

## DESIGNATED *SPECIALIZED TREATMENT SERVICE FACILITIES* (STSFs)

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### 1.0. REGIONAL STSFS

#### 1.1. Region 1

##### 1.1.1. National Naval Medical Center (NNMC), Walter Reed Army Medical Center (WRAMC), And Malcolm Grow Medical Center (MGMC)

*Termination date of STSF designation for NNMC: September 1, 2002.*

*Termination date of STSF designation for WRAMC: June 1, 2003.*

*Termination date of STSF designation for MGMC: June 1, 2003.*

##### 1.1.1.1. NNMC, WRAMC, and MGMC *Telephone Numbers*

*For all Specialized Treatment Services to be provided at any STS Facility in the National Capital Area (including Walter Reed Army Medical Center, National Naval Medical Center, Malcolm Grow Medical Center), there is a single point-of-contact designated as the STS Coordinator. The STS Coordinator will receive the initial referral call from SMHS or other civilian or military source. The STS Coordinator will arrange acceptance of the patient into the program, will determine the STS Facility to which the patient will be directed, will facilitate scheduling of pre-surgical and follow-up appointments, and will arrange for travel and lodging of the patient and non-medical attendant.*

*The STS Coordinator will notify SMHS of the patient's acceptance or non-acceptance to the STS not later than two business days following the initial call.*

*The STS Coordinator may be reached as follows:*

*Monday through Friday, 0700-1600*

*Telephone (202) 782-4301*

*Alternate telephone (202) 782-4393*

*Local area pager (202) 356-1111*

*Long distance pager (800) 759-8888 PIN# 1653917*

*After hours, weekends, holidays telephone (202) 782-7309. (This telephone will reach the Administrative Officer of the Day at Walter Reed Army Medical Center, who will notify the STS Coordinator of the case on the next business day. Please identify the call as an "STS Case.")*

**1.1.1.2.** The NNMC, Bethesda, Maryland, WRAMC, Washington, DC, and MGMC, Andrews, AFB, Maryland are designated as Regional STS facilities for General Surgery and Orthopedic Surgery for TRICARE Region 1 for the following procedures and DRGs.

**DRG Range:**

*For NNMC effective September 1, 1999 through August 31, 2002, and for WRAMC and MGMC effective September 1, 1999 through May 31, 2003, for DRGs:*

**General Surgery**

- 191 - Pancreas, liver and shunt procedures with CC (complications or comorbidities)
- 286 - Adrenal and pituitary procedures (adrenal only)

**Orthopedic Surgery**

- 209 - Major joint/limb reattachment procedures lower extremity
- 491 - Major joint/limb reattachment procedures upper extremity

**CPT-4 Procedure Code Range:**

*For NNMC effective September 1, 1999 through August 31, 2002, and for WRAMC and MGMC effective September 1, 1999 through May 31, 2003, for codes:*

**DRG 191:**

CPT<sup>1</sup> codes 37140-37160, 47120-47130, 47700-47701, 48120-48150, 48180.

**DRG 209:**

CPT<sup>1</sup> codes 20838, 27030-27033, 27090-27091, 27122-27140, 27437-27440, 27442, 27445-27447, 27450, 27486-27488.

**DRG 286 (Adrenal):**

CPT<sup>1</sup> codes 60540-60545.

**DRG 491:**

CPT<sup>1</sup> codes 20802-20827, 23331-23332, 23470-23472, 24360-24366, 25441-25446, 25449.

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

**1.1.1.3.** The STSF Catchment Area covering TRICARE Region 1 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The Catchment Area includes zip codes within TRICARE Region 1 in the states of Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia, and the District of Columbia that fall within a 200-mile radius of the midpoint of a line between WRAMC and NNMC. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.1.1.4.** Effective for admissions *between* September 1, 1999 *through August 31, 2002*, DoD beneficiaries who reside in the STSF catchment area for TRICARE Region 1 must be evaluated by NNMC, WRAMC, or MGMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.1.1.2](#). *Effective for admissions between September 1, 2002 through May 31, 2003, DoD beneficiaries who reside in the STSF catchment area for TRICARE Region 1 must be evaluated by WRAMC or MGMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.1.1.2](#).* Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by NNMC, WRAMC, or MGMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to NNMC, WRAMC, or MGMC.

**1.1.1.5.** If the STS cannot be provided at NNMC, WRAMC or MGMC, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9.](#)

**1.1.2. National Naval Medical Center (NNMC) And Walter Reed Army Medical Center (WRAMC)**

*Termination date of STSF designation for NNMC: September 1, 2002.*

*Termination date of STSF designation for WRAMC: June 1, 2003.*

**1.1.2.1. NNMC and WRAMC Telephone Numbers**

*For all specialized Treatment Services to be provided at any STS Facility in the National Capital Area (including Walter Reed Army Medical Center and National Naval Medical Center), there is a single point-of-contact designated as the STS Coordinator. The STS Coordinator will receive the initial referral call from SMHS or other civilian or military source. The STS Coordinator will arrange acceptance of the patient into the program, will determine the STS Facility to which the patient will be directed, will facilitate scheduling of pre-surgical and follow-up appointments, and will arrange for travel and lodging of the patient and non-medical attendant.*

*The STS Coordinator will notify SMHS of the patient's acceptance or non-acceptance to the STS not later than two business days following the initial call.*

*The STS Coordinator may be reached as follows:*

*Monday through Friday, 0700-1600*

*Telephone (202) 782-4301*

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*Local area pager (202) 356-1111*

*Long distance pager (800) 759-8888 PIN# 1653917*

*After hours, weekends, holidays telephone (202) 782-7309. (This telephone will reach the Administrative Officer of the Day at Walter Reed Army Medical Center, who will notify the STS Coordinator of the case on the next business day. Please identify the call as an "STS Case.")*

**1.1.2.2.** The NNMC, Bethesda, Maryland, and WRAMC, Washington, DC, are designated the Regional STS facilities for Neurosurgery, Otorhinolaryngology Surgery, and Gynecologic Oncology Surgery for TRICARE Region 1 for the following procedures and DRGs.

