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#### RESCISSIONS

The following material is rescinded:

##### Manuals

M-1, part I, chapter 24, dated November 8, 1981.

M-1, part I, chapter 24, dated April 30, 1990.

M-1, part I, chapter 24, dated September 17, 1992.

CHAPTER 24. ALLIED BENEFICIARIES

SECTION I. GENERAL

24.01 POLICY

a. In consideration of reciprocal services extended to United States veterans, VA (Department of Veterans Affairs) is responsible for furnishing medical services when properly authorized, for pensioners of nations allied with the United States in WWI (World War I), or WWII (World War II) (except any nation which was an enemy of the United States during WWII) who are in the United States. Services will be rendered these beneficiaries in the same manner as for VA beneficiaries, subject to reimbursement of expenses from the Government concerned.

b. Certain former members of the Armed Forces of the Government of Czechoslovakia or Poland who served during WWI or WWII in armed conflict with an enemy of the United States and subsequently served in, or with, the Armed Forces of France or Great Britain during WWI or WWII, who have been citizens of the United States for at least 10 years, and who present satisfactory evidence of such military service, are entitled to hospital and domiciliary care and medical services within the United States to the same extent as if such service had been performed in the Armed Forces of the United States.

c. Allied beneficiaries are provided medical care or treatment in VA facilities on a mandatory (non-discretionary) workload basis. If space in a VA-operated facility is unavailable, care should be provided on a fee basis.

24.02 INTERNAL CONTROLS

a. VA Form 10-1124b, VA Patient Data Card, will be prepared for all allied beneficiaries for whom statements of charges must be made under the Medical Care Cost Recovery Program. In unusual circumstances when an individual's SSN (Social Security Number) cannot be determined, a pseudo SSN will be established as outlined in M-1, part I, chapter 5, paragraph 5.18, "Assignment of Social Security Number as Unit Number."

b. Internal controls, as outlined in paragraph 24.06, will be established to identify all outpatient and/or inpatient medical care, supplies, and related services (including prescription refills and transportation) provided an allied beneficiary identified by VA Form 10-1124b. Cases will be referred promptly to the billing activity in Medical Administration Service to assure that billings are prepared following the end of the month in which the care was rendered. Procedures for preparing UB-82, Universal Billing Form (Health Care Financing Administration Form 1450), or VA Form 4-1082, Statement of Expenses Incurred by VA on Account of Allied Ex-Servicemen, are in paragraph 24.23, and reimbursement rates are in chapter 15, appendix 15A.

SECTION II. BRITISH AND CANADIAN BENEFICIARIES

24.03 DEFINITION OF BRITISH AND CANADIAN BENEFICIARIES

British and Canadian beneficiaries are ex-members of the Armed Forces of the United Kingdom of Great Britain and Northern Ireland, Canada, Australia, New Zealand, and South Africa who have disabilities attributable to, or aggravated by, service in WWI or WWII.

#### 24.04 FOREIGN OFFICES OF JURISDICTION

a. The War Pensions Directorate, British Department of Social Security, North Fylde Central Office, Norcross, Blackpool, FY5 3TA (referred to as the "British Office"), is responsible for medical care of eligible beneficiaries of Great Britain and Northern Ireland. Inquiries will be addressed to that office.

b. Veterans Affairs Canada, Foreign Countries Operations, 66 Slater Street, Room 1405, Ottawa, Ontario, Canada K1A OP4 (referred to as the "Canadian Office"), is responsible for the medical care of eligible beneficiaries of Canada, Australia, New Zealand, and South Africa.

#### 24.05 ELIGIBILITY

a. Eligibility prerequisites to furnishing medical care and/or supplies and equipment are set forth in Title 38 CFR (Code of Federal Regulations) 17.45(e), 17.46(b)(3) and 17.60(a).

b. A "Notification of Award," or "Acceptance of Entitlement," or other correspondence issued by the British or Canadian Offices (including the Canadian Pension Commission) indicating receipt of an award may be accepted if otherwise in order as satisfactory evidence of eligibility for treatment of the condition shown.

c. If the evidence is inadequate to determine eligibility, additional evidence will be obtained by the following:

(1) Requesting information from any VA facility the beneficiary states that the beneficiary has received examination(s), or treatment, in the past.

