Fact Sheet

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

The Spina Bifida Health Care Benefits Program

Information for Outpatient Providers and Office Managers

What is the Spina Bifida Health Care Benefits Program?

The Spina Bifida (SB) Health Care Benefits Program provides reimbursement for medical services and supplies for certain Korea, Vietnam, and Thailand Veterans' birth children who have been diagnosed with spina bifida (except spina bifida occulta). The Department of Veterans Affairs, Veterans Health Administration (VHA) Office of Community Care (OCC), manages the program, including authorization of health care benefits and the subsequent processing and payment of claims.

How do I participate in this program?

The SB Health Care Benefits Program does not have contracts with providers. You may select an authorized provider of your choice. An authorized health care provider must be licensed/certified by a governmental entity with jurisdiction to administer medical services or supplies and cannot be on the Medicare exclusion list to receive payment.

What services are required for preauthorization?

Approvals for referrals to specialists or for diagnostic tests are not required if they are documented as medically necessary.

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

- 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, to include attendant services

When is preauthorization required for travel?

Travel to a provider in the local commuting area (fewer than 50 miles from the patient's home) does not require preauthorization. The health care provider must submit documentations to verify that the medical services to be provided are not available within the commuting area and preauthorization must be obtained.

Any request for preauthorization for travel should include the medical justification for services, an explanation of why the service cannot be performed by a specialist in the local area, and the name and address of the physician whom will furnish the requested services.

What kind of case management and utilization review is performed?

Clinical reviews include review of mental health/substance abuse services; physical, occupational and speech therapy; home health care; inpatient skilled nursing services and rehabilitation. The notes from the medical provider/caregiver should accompany these claims.

How do I submit claims and preauthorization requests?

Preauthorization requests must be faxed to:
Fax: 303-331-7807

Claims can be mailed to:

VHA Office of Community Care
Spina Bifida Health Care Benefits Program
P.O. Box 469065, Denver, CO 80246-9065

Claim forms (CMS-1500 or UB-04) should be sent via Electronic Data Interchange (EDI). VHA OCC accepts electronically submitted 837 claim transactions including the 837 Institutional, 837 Professional and 837 Dental transactions. Transactions are accepted from providers for medical services and supplies provided in the United States, a U.S. commonwealth or territory.

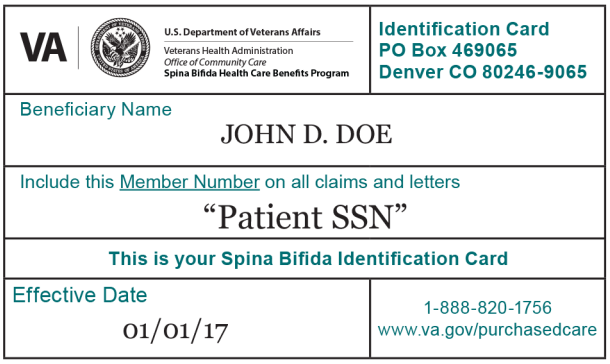
You must submit electronic claims through our clearinghouse – Change Healthcare. Our Payer ID number is 84146 for medical claims and 84147 for dental claims. You can also check medical claim status and eligibility status through Emdeon using the 276 and 270 HIPAA transactions, respectively.

How much does the program pay for services and how quickly are claims paid?

Under Title 38 CFR, Section 17.903(c), providers must accept the VA-determined allowable amount and cannot balance bill the patient. SB Health Care Benefits Program is the exclusive sole payer for covered medical conditions. There are no co-payments or deductibles for beneficiaries. There is no patient responsibility for payment, and no consideration for/of other health insurance (OHI). The program pays 100 percent of the determined allowable amount. Normally, 90 percent of claims for services are adjudicated within 30 days of receipt.

How do I know if someone is enrolled in the Spina Bifida Health Care Benefits Program?

Every beneficiary will have an identification card that looks similar to the card shown below:



How do I get more information?

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

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

Fax:
303-331-7807

Email:
Submit to SB.HAC@va.gov

Website:
www.va.gov/COMMUNITYCARE/programs/dependents/spinabifida/index.asp