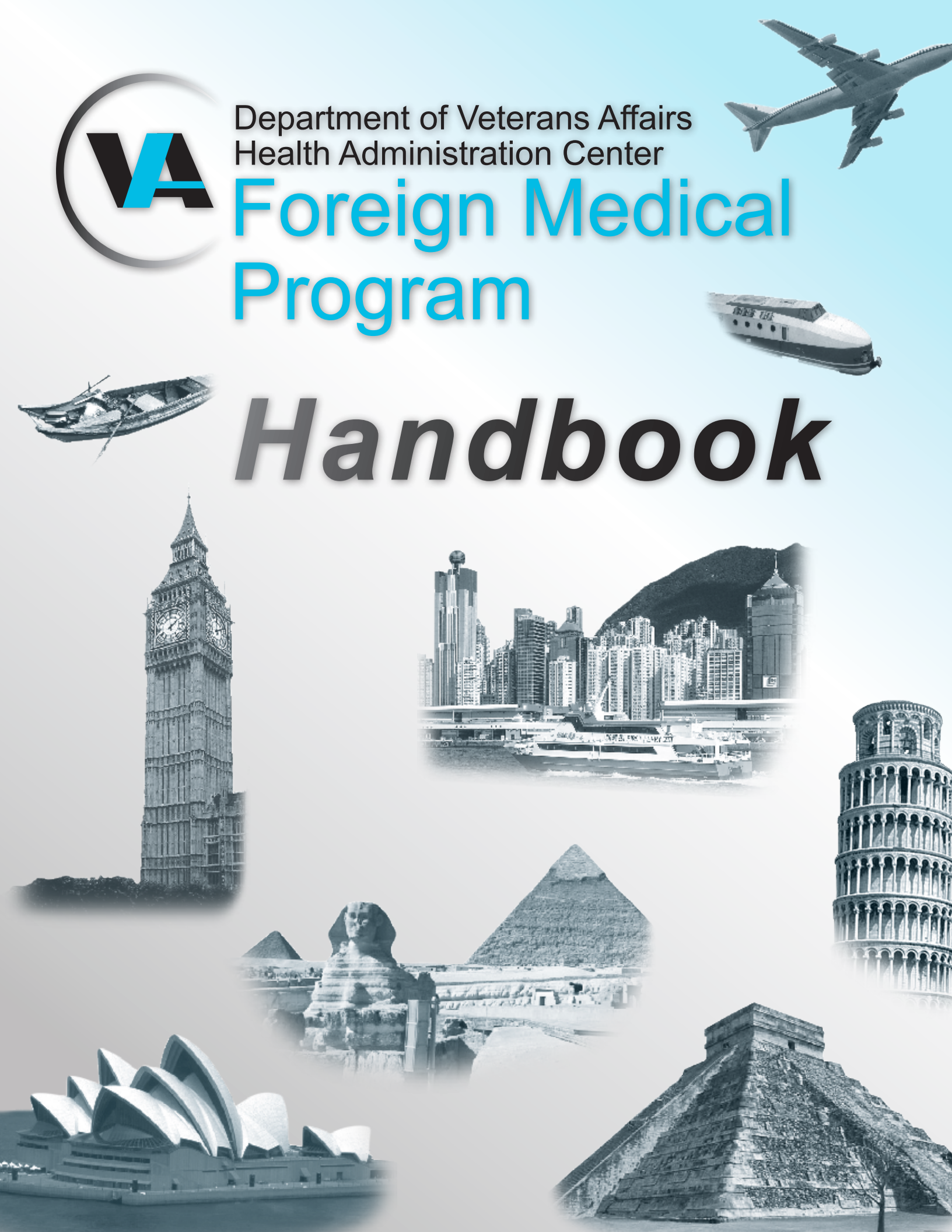
Department of Veterans Affairs
Health Administration Center

Foreign Medical Program

Handbook



Change of address or phone number?

Stay on our mailing list by promptly reporting any change of address to:

VA Health Administration Center
Foreign Medical Program
PO Box 469061
Denver CO 80246-9061
USA

Local Phone: (303) 331-7590

Toll Free Phone: (877) 345-8179

Fax: (303) 331-7803

E-mail: sign on to our Web site at **www.va.gov/hac/contact**, scroll down and select Foreign Medical Program

In addition, as we do much of our business over the phone, please keep us informed of any and all changes to your telephone number(s).