(2) Requesting information from the Canadian Office by telephone at (613) 992-8703 or by telefax at (613) 952-6826. Contact Foreign Services and Field Operations, VA Central Office, by telefax at (202) 233-4810 to request information from the British Office. Inquiries will contain sufficient information for identification purposes, i.e., beneficiary's full name, unit, regimental and/or pension or unit number (or rank, if an officer), and the diagnosis, or disability, for which treatment is indicated.

#### 24.06 OUTPATIENT MEDICAL TREATMENT

a. Outpatient treatment will be to furnished eligible beneficiaries in a VA clinic or on a fee basis as determined by the Clinic Director, the Chief, Ambulatory Care Service, or their designees. Consolidated health records, clearly marked, or stamped, to show they are for British or Canadian beneficiaries, will be established and maintained in the same manner as for VA patients.

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b. If local records do not permit a positive determination of eligibility, but there is a reasonable probability of causal relationship of the condition with active military service, emergency treatment may be rendered pending determination.

(1) Requests for eligibility determinations will be made in accordance with paragraph 24.05c. If the reply indicates the veteran is not eligible, no further treatment will be given at the expense of the British or Canadian Government.

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(2) In all emergent cases determined ineligible, the British Office or Canadian Office will accept liability for the cost of treatment provided prior to the receipt of the reply and will be so billed.

c. A beneficiary found to be in need of non-emergent outpatient treatment will not be treated until a positive determination of eligibility has been made.

d. Medical reports of outpatient treatment will not be routinely furnished unless specifically requested by the authorizing Government. NOTE: When there are significant clinical findings affecting the pensionable disability, a copy of the medical data will be forwarded with the next appropriate billing.

#### 24.07 HOSPITALIZATION

a. Hospitalization will be furnished to an eligible beneficiary in the nearest appropriate VA facility. When a bed in a VA facility is not feasibly available, hospitalization in another Federal, or non-Federal, hospital may be authorized by the clinic of jurisdiction or VA medical facility exercising contract hospitalization authority in the area. (See Consolidated Address and Territorial Bulletin 1 series.)

(1) When hospitalization is furnished a Canadian veteran, contact the Canadian Office, Foreign Countries Operations, by telefax at (613) 952-6826 or telephone at (613) 992-8703.

(2) For British pensioners, contact Foreign Services and Field Operations (271), VA Central Office, by telefax at (202) 233-4810 or telephone at (202) 233-2611. They will communicate directly with the British Office to expedite service.

b. If local records do not permit a positive determination of eligibility, but there is reasonable probability of causal relationship of the condition with active military service, emergency hospitalization in a VA facility, or other Federal hospital, may be authorized for a British beneficiary pending determination.

(1) A telefax will be sent immediately to Foreign Services and Field Operations (271), VA Central Office, at (202) 233-4810. That office will contact the British Office as to the beneficiary's entitlement to hospitalization.

(2) If the reply indicates the veteran is not eligible, the patient will remain hospitalized only until transfer to a non-Federal hospital can be made. The British Office will accept liability for the cost to VA of hospitalization until such time as the patient is transferred to a non-Federal hospital.

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c. The Canadian Office cannot accept responsibility for emergency, or routine hospitalization, provided to an ineligible Canadian veteran.

(1) If eligibility cannot be determined locally, a telefax will be sent or a telephone call will be made to the Canadian Office. In most cases, eligibility can be determined immediately by that office.

(2) When eligibility cannot be established promptly, emergency hospital care can be provided by VA on a humanitarian basis until transfer to a non-Federal hospital can be made. The Canadian veteran and the hospital must be informed there is no assurance that responsibility will be accepted by the Canadian Office. NOTE: Charges for humanitarian care provided in a VA facility will be in accordance with paragraph 15.18.

d. A British or Canadian beneficiary found to be in need of non-emergent hospitalization will not be hospitalized until a positive determination of eligibility has been made.

e. On termination of hospitalization, a copy of VA Form 10-1000, Hospital Summary, will be mailed promptly to the British or Canadian Office. If the veteran remains hospitalized for 30 or more days, the history, the physical examination, and the progress notes will be reproduced and forwarded to the appropriate office. Thereafter, reproduced progress notes will be submitted as requested by the British, or Canadian Offices. NOTE: It is important that these reports be prepared and forwarded promptly as pay and allowances of veterans may be affected.