**DRG Range:**

*For NNMC effective September 1, 1999 through August 31, 2002, and for WRAMC effective September 1, 1999 through May 31, 2003, for DRGs:*

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

**Neurosurgery**

- 001 - Craniotomy, age greater than 17 except for trauma
- 003 - Craniotomy, age 0-17
- 004 - Spinal procedures
- 286 - Adrenal and Pituitary Procedures (pituitary only)

**Otorhinolaryngology Surgery**

- 049 - Major head and Neck procedures

**Gynecologic Oncology Surgery**

- 357 - Uterine and adnexa procedures for ovarian or adnexal malignancy

**CPT-4 Procedure Code Range:**

*For NNMC effective September 1, 1999 through August 31, 2002, and for WRAMC effective September 1, 1999 through May 31, 2003, for codes:*

**DRG 001 and DRG 003:**

CPT<sup>1</sup> codes 61105, 61120-61156, 61215-61575, 61580-62258.

**DRG 004:**

CPT<sup>1</sup> codes 20930-20938, 22305-22328, 22548-22585, 22590-22830, 22840-22855, 63001-63746.

**DRG 049:**

CPT<sup>1</sup> codes 15732-15734, 15756-15760, 15840-15845, 21015-21030, 21034, 21041-21045, 21076-21100, 21120-21123, 21179-21184, 21210, 21230-21235, 21270, 21338-21470, 21501, 21556, 21557, 30115-30118, 30125, 30150-30160, 30540-30545, 30580-30600, 31030-31040, 31075-31090, 31225-31230, 31290-31420, 31580-31595, 31611, 31750, 31780-31785, 38542-38555, 38700-38724, 40525-40530, 40652-40654, 40761, 40801, 40805, 40814-40816, 40845, 41114, 41120-41155, 42120, 42410-42450, 42507-42510, 42815, 42842-42845, 42890-42894, 43030, 69950-69979.

**DRG 286 (Pituitary):**

CPT<sup>1</sup> codes 61546-61548.

**DRG 357:**

CPT<sup>1</sup> codes 57291, 57292, 57531, 58210, 58240, 58943, 58950, 58951, 58952, 58960.

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

**1.1.2.3.** The STSF Catchment Area covering TRICARE Region 1 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The Catchment Area includes zip codes within TRICARE Region 1 in the states of Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia, and the District of Columbia that fall within a 200-mile radius of the midpoint of a line between WRAMC and NNMC. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.1.2.4.** Effective for admissions *between* September 1, 1999 *through August 31, 2002*, DoD beneficiaries who reside in the STSF catchment area for TRICARE Region 1 must be evaluated by NNMC or WRAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.1.2.2](#). *Effective for admissions between September 1, 2002 through May 31, 2003, DoD beneficiaries who reside in the STSF catchment area for TRICARE Region 1 must be evaluated by WRAMC before receiving TRICARE cost-sharing for*

*procedures that fall under the DRGs identified in paragraph 1.1.2.2.* Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by NNMC or WRAMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to NNMC or WRAMC.

**1.1.2.5.** If the STS cannot be provided at NNMC or WRAMC, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

## **1.2. Region 3**

### **1.2.1. Eisenhower Army Medical Center (EAMC)**

*Termination date of STSF designation for EAMC: June 1, 2003.*

**1.2.1.1.** EAMC STSF Telephone Number: (706) 787-6714.

**1.2.1.2.** Effective for admissions *between* March 1, 1997 *through May 31, 2003*, EAMC, Fort Gordon, Georgia, is designated a regional STSF for cardiac surgery and interventional cardiology for the following CPT codes and DRGs:

#### **DRG Range:**

- 104 - Cardiac valve & other major cardiothoracic procedure with cardiac cath
- 105 - Cardiac valve & other major cardiothoracic procedure without cardiac cath
- 106 - Coronary bypass with PTCA
- 107 - Coronary bypass with cardiac cath
- 108 - Other cardiothoracic procedures
- 109 - Coronary bypass without PTCA or cardiac cath
- 112 - Percutaneous cardiovascular procedures

#### **CPT-4<sup>1</sup> Procedure Code Range:**

- 33400-33690 (cardiovascular systems)
- 92975-92996 (cardiovascular therapeutic services)

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

**1.2.1.3.** Effective for admissions *between* September 1, 1999 *through May 31, 2003*, EAMC is also designated a Regional STSF for Neurosurgery, Orthopedic Surgery, General Surgery, Peripheral Vascular Surgery, and Head and Neck Surgery for the following CPT codes and DRGs:

#### **DRG Range:**

- 001 - Craniotomy, age greater than 17, except for trauma
- 004 - Spinal procedures
- 049 - Major head and neck procedures

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

**DRG Range (*Continued*):**

- 110 - Major cardiovascular procedures with CC
- 111 - Major cardiovascular procedures without CC
- 191 - Pancreas, liver and shunt procedures with CC
- 209 - Major joint and limb reattachment procedures of lower extremity
- 286 - Adrenal and pituitary procedures
- 491 - Major joint and limb reattachment procedures of upper extremity

**CPT-4 Procedure Code Range:**

**DRG 001:**

CPT<sup>1</sup> codes 20220, 20660, 20661, 61140, 61304-61576, 61609-61612, 61613, 61618, 61619, 61680-61692, 61700-61711, 61850-61875, 62000-62117, 62120, 62121, 62140-62147, 62180, 62190, 62192, 62194, 62200, 62201, 62220, 62223, 62225, 62230, 62256, 62258, 64722, 64999.

**DRG 004:**

CPT<sup>1</sup> codes 19260, 19271, 21600, 21620, 21630, 22220-22226, 22325-22328, 22548-22855, 23120, 23125, 23190, 23200, 23210, 62280-62282, 63001-63091, 63185, 63190, 63194-63199, 63265-63273, 63275-63290, 63300-63308, 63650, 63655, 63660, 63685, 63688, 63700-63709, 63740, 63741, 63744, 63746, 64999.

**DRG 049:**

CPT<sup>1</sup> codes 21040-21215, 21557, 31300, 31368, 31370-31382, 31390, 38720, 38724, 41135, 41140, 41145, 41155, 42120, 42160, 42426.