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Foreign Medical Program (FMP)

FMP is a US Department of Veterans Affairs (VA) health care benefits program for US Veterans with VA rated service-connected conditions that are residing or traveling abroad. Under FMP, VA assumes payment responsibility for certain necessary health care services associated with the treatment of those service-connected conditions.

Administration of FMP is centralized to VA's Health Administration Center (HAC) in Denver, Colorado. The HAC is responsible for all aspects of the program including the Veteran's registration process, verification of eligibility, authorization of benefits, and the processing and payment of claims. All FMP inquiries should be made directly to the HAC.

Eligibility

The eligibility requirements for medical services are different for Veterans outside the United States than for Veterans within the United States. VA may authorize foreign medical services for Veterans only for a VA rated service-connected condition or for a condition that is associated with and aggravated by a VA rated service-connected condition. This means that disability percentages have no bearing on determining eligibility for FMP medical services. Additionally, VA may authorize necessary foreign medical services for any condition for a Veteran participating in the VA Vocational Rehabilitation Program (38 U.S.C. 31).

Health Care Services in the Philippines

The Foreign Medical Program at the VA Health Administration Center has no jurisdiction over health care services received in the Philippines. To obtain information on services in that country, including procedures for filing claims, contact the respective office below:

VA Outpatient Clinic (358/00)
2201 Roxas Blvd.
Pasay City 1300
Republic of the Philippines

Fax: 011-632-838-4566

E-mail: **manlopc.inqry@vba.va.gov**

Change of Address

Report address changes immediately to the following address:

VA Health Administration Center
Foreign Medical Program
PO Box 469061
Denver CO 80246-9061
USA

Phone: (303) 331-7590

Fax: (303) 331-7803

E-mail: sign on to our Web site at **www.va.gov/hac/contact**, scroll down and select Foreign Medical Program

FMP Health Benefits

What Is and Is Not Covered

Unlike typical health benefit/insurance plans where the range of benefits is standard among all enrolled beneficiaries/subscribers, FMP benefits are limited to services that are medically necessary to treat a VA rated service-connected condition. With the exception of the following general exclusions, decisions as to whether or not a particular service is covered are dependent upon the Veteran's service-connected condition.

FMP requires supporting medical documentation to determine if a particular treatment or service is covered under service-connected disability.

Covered Benefits

Covered services must meet the standard of care through these organizations

- VA
- US Food and Drug Administration (FDA)
- American Medical Association (AMA)

Covered benefits include:

- Durable medical equipment (DME) and prosthetic item(s)
- Emergency ambulance service when the specialized transportation, to include life sustaining equipment not available in other means of transportation, is medically required for the treatment of a covered condition(s)
- Emergency services
- Hospitalization
- Skilled nursing care
- Outpatient care
- Physical therapy when under the direct supervision of a licensed physician
- Prescription drugs (including insulin) that are FDA approved.

Dental Services

VA dental benefits available to Veterans who reside or travel outside the United States may only be authorized for necessary medical services required in the treatment of a VA adjudicated service-connected dental condition, associated conditions held to be aggravating a VA adjudicated service-connected condition, or for necessary medical services in conjunction with the VA Vocational Rehabilitation Program. VA may also authorize payment for dental services for military service-members within 90 days of discharge or the dental examination and treatment is annotated as not completed on the Veteran's discharge certificate, DD-214.

General Exclusions–(this list is not all inclusive)

FMP does not cover:

- Services, treatment, prescriptions unrelated to the service-connected disability
- Late charges on unpaid bills
- Check cashing fees
- Postage, and other costs associated with services unrelated to treatment
- Abortions, except when the life of the mother would be endangered if the fetus were carried to term
- Acupuncture/acupressure
- Adult day care
- Assisted living
- Aversion therapy
- Custodial care
- Companion services
- Day care and day hospitalization
- Dental care (unless service-connected)
- DME with deluxe/luxury features
- Domiciliary facilities generally referred to as halfway houses
- Exercise programs and health club memberships
- Family planning services and sterilization
- Nursing homes
- Non-acute institutional care such as long-term inpatient psychiatric and nursing home care
- Non-medical home care (aid & attendance)
- Physical therapy not under the supervision of a licensed physician
- Plastic surgery for cosmetic purposes
- Procedures, services, and supplies related to gender transformations
- Procedures, treatments, drugs, and devices provided or prescribed by naturopaths, massage therapists, and hypnotists
- Procedures, treatments, drugs, or devices that are experimental or investigational
- Services as part of a grant, study, or research program
- Services furnished or billed by a provider or facility barred from FMP participation (HAC to notify Veteran prior to barring provider)
- Services that are not accepted by the VA and or US medical community
- Services, treatment procedures, or supplies for which the beneficiary has no legal obligation to pay
- Travel, meals, and lodging*
- Treatment, services, & supplies, which are, determined not medically necessary or submitted from prohibited countries

* FMP may only authorize travel services for a VA ordered Compensation and Pension examination and ambulance services in a life or limb-threatening emergency to the nearest medical facility.

Medical Services

The FMP office does not issue pre-certification for foreign medical services. If you are in need of medically necessary treatment for the care of your VA rated service-connected condition, then you may submit the bills with a copy of the medical documentation to the FMP office for payment consideration. Please adhere to the claim and data requirements.

Hearing Aids

FMP may authorize payment for medically necessary hearing aids for any US Veteran who is rated by the Department of Veterans Affairs as having a service-connected hearing disability and who resides overseas.

You must submit a certificate of medical necessity (diagnosis, examination results, audiology testing), type of device needed, and the cost estimate for the device.

Hearing Aid Batteries

FMP may authorize services for service-connected Veterans to order hearing aid batteries, accessories and repairs.

If you have a service-connected hearing impairment, you may obtain replacement batteries through the VA at no cost from the VA Denver Acquisition & Logistics Center as long as you have an overseas address.

Veterans must register with the FMP office first. The VA Denver Acquisition & Logistics Center will not provide services if the Veteran is not registered.

Hearing aid registration requires serial number(s), type/name, description of hearing aid(s) and battery type. The registration by the FMP of your hearing aid(s) in the VA Denver Acquisition & Logistics Center database establishes authorization for the VA Denver Acquisition & Logistics Center to provide the batteries and repair(s) directly to you. Hearing aid repairs will be completed for Veterans living overseas as long as the hearing aids are authorized and have been registered with the VA Denver Acquisition & Logistics Center.

Prescription Medication

All prescribed medications must be FDA approved for the treatment of a Veteran's service-connected condition(s). Physicians should only prescribe medications that are legally available within the Veteran's country of residence.

If you are unsure if the FDA approves the drug or medicine that is prescribed by your physician, you may contact the FMP for clarification. The following information is required to determine if the drug or medicine will be covered:

- the name of the drug/medicine
- the condition for which it is being prescribed
- dosage and usage

Prescription medications cannot be mailed outside of the United States.

Selecting a Health Care Provider

While Veterans may select providers of their choice, it is recommended **but not required** that selected providers have the ability to produce their medical **documentation and billing statements in English**. Documents submitted in a language other than English will require contracted translation services that will delay claims processing and payment. For claim integrity reasons, translations by anyone other than the provider or the FMP translation contractor will NOT be accepted. Regardless of language, all documentation and billing statements must be legible. In selecting providers, FMP Veterans are also asked to shop around to ensure that the provider's charges are consistent with the charges of other providers in the local area.

Under FMP you may elect any health care provider who is licensed to provide the medical services you require. You may pay the provider and then file FMP payment by submitting the bill and medical documentation to the FMP office. Or your provider, if willing, may submit the bill and medical documentation for direct FMP payment. Regardless if you or the provider submits the request for FMP payment, please adhere to the claim and data requirements for submitting bills to the FMP.

VA Vocational Rehabilitation/Chapter 31

Vocational Rehabilitation Chapter 31 guidelines state that Veterans may have potential entitlement to medical and dental benefits through the Department of Veterans Affairs. These benefits must be applied for on an "as needed basis" to determine their eligibility. Medical and dental treatment may be provided to facilitate their return to active participation in training.