#### 24.08 PHYSICAL EXAMINATION OR HOSPITAL OBSERVATION

a. Requests by the Canadian or British Offices for physical examinations, or hospital observations, will be forwarded directly to VA clinic of jurisdiction in the area in which the veteran resides.

b. Reports of outpatient physical examinations will be recorded on VA Form 21-2545, Report of Medical Examination for Disability Evaluation. Reports of hospital observation will be recorded on VA Form 10-1000. A copy of the report will be mailed promptly to the Canadian or British Offices.

#### 24.09 DENTAL EXAMINATION AND TREATMENT

a. Outpatient dental examination and/or treatment will be provided only when authorized by the British or Canadian Offices. Authorized services may be provided by the VA facility, or by a fee-basis dentist, as determined by the Chief, Dental Service. Dental service(s) for hospitalized British or Canadian beneficiaries may be furnished to the same extent and subject to the same restrictions as for VA beneficiaries.

b. VA Form 10-2570, VA Staff Dental Outpatient Record, will be used to record findings and treatment of outpatients. VA Form 10-7978f, Medical Record--Oral Maxillofacial-Defined Data Base, part VI, will be used to record the oral examinations and treatments of all allied veterans who are patients in VA facilities.

#### 24.10 PROSTHETIC APPLIANCES, SENSORY AIDS, COSMETIC RESTORATIONS, AND/OR MEDICAL ACCESSORIES

a. Prosthetic appliances, sensory aids, cosmetic restorations, and/or medical accessories may be furnished to, replaced, and/or repaired for beneficiaries when medically determined necessary, in the same manner and in accordance with the same procedures as are applicable for eligible United States veterans. When the total cost involved will exceed \$50, the Canadian

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or British Offices will be informed by letter of the approximate commitment involved.

b. Artificial eyes, on authorization from the British or Canadian Offices, will be procured and issued in the same manner and in accordance with the same procedures as are applicable for eligible United States veterans.

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#### 24.11 TRANSPORTATION

a. Transportation (including ambulance transportation) will be provided to allied beneficiaries in accordance with policies and procedures outlined in M-1, part I, chapter 25, paragraph 25.14, "Travel of Allied Beneficiaries."

b. Beneficiaries applying in person for examination, treatment, or hospitalization, without prior authorization may be reimbursed the cost of transportation if, in the opinion of the Clinic Director; Chief, Ambulatory Care Service; or their designees, the beneficiary was justified in reporting for examination, treatment, or hospitalization in relation to the disability for which medical care was authorized.

#### 24.12 DEATHS

a. When a British, or Canadian beneficiary, dies while receiving authorized hospital care by VA, the next of kin (if not present at the hospital) will be notified by telephone, telegram, or cablegram and instructions requested as to arrangements for burial. If no reply is received within 3 days, or if the body is unclaimed, a telefax will be dispatched to the British or Canadian Offices requesting instructions for proceeding with burial arrangements. If necessary, mortuary services will be procured in accordance with chapter 14.

b. When a British or Canadian beneficiary dies while receiving authorized treatment by VA, a certified copy of the death certificate (obtained from the State agency for vital statistics) and two copies of VA Form 10-1000, will be forwarded to the appropriate office. Any cost incurred in obtaining copies of death certificates will be charged to the Government concerned.

c. Funeral costs not exceeding \$100 may be allowed for British beneficiaries who die while hospitalized by VA; this amount will be updated periodically and communicated to the field by directive.

d. When it is necessary for VA to arrange a funeral for a Canadian beneficiary who dies while hospitalized by VA, an amount not to exceed \$2,940 may be paid for the funeral. (This amount will be updated periodically and communicated to the field by directive.) The funeral director must contact the Canadian office directly for reimbursement of the expenses.

e. When the funeral is not arranged by VA, the next of kin, or other person, accepting responsibility for the funeral arrangements may apply directly to the Canadian Office for a grant toward the costs of the funeral and burial.

