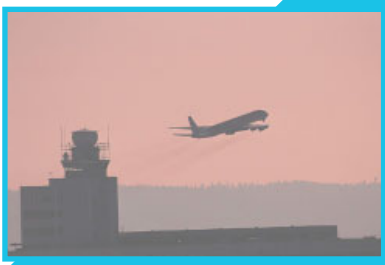
Department of Veterans Affairs
Health Administration Center
Foreign Medical Program

Foreign Medical Program



2003 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 65021
Denver, CO 80206-9021
USA

E-mail: hac.fmp@med.va.gov

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).

Department of Veterans Affairs
Health Administration Center
Foreign Medical Program
Health Care Benefits Program

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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 who are residing or traveling abroad. Under FMP, VA assumes payment responsibility for certain necessary healthcare 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. HAC is responsible for all aspects of the program including the processing of applications, determination of eligibility, authorization of benefits, and the processing and payment of claims. Thus, all FMP inquiries should be made directly to HAC.

Eligibility

The eligibility requirements for medical services is different for veterans outside the United States than the eligibility requirements 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 medical services that are available to veterans on the basis of their percentage of VA disability within the United States does not apply when determining eligibility for foreign medical services. Additionally, VA may authorize necessary foreign medical services for any condition for a veteran participating in the VA Vocational Rehabilitation program (38 USC 31).

Health Care Services in Canada and the Philippines

The VA Health Administration Center has no jurisdiction over health care services received in Canada or the Philippines. To obtain information on services in those countries, including procedures for filing claims, contact the respective office below.

Canada

VAM&RO Center (136FC)
North Hartland Road
White River Junction, VT 05009-0001
USA

FAX: 802-296-5174
E-mail: VAVBAWRJ/RO/VSC@VBA.VA.GOV

Philippines

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

Stay on the FMP mailing list.
Report address changes immediately to the following address:

VA Health Administration Center
Foreign Medical Program
PO Box 65021
Denver, CO 80206-9021
USA

Fax: (303) 331-7803
E-mail: hac.fmp@med.va.gov

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 VA rated service-connected condition(s). Thus, with the exception of the following general exclusions, decisions as to whether or not a particular service is covered is dependent upon the veteran's service-connected condition(s).

To be covered, the service(s) must be accepted by VA and the US medical community, such as the US Food and Drug Administration (FDA) and the American Medical Association (AMA).

Covered Benefits

The following services are covered and paid by VA *providing* they are medically necessary, accepted by the VA, US medical community, and directly related to the treatment of a service-connected condition(s).

- Durable medical equipment 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
- Emergency services
- Hospitalization
- Skilled Nursing Care
- Outpatient care
- Physical therapy when under the direct supervision of a licensed physician

- Prescription Drugs (including insulin)

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 disability, for any condition that is associated with or aggravating a VA adjudicated service-connected disability, 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 release from active duty, if dental examination and treatment is annotated as not completed on the veteran's discharge certificate, DD-214.

General Exclusions

In addition to the following general exclusions, FMP does not cover 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
- Aversion therapy
- Custodial care
- Day care and day hospitalization
- Exercise programs and health club memberships
- Family planning services and sterilization
- 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 primarily for cosmetic purposes
- Procedures, services, and supplies related to sex 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
- Services, treatment, prescriptions unrelated to the service-connected disability
- Travel, meals, and lodging*
- Treatment, services & supplies which are determined not medically necessary

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*The 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.

Preauthorization

There are no preauthorization requirements except for medical rehabilitative devices and equipment valued at $300 or more (US currency). Approval of rehabilitation devices and equipment is subject to the general exclusions. The device(s) or equipment must be medically necessary for the treatment of a covered condition, accepted by the VA and US medical community. VA is the exclusive payer for the cost of the device or equipment when related to the treatment of a VA rated service-connected condition(s).

In addition to reviewing requests for medical devices and equipment valued at $300 or more, HAC will make a determination as to whether the request will be filled by a VA source and shipped to the veteran, or authorize the veteran to purchase the item locally at VA expense. Medical rehabilitative devices and equipment include items such as braces, orthopedic shoes, hearing aids, wheelchairs, and medical accessories.

Please be advised that to receive medical devices and equipment valued at $300 or more (US currency), you must submit a request to FMP for preauthorization. In order for us to make a determination, you will need to send us a doctor's prescription stating the medical necessity of the equipment/item. You will need a detailed description of the type of equipment/item and an itemized billing statement with the estimated costs from the medical provider from whom you will purchase the equipment/item. A confirmation approval letter will then be sent to you for purchase of the equipment/item. Failure to obtain preauthorization may result in the denial of the claim.

