

Veterans Health Administration Office of Community Care

# Foreign Medical Program (FMP) Information for Outpatient Providers and Office Managers

### How does FMP relate to CHAMPUS/TRICARE?

There is no relationship to CHAMPUS/TRICARE.

### Is there a contract or agreement I must sign to accept/ participate in FMP?

No. FMP does not have contract providers.

#### How do I know if someone is FMP eligible?

Veterans will have an FMP benefits authorization letter, which outlines the medical disabilities covered.

## Do I need approval for referrals to specialists or for diagnostic tests?

Approvals are not required for referrals or diagnostic tests related to the treatment of service-connected disabilities.

### What kind of case management and utilization review is performed?

Claims are reviewed to determine whether the care provided is related to the service-connected disability. Clinical reviews may include physical, occupational and speech therapy; home health care; mental health/ substance abuse; durable medical equipment; and inpatient skilled nursing services and rehabilitation.

### What kind of medication is covered under the FMP?

Prescription and over-the-counter medications are covered if the drug is appropriate for the treatment of a service-connected disability, or any disability associated with and held to be aggravating a service-connected disability, for which it is prescribed. All medications must be approved by the U.S. Food and Drug Administration (FDA).

If you are unsure that a medication is FDA-approved, you can check the FDA website at <u>https://www.fda.gov/</u> <u>drugs</u> or contact the FMP for clarification. For the FMP to determine if a medication will be covered, you will need to submit the name of the medication, the disability for which it is being prescribed, and the dosage and usage. Medication purchased in the United States and mailed or shipped to a foreign country is not covered.

### How do I get a claim paid?

When you submit a claim, send the following information and documentation to the mailing address listed below:

- VA Form 10-7959f-2, FMP Claim Cover Sheet
- Patient's full name, mailing address, Social Security number and VA File Number
- Provider's full name, medical title, office address and phone number, and billing address, if different from the office address
- Diagnosis treated
- Narrative description of service provided
- Billed charge(s) and date(s) for each service

### How do I get more information?

Mail: Veterans Health Administration Foreign Medical Program P.O. Box 469061 Denver, CO 80246-9061

Phone: 303-331-7590, Monday-Friday 8:05 a.m. to 6:00 p.m., Eastern Time

Fax: 303-331-7807

Email: HAC.FMP@va.gov

Website: Foreign Medical Program