The Spina Bifida Health Care Benefits Program

What is the Spina Bifida Health Care Benefits Program?

The Spina Bifida (SB) Health Care Benefits Program is a health benefit program administered by the Department of Veterans Affairs (VA) for certain Korea and Vietnam Veterans' birth children who have been diagnosed with spina bifida (except spina bifida occulta). The VHA Office of Community Care (VHA CC) in Denver, Colorado, manages the program, including the authorization of benefits and the subsequent processing and payment of claims.

The program provides reimbursement for medical services and supplies. Effective October 10, 2008, a change to Public Law 110-387, Section 408, which outlines the benefits available, allows the program to cover all health care that is considered medically necessary and appropriate. Medical services and supplies for spina bifida beneficiaries are no longer limited to the spina bifida condition.

Who is eligible for this program?

You must first be eligible for a monetary award under the Veterans Benefits Administration (VBA). The Denver VA Regional Office makes the determination regarding that entitlement. Once a monetary award has been made, the VBA notifies VHA Office of Community Care and enrollment in the program is automatic.

Is preauthorization required for services?

Preauthorization is required for the following (can only be approved if medically necessary):

- Attendants
- Day health care provided as outpatient care
- Dental services
- Durable medical equipment (in excess of $2,000)
- Homemaker services (must be health-related services)
- Outpatient mental health services in excess of 23 visits in a calendar year
- Substance abuse treatment
- Training of family members, guardians and members of the child's household
- Transplantation services
- Travel (other than mileage for local travel) in private automobiles at the general services administration rate

When is preauthorization required for travel?

Travel to a physician in your local commuting area (generally fewer than 50 miles from your home) does not require preauthorization. If your local attending physician recommends that you be examined/treated by a specialist that is not in your local area (someone who is in another part of the state or country), you will need to obtain preauthorization.

The request for preauthorization should include your attending physician's recommendation for evaluation, an explanation of why the service cannot be performed by a specialist in the local area, and the name and address of the physician to whom you are being referred.

Are there times when travel will not be covered?

Travel will not be covered in the following circumstances:

- When a provider in your local area could provide the same services sought from a provider outside of the local area
- When an ambulance is not medically necessary or required and is used in lieu of regular transportation such as a privately owned vehicle or taxi
- For reasons other than to obtain medical treatment or services (e.g., travel to attend meetings or conferences)

How do I request preauthorization?

If the preauthorization relates to a medical service or supply, your provider should submit the request. Requests may be made by mail or fax to the address listed below.

How much does the SB Health Care Benefits Program pay for services and how quickly are claims paid?

There are no co-pays or deductible for beneficiaries. We pay 100% of the allowable charge. Normally, 95% of claims for services are paid within 30 days of receipt.

How do I get more information?

- Mail: VHA Office of Community Care
             Spina Bifida Health Care Benefits Program
             PO Box 469065 , Denver CO 80246-9065

- Phone: 1-888-820-1756, Monday-Friday
             8:05 a.m. to 6:45 p.m., Eastern Standard Time

- Fax: 303-331-7807

- Email: Follow the directions for submitting email via IRIS at *https://iris.custhelp.com/app/ask*

- Website: *http://www.va.gov/purchasedcare/programs/dependents/spinabifida*