**DRGs 110 and 111:**

CPT<sup>1</sup> codes 33020, 33025, 33030, 33031, 33300, 33305, 33420, 33470, 33471, 33860-33877, 33970, 33973, 33975, 33976, 33999, 34151, 34201, 34401, 34421, 34451, 35021, 35022, 35081-35142, 35311, 35321, 35331-35363, 35526, 35531, 35536-35551, 35560-35565, 35612, 35616, 35626, 35631-35641, 35646, 35651, 35663, 35665, 35820, 35840, 37140-37181, 37617, 37620, 37660, 37799.

**DRG 191:**

CPT<sup>1</sup> codes 37140-37181, 47010, 47120, 47122, 47125, 47130, 47300, 47350, 47360-47362, 47399, 47400, 47420, 47425, 47460, 48020, 48120, 48140-48146, 48150-48154, 48155, 48180, 48500, 48510, 48540, 48545, 48999, 49425, 49426.

**DRG 209:**

CPT<sup>1</sup> codes 27125, 27130, 27134, 27137, 27138, 27447, 27486, 27487, 27702.

**DRG 286:**

CPT<sup>1</sup> codes 60540, 60699, 61546, 61548, 64999.

**DRG 491:**

CPT<sup>1</sup> codes 23470, 23472, 24363, 25446.

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

**1.2.1.4.** The EAMC STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within the TRICARE Region 3 that fall within a 200-mile radius of EAMC. See [Chapter 19, Section 1, paragraph 4.0](#).

**NOTE:** *Effective January 15, 2002, the zip codes that fall within the 40-mile inpatient catchment area of Moody AFB MTF were carved out of the EAMC STSF catchment area.*

**1.2.1.5.** Effective for admissions *between* March 1, 1997 *through May 31, 2003*, DoD beneficiaries who reside in the EAMC STSF catchment area must be evaluated by EAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.2.1.2](#). Effective for admissions *between* September 1, 1999 *through May 31, 2003*, the beneficiaries must also be evaluated by EAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.2.1.3](#). Evaluation in person is preferred, and travel and lodging expenses for the evaluation will be reimbursed by EAMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to EAMC.

**1.2.1.6.** If the STS cannot be provided at EAMC, the contractor for TRICARE Region 3 will provide a medical necessity review prior to issuance of an STSF NAS or other authorization. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

### 1.3. Region 4

#### 1.3.1. Keesler Medical Center For Neonatal Intensive Care

*Termination date of STSF designation for Keesler Medical Center: June 1, 2003.*

**1.3.1.1.** Keesler Medical Center STSF Telephone Number: (228) 377-6228 or 6229.

**1.3.1.2.** Keesler Medical Center, Keesler Air Force Base, Biloxi, Mississippi, is designated a regional STSF for neonatal intensive care. This designation covers the following *CPT* codes and *DRGs*:

**CPT-4<sup>1</sup> Procedure Code Range:**

Effective May 1, 1998 *through May 31, 2003*, for codes:  
99295-99297

**DRG Range:**

Effective May 1, 1998 *through May 31, 2003*, for DRGs:

- 370 - Cesarean section with comorbidity/complications
- 372 - Vaginal delivery with complicating diagnoses
- 383 - Other antepartum diagnoses with medical complications
- 604 - Neonate, birth weight 750-999g, discharged alive
- 607 - Neonate, birth weight 1000-1499g, without significant operating room procedures, discharged alive
- 611 - Neonate, birth weight 1500-1999g, without significant operating room procedures, with multiple major problems
- 612 - Neonate, birth weight 1500-1999g, without significant operating room procedures, with major problem
- 613 - Neonate, birth weight 1500-1999g, without significant operating room procedures, with minimal problems

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

- 617 - Neonate, birth weight 2000-2499g, without significant operating room procedures, with multiple major problems
- 618 - Neonate, birth weight 2000-2499g, without significant operating room procedures, with major problem
- 622 - Neonate, birth weight over 2499g, with significant operating room procedures, with multiple major problems
- 626 - Neonate, birth weight over 2499g, without significant operating room procedures, with multiple major problems
- 636 - Neonatal diagnosis, age over 28 days

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

**1.3.1.3.** The Keesler Medical Center STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 4 that fall within a 200-mile radius of the Keesler Medical Center. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.3.1.4.** Effective for admissions *between* May 1, 1998 *through* May 31, 2003, DoD beneficiaries who reside in the Keesler Medical Center STSF catchment area must be evaluated by Keesler Medical Center before receiving TRICARE cost-sharing for neonatal intensive care that fall under the DRGs identified in [paragraph 1.3.1.2](#). Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by Keesler Medical Center as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to Keesler Medical Center.

**1.3.1.5.** If the STS cannot be provided at Keesler Medical Center, the facility will provide a medical necessity review prior to issuance of an STSF NAS. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

### **1.3.2. Keesler Medical Center For Cardiac Surgery**

*Termination date of STSF designation for Keesler Medical Center: June 1, 2003.*

**1.3.2.1.** Keesler Medical Center STSF Telephone Number: (228) 377-6663.

**1.3.2.2.** Keesler Medical Center, Keesler Air Force Base, Biloxi, Mississippi, is designated a regional STSF for cardiac surgery for TRICARE Region 4. This designation covers the following **CPT** codes and **DRGs**:

#### **CPT-4 Procedure Code Range:**

Effective May 1, 1998 *through* May 31, 2003, for **CPT**<sup>1</sup> codes:  
33010-37799 (cardiovascular systems) excluding codes 36400-36620

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*



**DRG Range:**

Effective May 1, 1998 *through May 31, 2003*, for DRGs:

- 104 - Cardiac valve & other major cardiothoracic procedure with cardiac cath
- 105 - Cardiac valve & other major cardiothoracic procedure without cardiac cath
- 106 - Coronary bypass with PTCA
- 107 - Coronary bypass with cardiac cath
- 108 - Other cardiothoracic procedures
- 109 - Coronary bypass without PTCA or cardiac cath
- 110 - Major cardiovascular procedures with CC
- 111 - Major cardiovascular procedures without CC
- 112 - Percutaneous cardiovascular procedures
- 124 - Circulatory diseases except acute myocardial infarction, with cardiac cath and complex diagnoses
- 125 - Circulatory diseases except acute myocardial infarction, with cardiac cath without complex diagnoses

<sup>1</sup> *CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.*

**1.3.2.3.** The Keesler Medical Center STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 4 that fall within a 200-mile radius of the Keesler Medical Center. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.3.2.4.** Effective for admissions *between* May 1, 1998 *through May 31, 2003*, DoD beneficiaries who reside in the Keesler Medical Center STSF catchment area must be evaluated by Keesler Medical Center before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.3.2.2](#). Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by Keesler Medical Center as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to Keesler Medical Center.