#### f. Interment

(1) Interment may be made in a private plot provided by the next of kin.

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(2) Interment may be in a national cemetery for any citizen of the United States who, during any war in which the United States is, or has been, engaged, served in the armed forces of any government allied with the United States during that war, whose last such service terminated honorably, who was a citizen of the United States at the time of entry into such service and at the time of death.

SECTION III. CZECHOSLOVAKIAN AND POLISH BENEFICIARIES

24.13 AUTHORITY

a. Authority to furnish hospital and domiciliary care and medical services to former members of the armed forces of the governments of Czechoslovakia or Poland is in 38 CFR 17.55. Procedures to establish eligibility are in paragraph 17.55 (d).

b. Public Law 94-491 amended 38 U.S.C. (United States Code) 109 by providing that certain former members of the armed forces of the Government of Czechoslovakia or Poland who participated while serving during WWI or II in armed conflict with an enemy of the United States, and who have been citizens of the United States for at least 10 years shall, by virtue of such service, and upon presentation of satisfactory evidence thereof, be entitled to hospital, domiciliary care, and medical service within the United States under 38 U.S.C. 17, to the same extent as if such service had been performed in the Armed Forces of the United States.

24.14 ELIGIBILITY

a. Each applicant who applies for benefits under this statute must present the following to establish eligibility:

- (1) Proof of citizenship in the United States for at least 10 years,
- (2) Proof of honorable service in the Armed Forces of Czechoslovakia or Poland during WW I or WW II, and
- (3) Proof of honorable service in, or with, the British or French Armed Forces.

b. The fact that in an individual case the Czechoslovakian or Polish service may not have been prior to service in, or with, France or Great Britain is not disqualifying as long as an applicant has had service during either war in both the Armed Forces of the applicant's homeland and in, or with, French or British Forces. The applicant is responsible for providing proof of eligibility.

c. The British War Office has advised that records for Czechoslovakian veterans have been returned to the Czechoslovakian Government. As a result, it has been determined that the provisions of the law will be met if the applicant presents evidence from the Czechoslovakian Government that the applicant served honorably during WWI or II against an enemy of the United States as a member of the Czechoslovakian Armed Forces and evidence of service in, or with, the British or French Armed Forces.

- (1) Individuals who served with Czechoslovakian and British Armed Forces should write to the Czechoslovakian Government and request a certification of

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service abroad with such Czechoslovakian and British Forces to include the dates and types of discharge from military service, as well as records of any injury, disease or disability treated during such wartime service.

(2) The Czechoslovakian Government has advised that applicants should provide, unconditionally, the following data to facilitate the search of records necessary to provide certification:

(a) First and last name (as well as the name used during the war);

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- (b) Date and place of birth;
- (c) Permanent residence at the time of conscription;
- (d) The unit abroad in which the applicant served (for example, the west, the middle east);
- (e) The military unit into which the applicant was inducted and assigned, and the dates of assignment (from \_\_\_\_\_ to \_\_\_\_\_);
- (f) If wounded, the name and area of fighting where the injuries were suffered, as well as the place of medical treatment, and
- (g) Address of present residence.

d. Applicants should contact the following for proof of service and/or disability:

(1) Czechoslovakian veterans who served in, or with, the British Armed Forces may write to the following addresses to obtain proof of service:

(a) WWI veterans write to:

MILITARY HISTORICAL INSTITUTE  
PRAHA 3  
ZIZKOV, U PAMATNIKA NO. 2  
CZECHOSLOVAKIA, EUROPE 13000

(b) WWII veterans write to:

ARCHIVES OF THE MILITARY EVIDENCE FOR PERSONNEL  
TRNAVA  
CZECHOSLOVAKIA, EUROPE 91700

(2) Applicants who served in, or with, the French Armed Forces must obtain an authenticated certification of service as members of the Armed Forces of their homeland, Poland or Czechoslovakia, as well as service in, or with, the French Forces from:

MINISTERE des ANCIENS COMBATTANTS  
et VICTIMES de GUERRE  
37 RUE BELLECHASSE 75007  
PARIS, FRANCE

(3) Former members of the Armed Forces of Poland who served in, or with, the British Armed Forces must obtain an authenticated certification of service in the Polish Armed Forces and in, or with, the British Armed Forces from:

ARMY RECORDS CENTRE

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BOURNE AVENUE, HAYES  
MIDDLESEX, ENGLAND

e. Naturalized citizens may request proof of citizenship by obtaining Immigration and Naturalization Form N-565, Application for Replacement Naturalization Citizenship Certificate, and submitting it to the Immigration and Naturalization Office, 1025 Vermont Avenue, NW, Washington, DC 20536.