Because this is nonservice-connected, you must see your case manager for a referral authorizing service(s). The referral is signed and dated by the case manager and includes a specific treatment plan. Without the referral, payment(s) will not be authorized.

FMP will need the beginning and ending date of your Chapter 31 enrollment to determine eligibility.

Fraud and Abuse

Combating fraud and abuse takes a cooperative effort from each of us. One way for you to help is by reviewing your Explanation of Benefits (EOB) to be sure that the services billed to us were reported properly. If you should see a service and/or supply billed to us that you did not receive, please report that immediately in writing. Indicate in your letter that you are filing a fraud complaint and document the following facts:

- The name and address of the provider
- The name of the Veteran who was listed as receiving the service or item
- The claim number
- The date of the service in question
- The service or item that you do not believe was provided
- The reason why you believe the claim should not have been paid
- Any additional information or facts showing that the claim should not have been paid

Individuals who have reason to believe that the Department of Veterans Affairs is being billed for services that were not rendered, or a Veteran is receiving unnecessary or inappropriate health care services, are encouraged to immediately report their suspicions to VA's Health Administration Center.

VA Health Administration Center
ATTN: Program Integrity Fraud Complaint
Policy Management Division
PO Box 469060
Denver CO 80246-9060
USA

Detection Tips

You should be suspicious of practices that involve:

- Billing by your provider for services that you did not receive
- Providers billing for services or supplies that are different from what you received
- Billed charges that are excessive and are not conducive to the localities customary charges
- Charging Veterans rates for services and supplies that are in excess of what is being billed to the general public
- Disguising non service-connected treatment as service-connected

Federal laws 18 U.S.C 287 and 1001 provide for criminal penalties for knowingly submitting and false, fictitious, or fraudulent statements or claims.

Filing Deadline

Claims should be submitted no later than two years from the date of service or, in the case of inpatient care, two years of the discharge date. Since claims received after the filing deadline could be denied on the basis that they were not timely filed, it is strongly suggested that claims be submitted on a weekly or monthly basis.

Claim Filing Instructions

Claims for payment of FMP benefits may be submitted either by the Veteran, fiduciary, or the provider of services. Regardless, all claims must be submitted directly to the VA Health Administration Center, Foreign Medical Program. Remember to keep a copy of all claims you submit.

VA Health Administration Center
Foreign Medical Program
PO Box 469061
Denver CO 80246-9061
USA

All claims must include the following information:

Patient (Veteran's) Information

- Name
- Mailing address
- Social Security number
- VA claim number

Provider Information

- Full name and medical title
- Office address
- Office telephone number
- Billing address if different from office address (please specify)
- Provider/physician's signature

Claim Information

All claims must be accompanied by the provider's itemized billing statement, which must include the following basic information:

- Diagnosis treated (provided by physician) for each separate date of service
- Narrative description of each service (procedure/treatment provided by the physician) for each separate date of service
- Each service's billed charge
- Date(s) of service

If you submit claims for reimbursement and want the payment made to you in a timely manner, proof of payment must be included. Proof of payment can be cash register receipts, sales receipts, or credit card receipts.

In addition to the above information, specific documentation is required based upon the type of claim. To avoid payment delay, claim suspension, or possible denial, ensure that the appropriate provider documentation is included as specified in the following:

FMP and Use of Other Health Insurance (OHI).

VA assumes primary payer responsibility for all foreign-provided, medically necessary services associated with the treatment of adjudicated service-connected conditions or any disability associated with and held to be aggravating a service-connected condition. As such, to ensure appropriate payment, Veterans should submit their service-connected claims to FMP first. Any services that are not service-connected will be identified by the FMP. The Veteran can then forward the non-service connected claims on to his/her OHI (to include TRICARE, if eligible), for adjudication. If the Veteran elects to use his/her OHI to cover treatment of service-connected disabilities, the OHI EOB must be submitted along with the entire claim to the FMP for consideration of payment of the Veteran's remaining co-pays or patient responsibilities. Reimbursement of the Veteran's remaining PR (Patient Responsibility) will not exceed the allowed amount. FMP will not reimburse copay's for services rendered that are not for VA adjudicated service-connected condition.