**1.3.2.5.** If the STS cannot be provided at Keesler Medical Center, the facility will provide a medical necessity review prior to issuance of an STSF NAS. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

**1.3.3. Keesler Medical Center For Gynecologic Oncology Surgery**

*Termination date of STSF designation for Keesler Medical Center: June 1, 2003.*

**1.3.3.1.** Keesler Medical Center STSF Telephone Number: (800) 841-0950.

**1.3.3.2.** Keesler Medical Center, Keesler Air Force Base, Biloxi, Mississippi, is designated a regional STSF for Gynecologic Oncology Surgery for TRICARE Region 4. This designation covers the following CPT codes and DRG:

**DRG Range:**

Effective June 1, 2000 through May 31, 2003, for DRG:

**Gynecologic Oncology Surgery**

357 - Uterine and adnexa procedures for ovarian or adnexal malignancy

**CPT-4 Procedure Code Range:**

Effective June 1, 2000 through May 31, 2003, for codes:

**DRG 357:**

CPT<sup>1</sup> codes 51920, 51925, 56300, 56302-56309, 56343, 56350, 56351, 56354, 56399, 57531, 58100, 58140-58280, 58340, 58345, 58615, 58700, 58720, 58740, 58750, 58770, 58800-58825, 58900-58960, 58999, 59121, 59135-59150, 59350, 59525.

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2001 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

**1.3.3.3.** The STS Catchment Area covering TRICARE Region 4 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The Catchment Area includes zip codes within TRICARE Region 4 that fall within a 200-mile radius of Keesler Medical Center. See Chapter 19, Section 1, paragraph 4.0.

**1.3.3.4.** Effective for admissions between June 1, 2000 through May 31, 2003, DoD beneficiaries who reside in the STS catchment area for TRICARE Region 4 must be evaluated by Keesler Medical Center before receiving TRICARE cost-sharing for procedures that fall under the DRG identified in paragraph 1.3.3.2. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by Keesler Medical Center as provided in Chapter 19, Section 1, paragraph 3.0. It is possible to conduct the evaluation telephonically if the patient is unable to travel to Keesler Medical Center.

**1.3.3.5.** If the STS cannot be provided at Keesler Medical Center, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the NOTE under Chapter 19, Section 3, paragraph 1.9.

## 1.4. Region 6

### 1.4.1. Brooke Army Medical Center (BAMC) And Wilford Hall Medical Center (WHMC) (Destination San Antonio Facilities)

*Termination date of STSF designation for BAMC and WHMC: January 1, 2003.*

**1.4.1.1.** Telephone Number for Neurosurgery (DRGs 001, 003, and 004): BAMC, Fort Sam Houston, Texas, (210) 916-3203/2225.

**1.4.1.2.** Telephone Number for Otorhinolaryngology Surgery (DRG 049), General Surgery (DRG 191), Orthopedic Surgery (DRGs 209 and 491) and Adrenal and Pituitary Procedures (DRG 286): WHMC, Lackland Air Force Base, Texas: (210) 292-6002.

**1.4.1.3.** Telephone Number for Cardiothoracic Surgery (DRGs 104 -107 and 110 and 111): BAMC, Fort Sam Houston, Texas, (210) 218-5538.

**1.4.1.4.** Telephone Number for Gynecologic Oncology Surgery (DRG 357): BAMC, Fort Sam Houston, Texas, (210) 916-2525.

**1.4.1.5.** BAMC and WHMC, referred to as Destination San Antonio, are designated the Regional STS facilities for General Surgery, Neurosurgery, Otorhinolaryngology Surgery, Cardiothoracic Surgery, Orthopedic Surgery, and Gynecologic Oncology Surgery for TRICARE Region 6 for the following *CPT codes* and DRGs.

**DRG Range:**

Effective September 1, 1999 *through December 31, 2002*, for DRGs:

- 001 - Craniotomy, age greater than 17, except for trauma
- 003 - Craniotomy, age 0-17
- 004 - Spinal procedures
- 049 - Major head and neck procedures
- 104 - Cardiac valve & other major cardiothoracic procedure with cardiac cath
- 105 - Cardiac valve & other major cardiothoracic procedure without cardiac cath
- 106 - Coronary bypass with PTCA
- 107 - Coronary bypass with cardiac cath
- 109 - Coronary bypass without PTCA or cardiac cath
- 110 - Major cardiovascular procedures with CC
- 111 - Major cardiovascular procedures without CC
- 191 - Pancreas, liver and shunt procedures with CC
- 209 - Major joint and limb reattachment procedures of lower extremity
- 286 - Adrenal and pituitary procedures
- 357 - Uterine and adnexa procedures for ovarian or adnexal malignancy
- 491 - Major joint and limb reattachment procedures of upper extremity

**CPT-4 Procedure Code Range:**

Effective September 1, 1999 *through December 31, 2002*:

**DRGs 001 and 003:**

CPT<sup>1</sup> codes 61304-61522, 61556, 61558, 61582, and 61591.

**DRG 004:**

CPT<sup>1</sup> codes 10180, 12021, 13160, 20680, 20930-20938, 20975, 22548-22558, 22600, 22612-22630, 22842, 22845, 22855, 61615, 62190-62192, 62270-62272, 63001-63005, 63015-63017, 63020-63045, 63047-63048, 63064, 63075-63076, 63081-63088, 63172-63173, 63185, 63200, 63265-63267, 63275-63277, 63280-63282, 63285-63287, 63600-63615, 63650, 63660, 63700-63707, 63740, and 95925.