Hearing Aids

FMP may authorize payment for medically necessary hearing aids for any U.S. veteran who is rated by the Department of Veterans Affairs as having a service-connected hearing disability and who reside overseas. Preauthorization from the FMP office is required for durable medical equipment, such as hearing aids, that are valued at $300.00 (US) or more.

To obtain preauthorization, you must submit a certificate of medical necessity, diagnosis, examination results (audiology testing), type of device needed and the cost estimate for the device. FMP will determine the appropriateness of the request and issue an authorization letter to the veteran and healthcare provider if the request is approved. A denial letter is issued to the veteran on all disapproved requests. Upon authorization, the veteran procures the hearing aide(s) and submits the final billing invoice, with a copy of the authorization letter, to the FMP Office for reimbursement or the healthcare provider may bill us directly for the hearing aid(s) if they are providing the service.

If the hearing aid(s) cost less than $300.00 (US), no preauthorization is required; just submit the bill to the FMP Office with the certificate of medical necessity. FMP will issue payment to

either the veteran or the health care provider as indicated on the billing invoice.

The FMP Office does not order hearing aides for veterans.

Hearing Aid Batteries

The FMP may authorize services for eligible service-connected veterans to order hearing aid batteries, accessories and repairs. If you have a service connected hearing impairment, you can obtain replacement batteries through the VA at no cost from the Denver Distribution Center (DDC) as long as you have an overseas address.

Veterans must register with the FMP office first. The DDC 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 DDC database establishes authorization for the DDC to provide the batteries and repair(s) directly to you.

Prescription Medication

Physicians should only prescribe medications that are legally available within the veteran's country of residence. In addition, all prescribed medications must be accepted by VA, US Food and Drug Administration (FDA), and FDA approved for the treatment of a veteran's service-connected condition(s).

If you are unsure if the FDA approves the drug or medicine that is prescribed by your physician, you may contact us for clarification. The information we need to determine if the drug or medicine is payable is as follows:

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

Due to the international restrictions associated with the shipment of prescription drugs, a VA pharmacy mail-out program is not available.

Selecting a Healthcare Provider

While veterans may select providers of their choice, it is recommended 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 beneficiaries 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.

A veteran who is participating in the VA Vocational Rehabilitation Program is eligible for any medical services, that are medically necessary to permit the veteran to remain in the program. However, because this is nonservice-connected, you must see your case manager for a referral authorizing service(s). Without the referral we cannot authorize payment.

Fraud and Abuse

If you have reason to believe that the Department of Veterans Affairs has been billed for services that were not rendered, or that a veteran is receiving unnecessary or inappropriate FMP healthcare services, please report your suspicions to the VA Health Administration Center immediately.

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or mailing any 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.

How to File a Claim

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 HAC (as a safeguard against claims getting lost in the mail, keep a copy of *all* claim documents) at:

VA Health Administration Center
Foreign Medical Program
PO Box 65021
Denver, CO 80206-9021
USA

Although no specific claim form is required, claims must include the following information:

Patient (Veteran's) Information

- Full name
- Mailing address
- US 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
- 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)
- A narrative description of each service (procedure/treatment provided by the physician)
- Each service's billed charge; and
- The date(s) of service

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

Required Information by Type of Claim

Inpatient/Hospitalization Documentation

- 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 including a list of all diagnoses treated

Physical Therapy and Rehabilitation Services

- Physician's prescription/treatment plan to include:
  - Diagnosis
  - Description of therapy program
  - Frequency and duration of treatment
  - Expected medical benefit

Pharmacy Services

- Physician's prescription to include:
  - Name of medication
  - Diagnosis for which it is prescribed
  - Dosage and strength
  - Quantity prescribed

Rehabilitative Devices, 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

Note: Justification must be included for all requests involving special and/or non-standard features or modifications for rehabilitative devices, equipment and supplies.

- Items under $300 (US currency)
  - Include a receipt of purchase
  - Physician's prescription
- Items over $300 (US currency)
  - Include a bill with the estimated cost
  - Physician's description

Documentation Requirements

Since the preceding documentation will almost always be photocopies of the original medical documentation, please ensure that the copies are legible.

Actions on Claims

Following the completion of claims processing, 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 following sample).

