases where those efforts fail, PSAS will dispute the charge to the credit card company. PSAS may also dispute directly to the Community Provider (see Disputes) if order discrepancies are identified during a Veteran in-person checkout performed after payment or the credit card dispute period. The Community Provider will not charge the VA credit card until they have a Veteran-signed delivery confirmation.

Credit Card/VISA Level II (Enhanced Data): VA requires Community Providers to provide Level II for processing financial transactions or for settlement of that transaction. Level II data is the additional information that accompanies charge card transactions. Level II provides additional summary data that accompanies Level I (minimum amount of data required to clear and settle a financial transaction) through the clearing and settlement process.

The Community Provider is responsible to correct all deficiencies of non-compliant devices or service identified in check out within ten (10) calendar days of notification from the VA, even after payment. The corrected device or service will be re-inspected for acceptance.

Billing:

The Community Provider may bill the purchase card when the item is delivered, the Veteran is satisfied with it, AND the following items are sent to VA designated staff.

- Invoice/Delivery ticket. See **Invoice/Delivery Ticket** below.
- Applicable manufacturer/supplier item invoices when required for Table 3, MIV.
- Encounter notes relating to the treatment plan and provision of the device or service.
- The Veteran's signature certifying acceptance, or separate certifying statement, of the artificial limb or service and the date of initial delivery.
- Required or suggested documents verifying Veteran training verbally and writing, satisfaction survey, and checklists per the ordering VA facility's instructions.
- Best Practice: Photos of the completed intact prosthesis/orthosis when the VA Provider has indicated on the prescription that photos are required. Minimum one photo of Veteran wearing the device, no face visible, and photos with sufficient detail showing the ordered componentry on the completed device.

Invoice/Delivery Ticket:

Community Provider invoices and manufacturer/supplier component invoices will be submitted to the address provided by the Veterans Affairs Medical Center. The Community Provider shall not break out components for separate billing when the component is sold as one item. The Community Provider shall not misrepresent or misstate HCPCS codes. The invoice must contain:

- Purchase order number
- Description of work
- Beneficiary's name
- SAM Unique Entity Identification (UEI) number
- All VA approved HCPCS codes reflected on the authorization
 - Current HCPCS Code pricing
 - Total cost
- Major component manufacturer and part number, and serial and lot numbers when available

Disputes:

The Community Provider will submit disputes regarding orders or payments in writing to the VA Prosthetics Chief. Issues or suggestions related to Veteran prescriptions are not disputes and will be communicated to the VA Provider. PSAS will dispute to the Community Provider for any issue identified by VA Providers related to incorrect items delivered or any other reason resulting in overpayment to the Community Provider or requiring additional Community Provider care to the Veteran identified during in-person checkout.

END