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**DRG 049:**

CPT<sup>1</sup> codes 15570-15576, 15732-15734, 15756-15770, 15840-15845, 21015-21025, 21029, 21034, 21041-21050, 21070-21088, 21100-21110, 21338-21355, 21360-21390, 21400-21436, 21445, 21454-21462, 21470, 21501, 21550-21556, 21720, 31081, 31085, 31087, 31225-31230, 31290-31291, 31300, 31360-31420, 31580-31584, 31587, 31590, 38505-38520, 38542-38555, 38700-38724, 39000, 40525-40530, 40652-40761, 40801-40805, 40810, 40814-40816, 40845, 41000-41009, 41015-41018, 41105, 41110, 41113-41114, 41120-41155, 42120, 42160, 42410-42426, 42815, 42842, 42892-42894, 61580-61619, 69930, 92506-92510, 92520-92526, 92582-92589, and 92597-92598.

**DRGs 104-107, 109, 110-111:**

CPT<sup>1</sup> codes 33010-33999.

**DRG 191:**

CPT<sup>1</sup> codes 47715, 47720, 47740, 47760-47780, 47800, 48120-48140, 48150, and 48155.

**DRG 209:**

CPT<sup>1</sup> codes 27030-27033, 27087-27091, 27125-27140, 27165, 27236, 27310, 27380-27386, 27425, 27438, 27446-27447, 27450, 27457, 27486-27488, 27570-27580, and 64712.

**DRG 286:**

CPT<sup>1</sup> codes 61546-61548.

**DRG 357:**

CPT<sup>1</sup> codes 57531, 58200, 58210, 58240, 58943, 58950-58952, and 58960.

**DRG 491:**

CPT<sup>1</sup> codes 20802-20827, 23470, 23472, 24360, 24365, and 24366.

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**1.4.1.6.** The WHMC and BAMC (Destination San Antonio) STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 6 and these zip codes are within a 200-mile radius from the center of the zip code determined to be the midpoint between WHMC and BAMC. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.4.1.7.** Effective for admissions *between* September 1, 1999 *through December 31, 2002*, DoD beneficiaries who reside in the STS catchment area for TRICARE Region 6 must be evaluated by Destination San Antonio STSFs before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.4.1.5](#). The telephone number for the STSF for each specialty is provided in this section, above. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by the STSF as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to the STSF.

**1.4.1.8.** If the STS cannot be provided at the Destination San Antonio facilities, the contractor for TRICARE Region 6 will provide a medical necessity review prior to issuance of a Nonavailability Statement or other authorization. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

**1.5. Region 9****1.5.1. Naval Medical Center San Diego (NMCS D)**

*Termination date of STSF designation for NMCS D: January 1, 2002.*

**1.5.1.1.** NMCS D STSF Telephone Number: (619) 532-5573.

**1.5.1.2.** NMCS D, California, is designated a Regional STS facility for General Surgery, Neurosurgery, Otorhinolaryngology Surgery, Cardiothoracic Surgery, Orthopedic Surgery, and Gynecologic Oncology Surgery for TRICARE Region 9 for the following *CPT codes* and DRGs:

**DRG Range:**

Effective *July 17, 2000 through December 31, 2001*, for DRGs:

- 001 - Craniotomy, age greater than 17, except for trauma
- 003 - Craniotomy, age 0-17
- 004 - Spinal procedures
- 049 - Major head and neck procedures
- 104 - Cardiac valve & other major cardiothoracic procedure with cardiac cath
- 105 - Cardiac valve & other major cardiothoracic procedure without cardiac cath
- 106 - Coronary bypass with PTCA
- 107 - Coronary bypass with cardiac cath
- 109 - Coronary bypass without PTCA or cardiac cath
- 110 - Major cardiovascular procedures with CC
- 111 - Major cardiovascular procedures without CC
- 191 - Pancreas, liver and shunt procedures with CC
- 209 - Major joint and limb reattachment procedures of lower extremity
- 286 - Adrenal and pituitary procedures
- 357 - Uterine and adnexa procedures for ovarian or adnexal malignancy
- 491 - Major joint and limb reattachment procedures of upper extremity

**CPT-4 Procedure Code Range:**

Effective *July 17, 2000 through December 31, 2001*:

**DRGs 001 and 003:**

CPT<sup>1</sup> codes 20220, 20240, 20660-20664, 21181, 33500, 33501, 35002, 35005, 35011, 35013, 35021, 35022, 35045, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35161, 35162, 35180, 35182, 35184, 35188-35190, 35508, 35601, 35642, 36834, 37181, 37607, 37720, 37730, 37785, 37799, 42999, 60699, 61000, 61001, 61105-61108, 61120-61150, 61154, 61210, 61250, 61253, 61304-61312, 61314, 61321, 61330-61334, 61340, 61345, 61440, 61470-61548, 61552-61559, 61563, 61570, 61571, 61575, 61576, 61580-61585, 61590-61592, 61595-61598, 61600, 61601, 61605, 61606, 61608, 61613, 61615, 61616, 61618, 61619, 61624, 61680, 61682, 61684, 61690, 61692, 61703, 61705, 61708, 61710, 61720, 61735, 61760, 61770, 61795, 61850, 61855, 61860, 61865, 61870, 61875, 61880, 61885, 61888, 62000,

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62005, 62010, 62100, 62115, 62116, 62117, 62120, 62121, 62140, 62142, 62143, 62145, 62146, 62147, 62180, 62190, 62192, 62194, 62200, 62201, 62220, 62223, 62225, 62230, 62256, 62258, 63707, 63710, 64716, 64727, 64999, 95961, 95962.

**DRG 004:**

CPT<sup>1</sup> codes 20930-20938, 21600-21620, 21630, 21632, 21705, 22325-22328, 22548-22585, 22590-22632, 22800-22812, 22830, 22840, 22842, 22899, 23120-23130, 23180, 23182, 23190, 23200, 23210, 23929, 24999, 25999, 26989, 27299, 27899, 28899, 32900, 61343, 61575, 62268, 62269, 62287, 62292, 62294, 62351, 62355, 63001-63048, 63055-63057, 63066, 63075-63091, 63170-63200, 63250-63290, 63300-63308, 63600-63615, 63650-63688, 63700-63709, 63740-63746, 64772, 64999, 95971.

**DRG 049:**

CPT<sup>1</sup> codes 21026, 31225, 31360, 31365, 31367-31382, 31390, 31395, 31560, 31561, 38308, 38542, 38555, 38724, 41135-41155, 42120, 42426, 51575, 51585, 51595, 54130, 54135, 56640, 57531, 58210, 60254, 69155.