24.15 APPLICATION FOR MEDICAL CARE

a. Applying for Medical Benefits. Applicants for care under Public Law 94-491 should complete VA Forms 10-10, 10-10i, and 10-10f, Applications for Medical Benefits, where applicable in the same manner as United States veterans, except in the following situations:

(1) Record the United States citizenship naturalization number in the first available space provided for service number and identify as naturalization number.

(2) Specify the country with which the applicant served, Poland or Czechoslovakia, in Part IV, Item 1A, Last Branch of Service.

(3) Except as provided in following subparagraph c, eligibility for care will be determined by the health care facility which has the responsibility for processing the application.

b. Establishing Eligibility for Care of Service-connected Conditions

(1) Persons applying for benefits as a result of service-connected disabilities are responsible for furnishing records of treatment of any disability claimed to have been incurred in, or aggravated by, military service.

(2) The health care facility where the applicant applies for care will forward the following to the VA Medical and Regional Office Center, Wilmington, DE 19805:

(a) A VA Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action (In part I, item 6 of the form, "Remarks," the condition(s) for which service connection is alleged and the naturalization number, identified as such, will be entered.);

(b) A copy of certification of service establishing the dates of qualifying service;

(c) A copy of service medical record and/or other records supporting the claim of service connection; and

(d) The current medical evaluation of disability alleged to be service connected.

c. Centralized Filing System. The VA Medical and Regional Office Center, Wilmington, DE, maintains a centralized file system on persons applying for benefits under Public Law 94-491 who require a rating for establishing service connection of a disability:

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(1) The Medical Administration Service at VA Medical and Regional Office Center, Wilmington, DE 19805, will establish and maintain a folder for all Public Law 94-491 applicants for benefits based on service connection.

(2) Medical Administration Service at VA Medical and Regional Office Center, Wilmington, DE, will log incoming requests for rating of service connection, and forward the request to the Adjudication Division.

(3) The Adjudication Division will make a memorandum rating using the legend "for hospital or outpatient treatment purposes -- Public Law 94-491." Evaluation of conditions established as service-connected will be completed and noted. The rating and

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evaluation will be returned to Medical Administration Service at VA Medical and Regional Office Center, Wilmington, DE.

(4) Medical Administration Service, VA Medical and Regional Office Center, Wilmington, DE, will file copies of the memorandum rating and documentary evidence received in support of the claim for service connection in the file of the claimant. The original of VA Form 10-7131 will be returned to the health care facility requesting the rating.

(5) Medical Administration Service, VA Medical and Regional Office Center, Wilmington, DE, will respond to all inquiries for information in files maintained pursuant to claims for service connection under Public Law 94-491. NOTE: No information is contained in BIRLS (Beneficiary Identification and Records Locator Subsystem) for Public Law 94-491 applicants.

d. Eligibility Established. After eligibility for care has been established under the provisions of Public Law 94-491, the health care facility will:

(1) Prepare VA Form 10-1124W, Worksheet for VA Forms 10-1124, 10-1124b and 10-1124e, Patient Data Card;

(2) Prepare a patient data card from the worksheet; and

(3) Show the name, address, SSN, and the identification number (service serial number) issued by the country with which the veteran served.

#### SECTION IV. OTHER ALLIED BENEFICIARIES

##### 24.16 AUTHORITY

a. Authority to furnish medical care and/or supplies is in 38 CFR 17.45(e), 17.46(b)(3) and 17.60(a).

b. Beneficiaries of nations allied with the United States in WWI or WWII (except any nation which was an enemy of the United States during WWII) other than British or Canadian, may be given such physical examinations or medical treatment as arranged for, with guarantee of expenses involved, between the embassies and ministries of such other countries and VA. Specific requests, including necessary instructions, will be released through the Director (00), VA Medical Center, 50 Irving Street, NW, Washington, DC 20422.

