

# Foreign Medical Program Health Care Benefits Guide



U.S. Department  
of Veterans Affairs

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# Helpful Tips

## Foreign Medical Program

This guide contains important information on Foreign Medical Program (FMP) benefits. Please read it carefully prior to using your benefits.

Changes that take place between printings of this guide are published in the form of guide changes, which are mailed to each Veteran. It is very important that address changes be reported promptly to the Veterans Health Administration (VHA) Office of Community Care in Denver, Colo., which administers the FMP. Please read all guide changes carefully and file them with your guide until it is reprinted.

There is no scheduled reprint date for this guide. The next edition will be printed based on the volume and extent of changes.

Check the VHA Office of Community Care website for the latest information at **[www.va.gov/communitycare/programs/veterans/fmp](http://www.va.gov/communitycare/programs/veterans/fmp)**

## General Information

Phone: 303-331-7590 (Monday-Friday, 8:05 a.m. to 6:45 p.m. EST)

Toll-Free: 1-877-345-8179 (See page 22 for other toll-free phone numbers that can be used to call FMP from select foreign countries)

Fax: 303-331-7803

Email: Go to the Office of Community Care website at **[www.va.gov/communitycare/about\\_us/contacts.asp](http://www.va.gov/communitycare/about_us/contacts.asp)**, scroll down to IRIS under Resources and click where indicated for guidance on how to use IRIS for your inquiry.

Mail: VHA Office of Community Care  
Foreign Medical Program  
P.O. Box 469061  
Denver, CO 80246-9061 USA

Website: **[www.va.gov/communitycare/programs/veterans/fmp](http://www.va.gov/communitycare/programs/veterans/fmp)**

## Change of Address or Phone Number?

Stay on our mailing list...promptly report any change of address to:

VHA Office of Community Care  
Foreign Medical Program  
P.O. Box 469061  
Denver, CO 80246-9061 USA

Email: Go to the VHA CC website at [www.va.gov/communitycare/about\\_us/contacts.asp](http://www.va.gov/communitycare/about_us/contacts.asp), scroll down to IRIS under Resources and click where indicated for guidance on how to use IRIS for your inquiry.

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

## Notice of Privacy Practices

Veterans who are enrolled for VA health care benefits are afforded various privacy rights under federal law and regulations, including the right to a Notice of Privacy Practices. The Veterans Health Administration (VHA) issued the VA Notice of Privacy Practices, IB 10-163, in April 2009. The VA Notice of Privacy Practices provides enrolled Veterans with information on how VHA may use and disclose personal health information. The notice also advises enrolled Veterans of their rights to know when and to whom their health information may have been disclosed, request access to or receive a copy of their health information on file with VHA, request an amendment to correct inaccurate information on file and file a privacy complaint. The VA Notice of Privacy Practices may be obtained through the Internet at [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1090](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1090) or through the mail by writing the VHA Privacy Office (19F2), 810 Vermont Avenue NW, Washington, DC 20420.

# Section 1: Foreign Medical Program

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## Overview

The Foreign Medical Program is a U.S. Department of Veterans Affairs (VA) health care benefits program for U.S. Veterans who are residing or traveling abroad and have VA-rated, service-connected disabilities. Under FMP, VA assumes payment responsibility for certain necessary health care services associated with the treatment of those service-connected disabilities.

The VHA Office of Community Care in Denver, Colo., administers the program and is responsible for all aspects of it, 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 VHA CC.

## 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 a Veteran's service-connected disability, or any disability associated with and held to be aggravating a service-connected disability. 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 in the VA Vocational Rehabilitation Program (38 U.S.C. chapter 31).

## 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 disability or for a condition that is associated with and held to be aggravating a service-connected disability. Supporting medical documentation is always required. General and health benefit exclusions are listed on page 8–9.

## Covered Benefits

Medical services and supplies that are considered the standard of care within the VA or U.S. medical community.

Covered benefits include but are not limited to:

- Durable medical equipment and prosthetic items,
- 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 living or traveling outside the United States may be authorized only for dental services required for the treatment of a VA-adjudicated, service-connected disability or associated conditions held to be aggravating a VA-adjudicated, service-connected disability. VA may also authorize payment for dental services for military service members within 90 days of discharge or when the dental examination and treatment has been identified as not completed on the Veteran's discharge certificate, DD-214.