**DRGs 104 and 105:**

CPT<sup>1</sup> codes 33240, 33246, 33247, 33249, 33400-33413, 33415, 33425-33430, 33460-33468, 33472-33478, 33600, 33602, 33660, 33665, 33732, 33920, 36013, 76499, 93501, 93510, 93511, 93514, 93526-93533, 93539, 93540, 93542, 93543, 93602, 93603, 93607, 93610-93642, 93660, 93737, 93738.

**DRGs 106, 107 and 109:**

CPT<sup>1</sup> codes 33510-33523, 33533-33536, 33999, 36013, 76499, 92975, 92982, 92984, 92995, 92996, 93501, 93510, 93511, 93514, 93526-93533, 93539, 93540, 93542, 93543.

**DRGs 110 and 111:**

CPT<sup>1</sup> codes 20101, 32659-32661, 33020-33031, 33223, 33241-33245, 33247, 33249, 33253, 33300, 33305, 33415, 33416, 33420, 33470, 33471, 33606, 33684, 33688, 33690, 33750-33767, 33802, 33803, 33820-33851, 33860-33863, 33877, 33910, 33915, 33916, 33960, 33961, 33970, 33973, 33975, 33976, 33999, 34051-34201, 34401-34490, 34510, 34520, 35001-35162, 35211, 35241, 35271, 35311, 35331-35363, 35506, 35507, 35509, 35511, 35515, 35526, 35536-35551, 35560, 35563, 35565, 35582, 35601, 35612, 35626, 35631, 35636, 35641, 35645, 35646, 35651, 35663, 35665, 35905, 35907, 36245, 36821, 36834, 37140-37181, 37616, 37617, 37788, 37790, 37799, 39000, 39010, 61613, 92970, 92971, 93536, 93543-93545.

**DRG 191:**

CPT<sup>1</sup> codes 35636, 36821, 37140-37181, 47010, 47011, 47120-47130, 47134, 47300, 47350, 47360, 47399, 47460, 47620, 47802, 48000, 48005, 48020, 48140, 48145, 48146, 48150-48180, 48510, 48520, 48540, 48545, 48556, 48999, 49425, 49426.

**DRG 209:**

CPT<sup>1</sup> codes 20838, 27125, 27130, 27132, 27134, 27137, 27138, 27447, 27486, 27487, 27599, 27702.

**DRG 286:**

CPT<sup>1</sup> codes 37617, 49010, 49060, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, 61735, 64772.

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**DRG 357:**

CPT<sup>1</sup> codes 51920, 51925, 56300, 56302-56309, 56343, 56344, 56351, 56354, 56356, 56399, 57531, 58100, 58140-58280, 58340, 58345, 58520, 58540, 58615, 58700, 58740-58770, 58800-58825, 58900-58943, 58951, 58960, 58970, 58999, 59100-59121, 59135-59151, 59350, 59525, 64999.

**DRG 491:**

CPT<sup>1</sup> codes 20802, 20805, 20808, 23470, 23472, 24361-24363, 25446.

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**1.5.1.3.** The NMCS D STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 9 in California and Yuma, Arizona, that fall within a 200-mile radius of NMCS D. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.5.1.4.** Effective for admissions *between July 17, 2000 through December 31, 2001*, DoD beneficiaries who reside in the NMCS D STSF catchment area must be evaluated by NMCS D before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.5.1.2](#). Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by NMCS D as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to NMCS D.

**1.5.1.5.** If a patient is referred by the network and the STS cannot be provided at NMCS D, the contractor for TRICARE Region 9 will provide a medical necessity review prior to issuance of a Nonavailability Statement or other authorization. If the patient is referred by another MTF, NMCS D will provide a medical necessity review prior to issuance of a NAS. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

**1.5.1.6.** The contractor for TRICARE Region 9 shall provide:

- Two Registered Nurses to serve as on-site Case Managers for activities pertinent to the NMCS D STS program, and
- An on-site Administrative Assistant to assist the Case Managers in activities pertinent to the NMCS D STS program. The NMCS D shall provide space and equipment for the Case Manager and Administrative Assistant for activities pertinent to the STS program.

**1.6. Region 10****1.6.1. David Grant Medical Center (DGMC)**

*Termination date of STSF designation for DGMC: January 1, 2002.*

**1.6.1.1.** DGMC STSF Telephone Number: (707) 423-7545.

**1.6.1.2.** DGMC, Fairfield, California, is designated a Regional STS facility for General Surgery, Neurosurgery, Otorhinolaryngology Surgery, Cardiovascular Surgery, Orthopedic Surgery, and Gynecologic Oncology Surgery for TRICARE Region 10 for the following *CPT codes* and DRGs.

**DRG Range:**

Effective September 1, 1999 *through December 31, 2001*, for DRGs:

- 001 - Craniotomy, age greater than 17, except for trauma
- 003 - Craniotomy, age 0-17
- 004 - Spinal procedures
- 049 - Major head and neck procedures
- 110 - Major cardiovascular procedures with CC
- 111 - Major cardiovascular procedures without CC
- 191 - Pancreas, liver and shunt procedures with CC
- 209 - Major joint and limb reattachment procedures of lower extremity
- 286 - Adrenal and pituitary procedures
- 357 - Uterine and adnexa procedures for ovarian or adnexal malignancy
- 491 - Major joint and limb reattachment procedures of upper extremity

**CPT-4 Procedure Code Range:**

Effective September 1, 1999 *through December 31, 2001*:

**DRGs 001 and 003:**

CPT<sup>1</sup> codes 61304, 61305, 61330, 61332, 61333, 61458, 61460, 61500, 61510, 61512, 61518-61521, 61524-61526, 61530, 61546, 61548, 61563, 61575, 61576, 61580-61585, 61590-61592, 61595-61598, 61600, 61601, 61605, 61606, 61608, 61609, 61680-61692, 61700, 61702, 61705, 61711.

**DRG 004:**

CPT<sup>1</sup> codes 63173, 63250-63252, 63265, 63266, 63270-63281, 63283-63290, 63300-63308.

**DRG 049:**

CPT<sup>1</sup> codes 20955, 21040-21045, 21070, 21209, 21246, 31367-31382, 31560, 31561, 38308, 38542, 38555, *38700, 38720*, 38724, 41135-41155, 42120, *42420*, 42426, *42440*, 60254.