Required Medical Information by Type of Claim

Inpatient/Hospitalization Documentation

- Admitting history and hospital discharge summary (condition upon admission, treatment provided, all diagnoses treated and condition upon discharge)
- Operation report (if surgery was performed)
- Itemized billing invoice

Outpatient Documentation

- Outpatient treatment/procedure during visit

Physical Therapy and Rehabilitation Services

- *Physician's treatment plan to include:*
  - diagnosis and brief description of the related function impairments for which physical therapy is prescribed
  - procedure rendered
  - description of therapy program
  - frequency and duration of treatment
  - expected medical benefit
- *Therapist's treatment plan includes:*
  - diagnosis
  - description of therapy program
  - frequency and duration of treatment
  - itemized billing invoice
  - therapist signature

Pharmacy Services

- *Physician's prescription to include:*
  - name of medication
  - diagnosis for each medication
  - dosage and strength
  - quantity prescribed
  - only submit medical documentation that describes your use of maintenance drugs once
  - physician signature

Periodically, you will be required to provide an updated prescription for the medications you are currently taking.

- *Pharmacy receipts must include:*
  - name, address and phone number of the pharmacy
  - name, strength, quantity for each drug
  - charge for each drug
  - date prescription was filled
  - provider signature

If you submit the billing information include the sales or cash register receipt. The receipt must have the date and amount (foreign currency) that corresponds to the date and charge amount on the pharmacy invoice. The provider must also sign the invoice noting the amount and date paid.

Durable Medical Equipment and Supplies

- *Physician's prescription to include:*
  - name and detailed description of device/equipment/supply item
  - diagnosis of condition for which the item is prescribed
  - expected medical benefit
  - duration of need

Documentation Requirements

Legible photocopies of the original medical documentation are acceptable.

Actions on Claims

Following the completion of claims processing, the HAC will forward an Explanation of Benefits (EOB) to the claimant. In the event that the claimant is the provider of services, a copy of the EOB will also be sent to the Veteran/fiduciary. The EOB is simply a summarization of the action taken on the claim (see the sample on the next page).

Sample Explanation of Benefits (EOB)

U.S. DEPARTMENT OF VETERANS AFFAIRS Page 1
FOREIGN MEDICAL PROGRAM - EXPLANATION OF BENEFITS

FOREIGN MEDICAL PROGRAM
PO BOX 469061
DENVER CO 80246-9061
USA
(303) 331-7590 WWW.VA.GOV/HAC

THIS IS NOT A BILL. This is a statement of the action taken on your claim. Payment if indicated, will be mailed separately. Appeals must be submitted in writing to HAC, ATTN: Appeals, PO Box 460948, Denver CO 80246-0948
VETERAN: DOE,JOHN DATE: 9/18/09
MEMBER#: PATIENT SSN

OR JOSE DOE
C/G MEDICAL CLAIMS MGMT
PTY 0000, POB 000000
METROPOLIS, IL 00000

CONTROL NUMBER	DATES OF SERVICE FROM	TO	DESCRIPTION OF SERVICE CODE/MODIFIER/MULTIPLIER	AMT BILLED	AMT ALLOWED	AMT NOT COVERED	REMARKS/ CODES
FMP0000000	08/10/07	08/10/07	00000 PIHKU, UHN, 45-50 M	$ 100.00	$ 100.00	$ 0.00	
	08/10/07	08/10/07	300.23 SOCIAL PHOBIA				

OHI PAID: $0.00 VETERAN PAID: $0.00 CLAIM TOTAL: $ 100.00 $ 100.00 $ 0.00
PAYMENTS: TO PROVIDER $100.00

TOTAL PAYMENTS: TO PROVIDER $100.00 TO PATIENT $0.00

REMARKS/CODES:
12345678912

ABBREVIATIONS: OHI = OTHER HEALTH INSURANCE
VA FORM 10-7959B JUL 2006 DHCP

Control Number(s): FMP claim specific identifier.

Veteran Paid: Amount Veteran paid to the provider

Amount Allowed: FMP allowable amount

Remarks/ Codes: A code in this column represents a narrative description (see below) of the action taken on the claim.

OHI Paid: Amount paid by other health insurance– including adjustments applied as a result of agreements between the provider and the OHI.

