



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
JBSA-FORT SAM HOUSTON, TEXAS 78234-6100

OTSG/MEDCOM Policy Memo 16-058

30 JUN 2016

MCHO-CL

Expires 30 June 2018

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL HEALTH COMMANDS

SUBJECT: Medically Optional Procedures for Service Members Undergoing Disability Evaluation

1. References:

- a. Army Regulation 40-400, Patient Administration, 08 Jul14.
- b. Army Regulation 40-501, Standards of Medical Fitness, 14 Dec 07 (RAR 04 Aug 11).
- c. Army Regulation 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 Feb 06 (Rapid Action Revision, RAR 20 Mar 12).
- d. OTSG/MEDCOM Policy Memo 13-013, 19 Mar 13, subject: Bariatric Surgery.

2. Purpose: To provide general guidance on medically optional procedures for all Service Members who are being evaluated in the Physical Disability Evaluation System (PDES).

3. Proponent: The proponent for this policy is, Integrated Disability Evaluation System, G-3/5/7, MEDCOM.

4. General:

a. A medically optional surgery or procedure (also called elective) is one that may be beneficial, but is not required to preserve the life of the patient, prevent the loss of function, or return the Soldier to fit for duty status. Many medically optional procedures are restricted by regulation. Examples include, but are not limited to, Refractive Eye Surgery, Rhinoplasty, Bunionectomy, Optional Dental Procedures and Vasectomy, as well as any type of Cosmetic or Bariatric Surgery.

b. The PDES determines the fitness for duty of Service Members (SM) with physical or medical impairments and if the impairments are duty related, the applicable disability benefit. The Soldier's medical condition is thoroughly and completely evaluated during the process. Optional medical procedures during the PDES process can delay the final PDES determination and prolong the disposition of the Service Member.

MCHO-CL

SUBJECT: Medically Optional Surgeries for Service Members Undergoing Disability Evaluation

5. Policy:

a. Medically optional procedures will not be performed while the Soldier is being evaluated in the PDES due to the potential to delay the Soldier's return to duty or completion of the disability evaluation. This is irrespective of the anticipated disposition of the Soldier. Certain rare exceptions may exist (e.g. invitro fertilization), and an exception to policy may be submitted to the proponent for consideration at usarmy.ncr.hqda-otsg.list.exception-to-policy-surgery-ides.

b. Medically optional procedures will not be performed within the Military Treatment Facility (MTF) nor authorized for civilian purchased care (TRICARE) during transition leave for release from Active Duty, separation, or retirement. The HRP Deputy Commander for Clinical Services (DCCS), or equivalent, is the approving authority for all procedures deemed non-elective for SMs that are in the IDES process.

c. Medically optional procedures will not be performed for the purpose of influencing potential disability benefit determination by either the Army or the Department of Veterans Affairs.

d. If after being told by a competent medical authority (provider, DCCS, or MEDCOM IDES) that a treatment option for a given medical condition would be considered medically optional or elective, a Soldier elects to have such treatment done at his/her own expense, he or she will not be eligible for compensation in accordance with AR 635-40 for any adverse residuals resulting from the elective treatment.

e. Medical providers performing surgical procedures on Active Duty Personnel will annotate in the Soldier's medical record the Soldier's IDES status, specifically stating "The Soldier is/is not in IDES." Local Commanders will designate where in the record this annotation is made, e.g., surgical checklist, surgical consent form, provider's pre-operative note. For Soldiers in IDES, providers will document in the record why the Soldier is undergoing the surgical procedure, and that the services are IAW with this policy. MTFs will ensure compliance with this policy through chart reviews and submit quarterly reports to the Regional Health Commands.

f. Regional Health Commanders will ensure subordinate MTF Commanders comply with this guidance during routine Organizational Inspection Program inspections.

FOR THE COMMANDER:


ULDRIC L. FIORE, JR.
Chief of Staff