

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.

What does the Spina Bifida Health Care Program pay?

There are no co-pays or deductible for beneficiaries. Spina Bifida Health Care Program pays 100% of the allowable charge.

What is an allowable amount?

The term *allowable amount* (or allowable charge) is the maximum amount the Spina Bifida Health Care Program will authorize for payment to a hospital, institutional provider, physician or other individual professional, or an authorized provider for covered medical services.

Does the provider have to accept the Spina Bifida Health Care Program allowable rate?

Yes. Under 38 CFR 17.903(c), providers must accept the Spina Bifida Health Care Program allowable rate and cannot balance bill the patient.

Spina Bifida (SB) Health Care Program Payment Summary

BENEFIT	SPINA BIFIDA HEALTH CARE PROGRAM PAYS
Ambulatory Surgery Facility Services Professional Services	Lesser of the billed charge or a prospective payment system (PPS) reimbursement. The PPS amount is generally equivalent to the DoD TRICARE or Medicare rate. Lesser of the billed charge or 100% of the determined maximum allowable charge, which is equivalent to the DoD TRICARE or Medicare rate.
Durable Medical Equipment (DME) Non-VA Source	Lesser of the billed charge or the VA cost for the equipment.
Home Health Services	100% of the determined maximum allowable charge.
Hospice	The national Medicare rates for hospice services. There are Medicare predetermined rates for routine home care, continuous home care, inpatient respite care and general inpatient care.
Inpatient Services DRG Based Professional Services	An inpatient service occurs when the admission to a hospital is for 24 hours or more or when the admission was intended to last for more than 24 hours. The Diagnostic Related Group (DRG) payment system is used to calculate payment for the episode of care. The DRG payment rates are based on an average cost of local care and the allowable amount may be either more or less than the billed amount. The DRG payment rates are equivalent to DoD TRICARE and Medicare rates. Professional services (physician fees and anesthesia) are paid the lesser of the billed amount or the established maximum allowable amount.
Inpatient Services: Non- DRG Based	These include Christian Science Sanitoriums, foreign hospitals, long-term hospitals, skilled nursing facilities, rehabilitation hospitals and sole community hospitals (that have a special Medicare exemption). Payment is 100% of the billed amount.
Mental Health: High Volume/ RTC	Payment based on the DoD TRICARE mental health per diem system.
Mental Health: Low Volume	Payment is based on the lesser of a regional per diem amount or the billed charge.

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Outpatient Services (i.e., doctors visits, lab/radiology, skilled nursing visits, ambulance)	Lesser of the billed amount or 100% of the determined maximum allowable amount (equivalent to DoD TRICARE and Medicare rates).
Pharmacy Services	Lesser of the billed amount or 100% of the average wholesale price (as found in the Drug Topics Red Book) plus a \$3 dispensing fee.
VA Source (durable medical equipment, pharmacy or VA Medical Center treatment)	100% of the VA cost.

How do I get more information?

- Check out our Web site at <http://www.va.gov/hac> and click on the “For Beneficiaries” tab, then select Spina Bifida / Children of Women Vietnam Veterans (CWVV).
- Write us at PO Box 469065, Denver, CO 80246-9065.
- To contact us by e-mail, please go to <http://www.va.gov/hac/contact> and follow the directions for submitting e-mail via IRIS.
- Call 1-888-820-1756.