# Section 2: Health Benefits

## General Exclusions

- Services, treatment or supplies received in or from the United States, Commonwealth of Puerto Rico or the U.S. Territories (Virgin Islands, Guam, American Samoa and the Northern Mariana Islands)
- Services, treatment or 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
- Services as part of a grant, study or research program
- Services furnished or billed by a provider or facility barred from FMP participation (VHA CC to notify Veteran prior to barring provider)
- Services that are not accepted by the VA or U.S. medical community
- Services, treatment procedures or supplies for which the Veteran has no legal obligation to pay
- Travel
- Treatment, services and supplies that are determined not medically necessary or are submitted from prohibited countries

## Health Benefit Exclusions (this list is not all inclusive)

FMP does not cover:

- Any service, procedure, treatment, drug or device that is experimental or investigational
- Adult day care
- Assisted living
- Custodial care
- Companion services
- Dental care (unless service-connected)

## Section 2: Health Benefits

- Durable medical equipment with deluxe/luxury features
- Exams
- 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
- Nonmedical home care (aid and attendance)
- Physical therapy not under the supervision of a licensed physician
- Procedures, services or supplies related to gender transformations

### Medical Services

The FMP office does not issue pre-authorization for foreign medical services. A copy of the medical documentation of treatment should be submitted to the FMP office to determine if the care was related to the service-connected disability. Please follow the claim filing instructions starting on page 12.

### Prescription Medication

All prescribed medications for the treatment of a Veteran's service-connected disability must be FDA approved.

If a Veteran is unsure if the FDA has approved the medication that a physician prescribed, FMP may be contacted for clarification. The following information is required to determine if the drug or medicine will be covered:

- Name of the drug/medicine
- Condition for which it is being prescribed
- Dosage and usage

Prescription medications cannot be obtained in the United States and mailed to a foreign country.

# Section 2: Health Benefits

## Selecting a Health Care Provider

Although Veterans may select medical providers of their choice, we recommend but do not require that providers have the ability to produce their medical documentation and billing statements in English. Medical documentation from a health care provider must either be in English or in the original language. If documentation in the original language is submitted to FMP it may delay claims processing. Regardless of language, all documentation and billing statements must be legible.

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 for FMP payment by submitting the bill and medical documentation to FMP. Or your provider, if willing, may submit the bill and medical documentation for direct payment by FMP.

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## Section 3: VA Vocational Rehabilitation/Chapter 31

Veterans living overseas and participating in VA vocational rehabilitation may be entitled to medical and dental services on an “as-needed basis.” Vocational Rehabilitation Chapter 31 guidelines state that these services may be provided to facilitate a Veteran’s return to active participation in rehabilitation training.

Because the medical and dental services may be for nonservice-connected disabilities, Veterans must see their VA case manager for a referral authorizing these services. The referral should include a specific treatment plan and should be signed and dated by the case manager. Without the referral, payments will not be authorized.

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

# Section 4: Claims

## FMP and Use of Other Health Insurance

VA is responsible for paying for all foreign-provided, medically necessary services associated with the treatment of adjudicated, service-connected disabilities or for any condition associated with and held to be aggravating a service-connected disability. Veterans should submit claims for the treatment of any service-connected disabilities to FMP. Any services provided that are not for service-connected disabilities will be rejected by FMP. If the Veteran has other health insurance (OHI), any claims for treatment of nonservice-connected disabilities should be submitted to the OHI provider.

## Claim Filing Instructions

Claims for payment of FMP benefits may be submitted by the Veteran, fiduciary or the provider of services. Regardless, all claims must be submitted directly to VHA CC, Foreign Medical Program. Remember to keep a copy of all claims you submit. (For Veterans living in Canada, FMP administers all aspects of the program, except that claims for care of service-connected conditions are filed with the Foreign Countries Operations in Canada. See Page 17.)

Mail: VHA Office of Community Care  
Foreign Medical Program  
P.O. Box 469061  
Denver, CO 80246-9061 USA

Fax: 303-331-7803

Email: [hac.fmp@va.gov](mailto:hac.fmp@va.gov)

All claims must include the following information as shown on VA Form 10-7959F-2 (FMP Claim Coversheet); see page 20 under Online Help for how to obtain this and other forms:

### 4 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

## Required Medical Information by Type of Claim

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, including appropriate ICD 9/10 diagnosis codes
- 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, proof of payment must be included. Proof of payment can be a receipt of payment for services or supplies, credit card receipts or a billing statement marked or stamped "paid."