Sample EOB

Check Identification Number: This number matches the payment check number.

Treasury Identification Number: This is the number used by the Department of the Treasury for internal purposes.

Check Enclosed: Indicates that a US Treasury check is enclosed. When there is no payment, this will read *Information only, no check enclosed.*

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

FMP OF
PO BOX 65021
DENVER, CO 80206-5021
USA
(303) 331-7590

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 TO THE fmp office in writing.

12345678 001234-001234 C0123

VETERAN: DOE, JOHN N DATE: 9/29/01
C-FILE #: 10203040 SSN: 000-00-0000

JOHN N DOE
PSC 0
BOX N 0000
APO, AA 0000

Amount Allowed: FMP allowable amount

Veteran Paid: Amount veteran paid to provider

Check enclosed.

CONTROL NUMBER	PROVIDER	DATES OF SERVICE FROM	TO	DESCRIPTION OF SERVICE CODE/MODIFIER/MULTIPLIER	AMT BILLED	AMT ALLOWED	AMT NOT COVERED	REMARKS/ CODES
FMP1234567	DR. SUESS	9/29/01	9/29/01	12345 UREA NITROGEN SEMI-	$ 12.00	$ 12.00	$ 0.00	
	OHI PAID: $0.00		VETERAN PAID:	$0.00	CLAIM TOTAL:	$ 12.00	$ 12.00	$ 0.00

PAYMENTS: TO PROVIDER $366.00

Control Number(s): FMP claim-specific identifier

TOTAL PAYMENTS: TO PROVIDER $12.00 TO PATIENT $ 0.00

To Patient: Total amount of FMP payment to patient.

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

To Provider: Total amount of FMP payment to provider.

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

REMARKS/CODES:

HV345678901

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

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

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

FMS Doc ID Number: Sometimes starting with HV, this 11-digit number further assists in identifying payments.

ABBREVIATIONS: OHI = OTHER HEALTH INSURANCE
VA FORM 10-7959B APR 1994 DHCP

Claim Payment

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

HISA Program

What is the Home Improvement and Structural Alterations Program (HISA)?

The HISA program 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.

Who is eligible for the HISA Program through the FMP?

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.

Do I have to contact the Foreign Medical Program (FMP) Office prior to starting the alterations in my home?

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

Who should I contact for further information on the HISA Program?

You can write to the Department of Veterans Affairs Health Administration Center, Foreign Medical Program, PO Box 65021, Denver, CO 80206-9021. You can also reach us by telephone at (01)(303) 331-7590, by e-mail at HAC.FMP@MED.VA.GOV, or by fax at (01)(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 submitted to the Chief, Administrative Division, Health Administration Center (HAC) in writing;
- Be 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, and
- Include any new and relevant information not previously considered.

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FMP Fact Sheets

FMP Fact Sheets are available:

FMP Fact Sheet Number	Title
01-5	The Foreign Medical Program
01-17	For Outpatient Providers and Office Managers
01-30	How to File a Claim

To obtain copies, please contact either the FMP office or access our website at: WWW.VA.GOV.HAC

FMP Assistance

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

Mail: VA Health Administration Center
Foreign Medical Program
PO Box 65021
Denver, CO 80206-9021
USA

Phone: (01) (303) 331-7590

By FAX: (01) (303) 331-7803

FMP Help Online

Visit our website's Frequently Asked Questions at:

WWW.VA.GOV/HAC

or e-mail us directly at:

HAC.FMP@MED.VA.GOV

Other VA Assistance

While 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 Road
Houston, TX 77030-4200
USA

FAX: (01) (713) 794-3818

E-mail: HOUSTONFSI@VBA.VA.GOV

Veterans in all Other Countries

Address: Department of Veterans Affairs
Regional Office (372/21 SFU)
1722 I Street
Washington, DC 20421
USA

New foreign telephone number: (01) (202) 530-9122

FAX#: (01) (202) 530-9096

E-mail: FORSINTMAIL@VBA.VA.GOV

For general information related to these and other benefits, visit VA's Foreign Benefits website, WWW.VBA.VA.GOV/BLN/21/FOREIGN/INDEX.HTM

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Fraud and Abuse

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Phone:	**01-303-331-7590**
E-Mail:	**hac.fmp@med.va.gov**
Fax:	**01-303-331-7803**

Department of Veterans Affairs
Health Administration Center
Foreign Medical Program
PO Box 65021
Denver, Colorado 80206-9021

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300