

Specialized Treatment Services

I. GENERAL

A. STSF Designation

The ASD(HA) will designate a Specialized Treatment Service Facility (STSF) and the specific highly specialized procedures to be performed at an STSF with a national or multi regional catchment areas. Lead Agents may designate regional STSFs with a catchment area within their Health Services Region of approximately two-hundred (200) miles in radius, identified by zip codes in which beneficiaries reside. These facilities will be chosen in accord with the [32 CFR 199.4\(a\)\(10\)](#). The national STSF catchment areas shall be as defined in [Section IV](#). of this Chapter. The regional and multi-regional STSF catchment areas shall be as defined by zip codes listed in the most current Defense Medical Information System (DMIS) STSF Catchment area Directory as indicated in [Section IV](#). of this Chapter. The ASD(HA) memorandum dated October 18, 1995 ([Figure 2-24-A-1](#) of this Chapter) shall apply to the Specialized Treatment Service (STS) program.

B. STSF NAS Requirement

All eligible TRICARE beneficiaries residing in the national or *two hundred* (200) mile regional or multi-regional catchment area must receive care for designated highly specialized procedures from the designated STSF. TRICARE cost-sharing is excluded for these highly specialized procedures unless a nonavailability statement (NAS) has been issued by the STSF (except as provided in [Section I.F.](#) of this Chapter) or when care is:

1. An emergency.
2. Provided under the primary coverage of other health insurance (OHI) or other health plan or program. The same OHI requirements as applied under the inpatient care NAS (in the Policy Manual, [Chapter 11, Section 2.1](#)) shall apply under the STS program.
3. Determined on a case-by-case basis by the commander of the STSF (or other person designated for this purpose) that although the care is available at the facility, it would be medically inappropriate because of a delay in the treatment or other special reason to require that the STSF be used. This waiver shall be in the form of an NAS that will record that the waiver was granted.
4. Determined on a case-by-case basis by the commander of the STSF (or other person designated for this purpose) that, although the care is available at the facility, use of the facility would impose exceptional hardship on the beneficiary or the beneficiary's family. This waiver shall be in the form of an NAS that will record that the waiver was granted.

NOTE:

The Lead Agent (or a designee) shall establish a process for beneficiaries to request a case-by-case waiver under [Section I.B.3.](#) and [4.](#) of this Chapter consistent with [32 CFR 199.4\(a\)\(10\)\(vii\)](#).

C. Travel Cost Reimbursement

To the extent authorized by 10 U.S.C. 1105 (f), the Joint Federal Travel Regulations, Volume 1, and Joint Travel Regulations, Volume 2, reimbursement may be

authorized for reasonable expenses for travel of a beneficiary to and from an STSF. Also, if determined by the STSF staff or the referring physician to be medically necessary, reimbursement may be authorized for travel, lodging and meals for one nonmedical attendant to accompany the beneficiary. Examples of nonmedical attendant include spouse or parent of the beneficiary. Reimbursement for travel related expenses shall be the responsibility of the STSF.

D. Regional and Multi-Regional STSF Zip Codes

The TRICARE Management Activity (TMA) will provide to the contractor, via tape or electronic transmission, all the applicable regional and multi-regional STSF catchment area zip codes to be loaded in the system. This will normally be done each time with implementation of a new regional or multi-regional STSF and with each update of the STS Catchment Area Directory.

E. Traveling Beneficiary

When a beneficiary is traveling outside the STSF catchment area and is temporarily away from his or her current residence, the STSF NAS shall be required for STS claims subject to the criteria in [Section I.B.](#) of this Chapter.

F. Applicability of STSF NAS

The STSF NAS applies to the same categories of beneficiaries to whom the inpatient NAS applies, subject to the provisions of this Chapter. (See the Policy Manual, [Chapter 11, Section 2.1.](#))

NOTE:

*An STSF NAS is not required for TRICARE Prime enrollees even when these beneficiaries use the Point of Service (POS) option. Prime enrollees are required to obtain an authorization from the Health Care Finder [subject to the requirements and exceptions as apply to STSF NAS in Section I.B. above.](#) (See the **NOTE** under [Section III.A.9.](#) of this Chapter.)*

G. Changes to STS Instructions

Any requests from Lead Agents for changes to STS instructions in this manual should be mailed to:

Director, Medical Benefits and Reimbursement Systems
TRICARE Management Activity, Department of Defense
16401 East Centretch Parkway
Aurora, CO 80011-9043