In addition to the basic information, specific documentation is required based on the type of claim. To avoid payment delay, claim suspension or possible denial, ensure that appropriate provider documentation is included, as specified in the next section.

## Documentation Requirements

Legible photocopies of the original medical documentation and payment receipts are acceptable.

### Inpatient/Hospitalization Documentation

- Admitting history and hospital discharge summary (condition upon admission, treatment provided, all diagnoses treated and condition upon discharge)

# Section 4: Claims

- Operation report (if surgery was performed)
- Itemized billing invoice

## **Outpatient Documentation**

- Outpatient treatment/procedure during visit

## **Pharmacy Services**

### ***Physician's prescription, which should include:***

- Name of medication
- Diagnosis associated with each medication
- Dosage and strength
- Quantity prescribed
- Physician's signature

### ***Pharmacy receipts or billing statements must include:***

- Name, address and phone number of the pharmacy
- Name, strength and quantity for each drug
- Charge for each drug
- Date prescription was filled
- Provider's signature

When submitting claims for pharmacy services, include the physician's prescription and the pharmacy register receipt provided at the time of service. A billing statement marked or stamped "paid" and signed by the pharmacist may also be submitted.

## **Physical Therapy and Rehabilitation Services**

### ***Physician's treatment plan, which should 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, which should include:***

- Diagnosis
- Description of therapy program
- Frequency and duration of treatment
- Itemized billing invoice
- Therapist's signature

## **Durable Medical Equipment and Supplies**

### ***Physician's prescription should 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

## **Filing Deadline**

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

## **Claim Payment**

FMP payments are written on U.S. Treasury checks and are issued in U.S. currency. Payment is based on the exchange rate applicable on 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](http://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.

# Section 4: Claims

## Actions on Claims

Following the completion of claims processing, FMP 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 below).

### Sample Explanation of Benefits

Page 1

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

FOREIGN MEDICAL PROGRAM  
PO BOX 469061  
DENVER CO 80245-9061  
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.

VETERAN: NAME, SERVICE MEMBER  
MEMBER#: PATIENT SSN

DR JOSE DOE  
C/G MEDICAL CLAIMS MGMT  
PTY 0000, PCB 000000  
METROPOLIS, IL 00000

CONTROL NUMBER	DATES OF SERVICE FROM	DATES OF SERVICE TO	DESCRIPTION OF SERVICE CODE/MODIFIER/MULTIPLIER	AMT BILLED	AMT ALLOWED	AMT NOT COVERED	REMARKS/ CODES
FMP00000000	08/10/07	08/10/07	0000 FLEKU, UHN, 45-50 M	\$100.00	\$100.00	\$0.00	
	08/10/07	08/10/07	300.23 SOCIAL PBOBIA				
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: 1234567890 ABBREVIATIONS: OHI = OTHER HEALTH INSURANCE							

VAFORM 10-7959B JUL2006 DHCP

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**A—Control Number(s):** FMP claim specific identifier.

**E—Veteran Paid:** Amount Veteran paid to provider.

**B—Amount Allowed:** FMP allowable amount.

**F—Payments:** To Provider: Total amount of FMP payment to the provider.

**C—Remarks/Codes:** A code in this column is associated with the description of service. If a code is used, a narrative description of the action taken on the claim is listed at the bottom of the Explanation of Benefits.

**G—Total Payments:** 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.

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

**H—Total Payments:** To Patient: Total amount of FMP payment to the patient.

## Veterans living in Canada

Veterans living in Canada are under the jurisdiction of the FMP; however, inquiries and claims must be directed to:

Mail: Foreign Countries Operations (FCO)  
2323 Riverside Dr., 2nd Floor  
Ottawa, Ontario  
Canada, K1A 0P5

Toll-free: 1-888-996-2242

Fax: 1-613-991-0305

## Home Improvement and Structural Alterations Program

The Home Improvement and Structural Alterations Program (HISA) provides funding for disabled Veterans to make home improvements necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities. HISA requests are forwarded through FMP to the Denver VA Medical Center for review and determination of benefits. Any costs exceeding the lifetime HISA benefits maximum will be the Veteran's responsibility. Veterans must get pre-authorization before beginning any home alterations; otherwise, HISA benefits will be denied.