**DRGs 110-111:**

CPT<sup>1</sup> codes 33802, 33803, 33915, 34051-34201, 34401-34490, 35001-35112, 35122-35162, 35341-35363, 35506, 3507, 35511, 35526, 35536-35551, 35560-35565, 35582, 35601, 35612, 35626-35641, 35645, 35646, 35651, 35663, 35665, 35907, 36245, 37140-37181, 37617.

**DRG 191:**

CPT<sup>1</sup> codes 47000, 47001, 47100-47130, 47399, 47400, 47460, 47480, 47500, 47510, 47511, 47550-47556, 47720, 47721, 47765, 47802, 48000-48020, 48100, 48120-48146, 48150-48154, 48510, 48999, 49425, and 49426.

**DRG 209:**

CPT<sup>1</sup> codes 27000, 27125, 27130, 27447.

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**DRG 286:**

CPT<sup>1</sup> codes 49010, 49060, 49200, 49201, 60540, 60545, 60699, 61250, 61304, 61510, 61546, 61548, and 64772.

**DRG 357:**

CPT<sup>1</sup> codes 51920, 51925, 56300, 56302-56309, 56343, 56350, 56351, 56354, 56399, 58100, 58140-58280, 58340, 58345, 58615, 58700, 58720, 58740, 58750, 58770, 58800-58825, 58900-58960, 58999, 59121, 59135-59150, 59350, 59525.

**DRG 491:**

CPT<sup>1</sup> codes 23470, 23472, 24361-24363, 25441, and 25446.

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**1.6.1.3.** The DGMC STSF catchment area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region 10 in California that fall within a 200-mile radius of DGMC. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.6.1.4.** Effective for admissions *between* September 1, 1999 *through December 31, 2001*, DoD beneficiaries who reside in the DGMC STSF catchment area must be evaluated by DGMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 1.6.1.2](#). Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by DGMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to DGMC.

**1.6.1.5.** If the STS cannot be provided at DGMC, the facility will provide a medical necessity review prior to issuance of a Nonavailability Statement. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

**1.6.2. VA Palo Alto Health Care System (VAPAHCS) and San Francisco VA Medical Center (SFVAMC) for Cardiothoracic Surgery**

*Termination date of STSF designation for VAPAHCS and SFVAMC: January 1, 2002.*

**1.6.2.1.** Specialized Treatment Service (STS) Main Referral Line: (415) 750-6668.

**1.6.2.2.** Telephone Care Coordinator: (415) 221-4810 x2388.

**1.6.2.3.** VAPAHCS Cardiothoracic (CT) Surgery Program Telephone Number: (650) 493-5000 x65357.

**1.6.2.4.** SFVAMC CT Surgery Program Telephone Number (415) 221-4810 x3240.

**1.6.2.5.** The VAPAHCS, Palo Alto, California, and SFVAMC, San Francisco, California, are designated as Regional STSFs for cardiothoracic surgery for TRICARE Region Ten for the following *CPT codes* and DRGs:

**DRG Range:**

Effective November 1, 1999 *through December 31, 2001*, for DRGs:

- 104 - Cardiac valve & other major cardiothoracic procedure with cardiac cath
- 105 - Cardiac valve & other major cardiothoracic procedure without cardiac cath
- 106 - Coronary bypass with PTCA
- 107 - Coronary bypass with cardiac cath
- 108 - Other cardiothoracic procedures
- 109 - Coronary bypass without PTCA or cardiac cath

**CPT-4 Procedure Code Range:**

Effective November 1, 1999 *through December 31, 2001*:

**DRG 104:**

CPT<sup>1</sup> codes 33240, 33246, 33247, 33249, 33400, 33401, 33403, 33405, 33406, 33411, 33412, 33425-33427, 33430, 33463-33465, 33472, 33474, 33475, 33975, 33976.

**DRG 105:**

CPT<sup>1</sup> codes 33240, 33246, 33247, 33249, 33400, 33401, 33403, 33405, 33406, 33411, 33412, 33425-33427, 33430, 33463-33465, 33472, 33474, 33475, 33863, 33975, 33976.

**DRG 106-107:**

CPT<sup>1</sup> codes 33510-33514, 33516-33519, 33521-33523, 33533-33535, 33542.

**DRG 108:**

CPT<sup>1</sup> codes 33050, 33120, 33130, 33250, 33261, 33300, 33305, 33310, 33315, 33404, 33414-33417, 33476, 33478, 33502-33504, 33506, +33530, 33542, 33545, +33572, 33608, 33610-33612, 33615, 33617, 33619, 33641, 33645, 33660, 33665, 33670, 33681, 33684, 33688, 33692, 33694, 33702, 33710, 33720, 33722, 33730, 33735-33737, 33770, 33771, 33774-33781, 33786, 33788, 33845, 33851, 33877, 33918, 33919, 33999, 34510, 35001, 35002, 35021, 35022, 35081, 35082, 35091, 35092, 35102, 35103, 35161, 35162.  
+ = Add-on Code (which is listed separately in addition to code for primary procedure.)

**DRG 109:**

CPT<sup>1</sup> codes 33510-33514, 33516, 33517-33519, 33521-33523, 33533-33535, 33542.

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**1.6.2.6.** The VAPAHCS/SFVAMC STSFs catchment area (or service area) is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The catchment area includes zip codes within TRICARE Region Ten in California that fall within a 200-mile radius of the midpoint between the zip code centroids of these two facilities. See [Chapter 19, Section 1, paragraph 4.0](#).

**1.6.2.7.** Effective for admissions *between* November 1, 1999 *through December 31, 2001*, DoD beneficiaries who reside in the regional STSF catchment area for VAPAHCS/SFVAMC must receive cardiac surgery services that fall under the above DRGs from one of these

facilities unless a STSF Nonavailability Statement (STSF NAS) or an authorization is issued subject to the provisions of this chapter. Patients will be referred to these STSFs based on patient/provider preference and, if no preference is indicated, the referrals will occur on a one-for-one rotational basis between the VAPAHCS and the SFVAMC. Evaluation by VAPAHCS or SFVAMC in person is preferred, and travel (i.e., mileage) for the beneficiary and one nonmedical attendant will be reimbursed by the VA STSF as provided in [Chapter 19, Section 1, paragraph 3.0](#). In addition, meals and lodging for the beneficiary and the nonmedical attendant may be provided by the VA STSF. It is possible to conduct the evaluation telephonically if the patient is unable to travel to the STSF.