##### 24.17 REPORTS

a. Reports of routine fee-basis and staff outpatient treatment are not required unless requested by the Allied Government.

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b. On termination of hospitalization, a copy of VA Form 10-1000 will be forwarded with VA Form 4-1082, or UB-82.

#### 24.18 DEATHS

a. When a beneficiary dies while receiving authorized care by VA, the next of kin (if not present at the hospital) will be notified by telephone, telegram, or cablegram, and instructions will be requested as to disposition of the remains. At the same time, a telefax message will be sent to Foreign Services and Field Operations (271), VA Central Office, at (202) 233-4810, advising of the death of the allied beneficiary.

b. If no reply is received from the next of kin within 3 days, or if the body is unclaimed, a telefax will be sent to Foreign Services and Field Operations (271), VA Central Office, at (202) 233-4810, advising of circumstances and requesting instructions for proceeding with burial arrangements. If necessary, mortuary services will be procured in accordance with provisions of chapter 14.

24.19 - 24.20 (Reserved.)

## SECTION V. FOREIGN NATIONALS

### 24.21 DEFINITION OF FOREIGN NATIONAL BENEFICIARIES

Foreign national beneficiaries are veterans of nations that were not allied with the United States during WWI and WWII.

### 24.22 ENTITLEMENT

VA's legal authority to provide medical services to foreign nationals is found in 22 U.S.C. Section 2357a. In pertinent part, that provision states, "Whenever the President determines it to be consistent with and in furtherance of ... any Agency of the United States Government is authorized to furnish services and commodities on an advance-of-funds or reimbursement basis to friendly countries ...."

### 24.23 EXTERNAL CONTROLS

a. The responsibility for making such entitlement determinations has been delegated by the President to the Regional Assistant Administrators for the AID (Agency for International Development).

b. When the required entitlement determination is made by the appropriate AID official that providing the foreign national(s) with the required medical care is "consistent with and in furtherance of the purposes of subchapter I" of the Foreign Assistance Act, VA would then be officially notified and an agreement, which would include arrangements for direct reimbursement, in United States currency, for the services rendered, would be negotiated between VA and the foreign nation involved.

### 24.24 INTERNAL CONTROLS

a. If the appropriate AID official makes the required entitlement determination, VA has the legal authority to make arrangements to provide the requested care.

b. VHA (Veterans Health Administration) will determine whether, in fact, it wishes to provide the medical care and treatment, if space, facilities, and

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personnel are available for the care which the foreign nation has requested, without displacing United States veterans.

24.25 CHARGES FOR SERVICES AND/OR SUPPLIES FURNISHED

a. The foreign national's government, with the assistance of the State Department, contract to reimburse VA for the actual cost of the care to be provided.

b. VA Central Office, Office of Resource Management (171), prepares an estimate of the projected costs of the care to be provided. These estimates are based on the actual per diem rate for the care at the VA facility which will be providing the care times the estimated number of days of care.

c. The foreign government forwards to VA the total estimated amount for providing the care, in advance of the patient's admission.

d. Once the patient is admitted, the Chief, Medical Administration Service, at the VA facility prepares billings on a monthly basis using the UB-82, or VA Form 4-1082, itemizing actual costs for prosthetic items, ambulance travel, etc., and forwards them to the Chief, Fiscal Service, at the VA facility.

e. Chief, Fiscal Service, at the admitting VA medical center will route the necessary reimbursement documents (UB-82, or VA Form 4-1082) to VA Central Office, Resource Management (171), 810 Vermont Avenue, N.W., Washington, DC 20420, for submission to the patient's embassy or person(s) responsible for payment of the incurred expenses.

f. VA Central Office, Office of Resource Management (171), will submit copies of the statements to the appropriate embassy upon request and make arrangements with embassy officials for additional funds when the estimated costs fall short of actual expenses. Conversely, should funds received from the foreign government exceed the actual expenses for the care provided, Office of Resource Management staff (171) will prepare the necessary refund documents through the Agent Cashier in VA Central Office.

g. Should payment of additional costs by the responsible government be declined, the State Department is advised and asked to assist in expediting the matter. If necessary, the foreign national or the survivor of the estate will be billed for services and/or supplies as an ineligible person in accordance with paragraph 15.18a.