### 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 a service-connected disability.

Contact information:

Mail: VHA Office of Community Care  
Foreign Medical Program  
P.O. Box 469061  
Denver, CO 80246-9061 USA

Phone: 303-331-7590

Toll-Free: 1-877-345-8179 (in the U.S.)

Fax: 303-331-7803

## Section 4: Claims

Email: Go to the VHA CC website at [http://www.va.gov/communitycare/about\\_us/contacts.asp](http://www.va.gov/communitycare/about_us/contacts.asp), scroll down to IRIS under Resources and click where indicated for guidance on how to use IRIS for your inquiry.

### Reconsideration/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 must be submitted in writing to:

VHA Office of Community Care  
Reconsiderations/Appeals  
P.O. Box 460948  
Denver, CO 80246-0948 USA

Requests for reconsideration must:

- 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
- Include any new and relevant information not previously considered

### Fraud and Abuse

Combating fraud and abuse takes a cooperative effort. One way to help is by reviewing EOBs sent to Veterans to be sure that the services billed to the FMP were reported properly. If the EOB lists a service or supply that was not actually provided, please report it immediately in writing. Indicate in the letter that you are filing a fraud complaint and document the following facts:

- Name and address of the provider
- Name of the Veteran who was listed as receiving the service or item
- Claim number
- Date of the service in question
- Service or item that you do not believe was provided

## Section 4: Claims

- Reason why you believe the claim should not have been paid
- Any additional supporting 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 VHA CC.

Mail: VHA Office of Community Care  
ATTN: Purchased Care Program Integrity  
P.O. Box 461307  
Denver, CO 80246-5307 USA

Phone: 1-877-466-7124 (Monday–Friday)

Fax: 303-398-5295

### Fraud 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 locality's customary charges
- Charging Veterans rates for services and supplies that are in excess of what is being billed to the general public
- Disguising nonservice-connected treatment as service-connected

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

# Section 5: Assistance

Assistance can be obtained by contacting VHA CC. (Veterans living in Canada should read page 17.)

Mail: VHA Office of Community Care  
Foreign Medical Program  
P.O. Box 469061  
Denver, CO 80246-9061 USA

Phone: 303-331-7590 (Monday-Friday, 8:05 a.m. to 6:45 p.m. EST)

Fax: 303-331-7803

## Online Help

Website: <http://www.va.gov/communitycare>

Email: Go to the VHA CC website at [http://www.va.gov/communitycare/about\\_us/contacts.asp](http://www.va.gov/communitycare/about_us/contacts.asp), scroll down to IRIS under Resources and click where indicated for guidance on how to use IRIS for your inquiry.

Forms: <http://www.va.gov/communitycare/pubs/forms.asp>

## Other VA Assistance

FMP is responsible for the payment of health care services obtained for the treatment of VA-rated, service-connected disabilities. Veterans living or traveling abroad should contact the FMP office in Denver, Colo., about health care issues. Your servicing VA regional office is responsible for establishing service-connected disabilities. They are also responsible for administering educational benefits, vocational rehabilitation and other benefit programs. Inquiries related to any of these regional office matters should be directed to your servicing VA regional office. However, if you are living abroad and want to make a new application for any of these nonmedical benefits, please use the address below which corresponds to your location of residence:

## Section 5: Assistance

Location of Residence	Address to Send Written Correspondence (Except for medical claims)
Europe Asia Australia Africa Palau Marshall Islands Federated States of Micronesia	Department Of Veterans Affairs Evidence Intake Center PO BOX 4444 Newnan, GA 30271-0020  Or fax your information to: Toll-free: 844-531-7818
Canada Mexico Central America South America The Caribbean The U.S. Virgin Islands American Samoa Guam Northern Mariana Islands U.S. Virgin Islands	Department Of Veterans Affairs Evidence Intake Center PO BOX 4444 Janesville WI 53547-4444  Or fax your information to: Toll-free: 844-822-5246

For general information related to these and other benefits, visit the VA Foreign Benefits website at <http://www.benefits.va.gov/persona/veteran-abroad.asp>

# Section 5: Assistance

## Toll-Free Phone Service

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

Country	Phone Number
Australia	1800-354-965
Costa Rica	0800-013-0759
Germany	0800-1800-011
Italy	800-782-655
Japan	00531-13-0871
Mexico	001-877-345-8179
Spain	900-981-776
United Kingdom	0800-032-7425
United States and Canada	1-877-345-8179

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