

**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 and Vietnam Veterans' birth children who have been diagnosed with spina bifida (except spina bifida occulta). The Department of Veterans Affairs' (VA) Chief Business Office Purchased Care in Denver, Colorado, manages the program, including authorization of health care benefits and the subsequent processing and payment of claims.

Effective October 10, 2008, there was a change to Public Law 110-387, Section 408, which outlines the benefits available under the SB Health Care Benefits Program. As a result of this change, medical services and supplies for beneficiaries are no longer limited to the spina bifida condition.

**How do I participate in this program?**

The SB Health Care Benefits Program does not have contracts with providers. You must be properly licensed in your state and cannot be on the Medicare exclusion list in order to receive payment. Additionally, under Title 38 CFR, Section 17.903(c), providers must accept the VA-determined allowable amount and cannot balance bill the patient.

**Is preauthorization required for services?**

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

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 provider in the local commuting area (fewer than 50 miles from the patient's home) does not require preauthorization. If you recommend the patient be examined/treated by a specialist that is not in the local area (someone in another part of the state or country), preauthorization must be obtained.

The request for preauthorization for travel should include your 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 referring the patient.

**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; hospice; 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 can be mailed or faxed to:

Chief Business Office Purchased Care  
Spina Bifida Health Care Benefits Program  
PO Box 469065, Denver CO 80246-9065  
Fax: 303-331-7807

Claim forms (CMS-1500 or UB-04) should be sent via Electronic Data Interchange (EDI). CBOPC 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 U.S. territories.

You must submit electronic claims through our clearinghouse, Emdeon. 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.

Claim forms can be mailed to the address listed above; however, the turnaround time for payment on paper claims is, on average, an additional 20 days.

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

SB Health Care Benefits Program is the exclusive payer for covered medical conditions. There are no co-payments or deductible for beneficiaries. The program pays 100% of the determined allowable amount. Normally, 95% of claims for services are paid 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:

  U.S. Department of Veterans Affairs Veterans Health Administration Chief Business Office Purchased Care Spina Bifida Health Care Benefits Program		<b>Identification Card</b> PO Box 469065 Denver CO 80246-9065
Beneficiary Name JOHN D. DOE		
Include this <a href="#">Member Number</a> on all claims and letters "Patient SSN"		
This is your Spina Bifida Identification Card		
Effective Date 01/02/06	1-888-820-1756 <a href="http://www.va.gov/purchasedcare">www.va.gov/purchasedcare</a>	

VA Form 10-7959e-1, May 2009

**How do I get more information?**

- Mail: Chief Business Office Purchased 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
- Email: Follow the directions for submitting email via IRIS at <https://iris.custhelp.com/app/ask>
- Website: <http://www.va.gov/purchasedcare/>

In the left navigation panel, click on *Programs for Dependents*, and then select *Spina Bifida*.