NOTE: Any VA facility approached directly for foreign national medical care will immediately contact VA Central Office, Medical Administration Service (161B1), for assistance.

24.26 - 24.27 (Reserved.)

#### SECTION VI. PREPARATION AND FORWARDING OF STATEMENT OF EXPENSES

#### 24.28 UB-82, OR VA FORM 4-1082, STATEMENT OF EXPENSES INCURRED BY VA ON ACCOUNT OF ALLIED EX-SERVICEMEN

a. Complete itemized statements covering medical and dental services and/or supplies furnished to allied ex-servicemen will be prepared on UB-82, or VA Form 4-1082, promptly following the end of the month in which expenses were

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incurred, except for the Prosthetic Distribution Center, which will bill quarterly. Copies of authorization, notice of award, or other documents used in determining eligibility will accompany UB-82, or VA Form 4-1082. UB-82, or VA Form 4-1082, should be clearly marked to show the correct medical center and address for billing, i.e.:

- (1) Great Britain (includes veterans from England and Northern Ireland);
- (2) Canada (includes veterans from Canada, Australia, New Zealand and South Africa); and
- (3) Other allied Beneficiaries.

NOTE: Use space 1 on the UB-82 for this purpose.

b. Billings will not be prepared for care and services furnished to Czechoslovakian and Polish Veterans unless information is subsequently received that these veterans are entitled to payment for equivalent care and services under a program established by the foreign Government concerned.

c. UB-82, or VA Form 4-1082, will be prepared by the facility providing (or incurring costs from budgeted funds) services and/or supplies except that charges for dental prosthetic appliances fabricated or repaired by a VA Central Dental Laboratory will be made by the referring facility if different from the one performing the service.

d. The dates of admission and discharge will be shown. In computing patient days for payment purposes, charges will be made for either the first or last day of hospitalization but not both. Charges will not be made for periods of 24 or more consecutive hours of absence.

e. Diagnoses, or conditions, treated on an outpatient basis will be recorded on UB-82, or VA Form 4-1082.

f. UB-82, or VA Form 4-1082, will be prepared in an original and three copies for the signature of the Chief, Medical Administration Service. The original and two copies will be forwarded to Fiscal Service for addition of appropriation symbols covering services furnished, review, certification, and submission to the Office of Financial Operations (047H1), VA Central Office, for disposition.

#### 24.29 CHARGES TO BE MADE FOR SERVICES AND/OR SUPPLIES FURNISHED

When payment by the responsible Government has been declined, the allied beneficiary or the beneficiary's survivor or estate will be billed for services and/or supplies as an ineligible person in accordance with paragraph 15.18a.

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Chapter 24

April 21, 1993

Department of Veterans Affairs  
Veterans Health Services and  
Research Administration  
Washington, DC 20420

M-1, Part I  
Chapter 24  
April 30, 1990

1. Transmitted is a revision to Veterans Health Services and Research Administration Manual M-1, "Operations," Part I, "Medical Administration Service," Chapter 24, "Allied Beneficiaries." Brackets have not been used to indicate the changes.

2. Principal changes are:

a. Paragraph 24.02: Allows a pseudo SSN (Social Security Number) to be established when an individual's SSN cannot be determined.

b. Paragraph 24.04: Changes the nomenclature for offices responsible for medical care of eligible beneficiaries.

c. Paragraph 24.05: Incorporate various editorial changes relative to telefax numbers and CFR citations.

d. Paragraph 24.07: Establishes a 48-hour time limit for notifying appropriate offices of hospital admissions. Also deletes provision for sending "collect cablegrams" requesting information as to the beneficiaries' entitlement to hospitalization and deletes the special treatment allowance provided to certain beneficiaries of hospitalized Canadian veterans.

e. Paragraph 24.10: Deletes the provision of orthopedic boots or shoes for eligible British beneficiaries issued in the same manner/procedure as United States veterans.

f. Paragraph 24.12: Increases the funeral allowance for a Canadian beneficiary who dies while hospitalized by VA (Department of Veterans Affairs) from \$360 to \$1200.

g. Paragraph 24.14: Provides more specific instructions as to where/who arranges for physical examinations or medical treatment of Allied beneficiaries.

h. Section V. Foreign Nationals: Adds an entirely new section explaining entitlements for beneficiaries of nations that were not allied to the U.S. during World Wars I and II.