Remarks/ Codes: If a code is used (see above), the narrative description of the claim action is recorded immediately below this heading.

To Provider: Amount of FMP payment to the provider for this claim.

Note: If payment on this claim was made to the patient instead of the provider, this entry would read *TO PATIENT*.

To Provider: Total amount of FMP payment to the provider

To Patient: Total amount of FMP payment to the patient

Claim Payment

FMP payments are made by US Treasury checks and are issued in US currency. Payment is based on the exchange rate applicable to the date of service, or in the case of hospitalization, the discharge date.

Conversion Rates

FMP uses the OANDA exchange rates as referenced under **www.oanda.com** for the date of service or in the case of hospitalization, the discharge date.

FMP does not reimburse for check cashing or bank fees.

The Home Improvement and Structural Alterations Program (HISA)

HISA provides funding for disabled Veterans to make home improvements necessary for the continuation of treatment or for disability access to the home, essential lavatory and sanitary facilities. HISA requests are forwarded through FMP to the Denver VA Medical Center for review and determination.

Eligibility for the HISA Program

Disabled Veterans may be eligible for HISA when it is determined medically necessary or appropriate for the effective and economical treatment of your service-connected disability.

Alterations In My Home

Preauthorization must be obtained before beginning any alterations to your home; otherwise, HISA benefits will be denied.

Contact information

Write: Department of Veterans Affairs
Health Administration Center
Foreign Medical Program
PO Box 469061
Denver CO 80246-9061
USA

Phone: (303) 331-7590

E-mail: sign on to our Web site at **www.va.gov/hac/contact** and select Foreign Medical Program

Fax: (303) 331-7803

Reconsiderations/Appeals

If a health care provider, Veteran, legal guardian or Veteran's representative (designated as such in writing by the beneficiary/legal guardian) disagrees with the initial determination concerning covered services or calculation of benefits, he or she may request reconsideration. Requests for reconsideration must be submitting in writing to:

- Health Administration Center
  Reconsiderations/Appeals
  PO Box 460948
  Denver CO 80246-0948
  USA
- Submitted within one year of the date of the initial determination [an initial determination may be a letter or explanation of benefits (EOB)]
- State why it is believed the decision is in error
- Include any new and relevant information not previously considered

FMP Assistance

With the exception of health care services obtained in the Philippines, assistance can be obtained by contacting the HAC.

Mail: VA Health Administration Center
Foreign Medical Program
PO Box 469061
Denver CO 80246-9061
USA

Phone: (303) 331-7590

By Fax: (303) 331-7803

Toll Free Phone Service

If you are traveling or reside in one of the following countries you may use the following toll free telephone numbers to contact the FMP Office in Denver, Colorado.

United States & Canada	(877) 345-8179
Germany	0800 -1800-011
Australia	1800-354-965
Italy	800 782-655
United Kingdom	0800-032-7425
Mexico	001-877-345-8179
Japan	00531-13-0871
Costa Rica	0800-013-0759
Spain	900-981-776

FMP Online Help

Web site: **www.va.gov/hac**

E-mail: sign on to our Web site at **www.va.gov/hac/contact**, scroll down and select Foreign Medical Program

Other VA Assistance

While the HAC is responsible for health care services obtained for the treatment of VA rated service-connected conditions, VA regional offices are responsible for establishing service-connected conditions. In addition to compensation and pension ratings, Regional Offices are also responsible for administering educational benefits, vocational rehabilitation, and other benefit programs. Inquiries related to any of these matters should be directed to the Veteran's servicing regional office.

Veterans in Mexico, Central & South America, and the Caribbean

Address: Department of Veterans Affairs
Regional Office (362/21)
6900 Almeda Rd.
Houston TX 77030-4200
USA

Phone: (713) 383-2330

Fax: (713) 794-3818

E-mail: **houstonfsi@vba.va.gov**

Veterans in all Other Countries

Address: VA Regional Office
Foreign Claims
1000 Liberty Ave.
Pittsburgh PA 15222
USA

Phone: (412) 395-6272

Fax: (412) 395-6057

For general information related to these and other benefits, visit VA's Foreign Benefits Web site at: **www.vba.va.gov/bln/21/foreign/index.htm**

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