

What is the Spina Bifida Health Care Program?

The Spina Bifida Health Care Program is a health benefit program administered by the Department of Veterans Affairs for Vietnam and certain Korean Veterans' birth children who have been diagnosed with spina bifida (except spina bifida occulta). The program provides reimbursement for medical services and supplies.

Effective October 10, 2008, there was a change to Public Law 110-387, Section 408, which outlines the benefits available under the Spina Bifida Program. As a result of this change, medical services and supplies for spina bifida beneficiaries are no longer limited to the spina bifida condition. This program now covers comprehensive health care considered medically necessary and appropriate. The VA's Health Administration Center in Denver, Colorado, manages the Spina Bifida Health Care Program, including the authorization of benefits and the subsequent processing and payment of claims. Contact us if you have questions.

Who is eligible for the Spina Bifida Health Care Program?

To be eligible for the Spina Bifida Health Care 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. The VBA notifies us after they have made a monetary award, and enrollment in the Spina Bifida Health Care Program is automatic.

Is preauthorization required for services?

Preauthorization is required for the following:

- attendants
- dental services
- durable medical equipment (in excess of \$2,000)
- mental health services
- organ transplants
- substance abuse treatment
- training of family members
- travel (other than mileage for local travel)
- hospice

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

How do I request preauthorization?

Requests may be made by FAX, 303-331-7807, or in writing to the VA Health Administration Center, PO Box 469065, Denver, CO 80246-9065. If the preauthorization relates to a medical service or supply, your medical provider should submit the request.

How much does the Spina Bifida Health Care Program pay for services?

There are no co-pays or deductible for beneficiaries. We pay 100% of the allowable charge.

How quickly does the Spina Bifida Health Care Program pay claims?

Normally, 95% of claims for services are paid within 30 days of receipt.

How do I get more information?

- Check out our Web site at www.va.gov/hac and select Spina Bifida.
- Write us at PO Box 469065, Denver, CO 80246-9065.
- To contact us by e-mail, please go to www.va.gov/hac/contact and follow the directions for submitting e-mail via IRIS.
- Call 1-888-820-1756.