3. Filing Instructions

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April 21, 1993

24i through 24-6      24i through 24-9

4. RESCISSIONS: M-1, part I, chapter 24, dated November 8, 1981.

Arthur J. Lewis, M.D.  
Acting Chief Medical Director

Distribution: RPC: 1019  
FD

Printing Date: 5/90

April 21, 1993

M-1, Part I  
Chapter 24

M-1, Part I  
Chapter 24

April 21, 1993

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

M-1, Part I  
Chapter 24

September 17, 1992

1. Transmitted is a revision to Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 24, "Allied Beneficiaries." Brackets have not been used to indicate the changes.

2. Principal changes are:

a. Paragraph 24.02: Subparagraph b "in paragraph 1.06," is corrected to read "in paragraph 24.06," and "are in paragraph 24.19" corrected to read "are in paragraph 24.23."

b. Paragraph 24.08: Subparagraph b is eliminated in its entirety. Chapter 20 does not address priority issues for British or Canadian beneficiaries. Subparagraph c is redesignated as subparagraph b.

c. Paragraph 24.13: Provides more specific instructions regarding eligibility to VA medical services for Czechoslovakian and Polish veterans. Policy and procedures relating to such veterans were previously contained in M-1, part I, chapter 4, but will now be addressed within this chapter.

3. Filing Instructions

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24-i through 24-ii  
24-1 through 24-9

24-i through 24-ii  
24-1 through 24-11

4. RESCISSIONS: M-1, part I, chapter 24, dated April 30, 1990.

JAMES W. HOLSINGER, JR., M.D.  
Chief Medical Director

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April 21, 1993

M-1, Part I  
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M-1, Part I  
Chapter 24

April 21, 1993

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

M-1, Part I  
Chapter 24

April 21, 1993

1. Transmitted is a revision to Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 24, "Allied Beneficiaries." Brackets have not been used to indicate the changes.

2. Principal changes are:

a. Paragraph 24.02: Allows for the option to use VA Form UB-82, Universal Billing Form (Health Care Financing Administration Form 1450), in place of VA Form 4-1082, Statement of Expenses Incurred by VA on Account of Allied Ex-Servicemen.

b. Paragraph 24.04: Edits the names and addresses of the British Department of Social Security and the Canadian Department of Veterans Affairs.

c. Paragraph 24.05: Makes the Foreign Services and Field Operations (271), VA Central Office, the liaison contact for the British Office.

d. Paragraph 24.07: Replaces the use of telegraph/cablegrams with telefaxes and to insert appropriate facsimile numbers.

e. Paragraph 24.12: Changes the allowable funeral costs for British and Canadian beneficiaries who die while hospitalized by VA; these amounts will be updated periodically and communicated to the field by directive.

f. Paragraph 24.12: Makes it the responsibility of the funeral director handling the funeral arrangements for Canadian veterans to contact the Canadian office directly for reimbursement of the expenses.

g. Paragraph 24.18: Makes Foreign Services and Field Operations (271), VA Central Office, the contact should no reply be received from the next of kin of a deceased allied veteran who died while hospitalized in a VA medical center within 3 days, or if the body is unclaimed.

h. Paragraph 24.28: Reduces the number of copies needed of UB-82 and VA Form 4-1082, for Chiefs, Medical Administration Service, Fiscal Service, and the Office of Financial Operations (047H1).

3. Filing Instructions

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24-i through 24-11

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Chapter 24

April 21, 1993

4. RESCISSIONS: M-1, part I, chapter 24, dated September 17, 1992.

James W. Holsinger, Jr., M.D.  
Under Secretary for Health

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