**1.6.2.8.** If the STS cannot be provided at VAPAHCS or SFVAMC, the contractor will provide a medical necessity review prior to issuance of a STSF NAS or authorization. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

**1.6.2.9.** As required by [32 CFR 199.4\(a\)\(10\)\(vii\)](#), the Lead Agent will ensure that a process is established for beneficiaries to submit information and request a case-by-case waiver when the beneficiary believes that use of the STSF would impose exceptional hardship on the beneficiary or the beneficiary's family. The request for the hardship waiver shall be reviewed by a panel composed of the MCS contractor and the VA STSF. A written decision, including a statement of the reasons for the decision, shall be issued by the review panel within three working days of the receipt of the waiver request. The process shall include an opportunity for the beneficiary to appeal to the Lead Agent an unfavorable decision by the review panel. A written decision on the appeal, including a statement of the reasons for the decision, shall be issued by the Lead Agent within three working days of the receipt of the appeal.

## **2.0. MULTI-REGIONAL STSS**

### **2.1. Regions 1 And 2**

#### **2.1.1. Walter Reed Army Medical Center (WRAMC) And National Naval Medical Center (NNMC) for Cardiac Surgery**

Termination date of STSF designation for WRAMC: June 1, 2003.

Termination date of STSF designation for NNMC: September 1, 2002.

##### **2.1.1.1. WRAMC And NNMC Telephone Numbers**

For all Specialized Treatment Services to be provided at any STS Facility in the National Capital Area (including Walter Reed Army Medical Center and National Naval Medical Center), there is a single point-of-contact designated as the STS Coordinator. The STS Coordinator will receive the initial referral call from the MCS contractor or other civilian or military source. The STS Coordinator will arrange acceptance of the patient into the program, will determine the STS Facility to which the patient will be directed, will facilitate scheduling of pre-surgical and follow-up appointments, and will arrange for travel and lodging of the patient and non-medical attendant.

The STS Coordinator will notify MCS contractor of the patient's acceptance or non-acceptance to the STS not later than two business days following the initial call.

The STS Coordinator may be reached as follows:

Monday through Friday, 0700-1600  
Telephone (202) 782-4301  
Alternate telephone (202) 782-4393  
Local area pager (202) 356-1111  
Long distance pager (800) 759-8888 PIN# 1653917

After hours, weekends, holidays telephone (202) 782-7309. (This telephone will reach the Administrative Officer of the Day at Walter Reed Army Medical Center, who will notify the STS Coordinator of the case on the next business day. Please identify the call as an "STS Case.")

**2.1.1.2.** The WRAMC, Washington, D.C., and NNMC, Bethesda, Maryland (both located within Region 1), are designated as multi-regional STSFs for cardiac surgery for Regions 1 and 2 for the following CPT codes and DRGs:

**CPT-4<sup>1</sup> Procedure Code Range:**

For NNMC effective October 1, 1997 through August 31, 2002, and for WRAMC effective October 1, 1997 through May 31, 2003, for codes:  
33010-37799 (cardiovascular system) excluding codes 33935, 33945, and 36400-36600.

**DRG Range:**

For NNMC effective October 1, 1997 through August 31, 2002, and for WRAMC effective October 1, 1997 through May 31, 2003, for DRGs:

- 104 - Cardiac valve & other major cardiothoracic procedure with cardiac cath
- 105 - Cardiac valve & other major cardiothoracic procedure without cardiac cath
- 106 - Coronary bypass with PTCA
- 107 - Coronary bypass with cardiac cath
- 108 - Other cardiothoracic procedures
- 109 - Coronary bypass without PTCA or cardiac cath
- 110 - Major cardiovascular procedures with CC
- 111 - Major cardiovascular procedures without CC

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**2.1.1.3.** The Region 1 multi-regional STSF catchment area covering TRICARE Regions 1 and 2 is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. As of October 1, 1997, the catchment area includes zip codes within TRICARE Regions 1 and 2 in the District of Columbia and the states of Delaware, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Virginia and West Virginia that fall within a 200-mile radius of the midpoint of a line between WRAMC and NNMC. The zip codes may change with each update of the STSF Catchment Area Directory. See [Chapter 19, Section 1, paragraph 4.0](#).

**2.1.1.4.** Effective for admissions between October 1, 1997 through August 31, 2002, all DoD beneficiaries who reside in the multi-regional STSF catchment area for Region 1 which

includes participation by Region 2 must be evaluated by WRAMC or NNMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 2.1.1.2](#). Effective for admissions between September 1, 2002 through May 31, 2003, all DoD beneficiaries who reside in the multi-regional STSF catchment area for Region 1 which includes participation by Region 2 must be evaluated by WRAMC before receiving TRICARE cost-sharing for procedures that fall under the DRGs identified in [paragraph 2.1.1.2](#). Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WRAMC or NNMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient cannot travel to WRAMC or NNMC.

**2.1.1.5.** If the STS cannot be provided at WRAMC or NNMC, the contractor having jurisdiction for the beneficiary's Region will provide a medical necessity review to support issuance of an STSF NAS by WRAMC or NNMC. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

## **2.2. Regions 1, 2, And 5**

### **2.2.1. Walter Reed Army Medical Center (WRAMC) For Liver Transplants**

Termination date of STSF designation for WRAMC: June 1, 2003.

#### **2.2.1.1. WRAMC STSF Telephone Numbers**

For all Specialized Treatment Services to be provided at any STS Facility in the National Capital Area (including Walter Reed Army Medical Center), there is a single point-of-contact designated as the STS Coordinator. The STS Coordinator will receive the initial referral call from MCSC or other civilian or military source. The STS Coordinator will arrange acceptance of the patient into the program, will facilitate scheduling of pre-surgical and follow-up appointments, and will arrange for travel and lodging of the patient and non-medical attendant.

The STS Coordinator will notify MCSC of the patient's acceptance or non-acceptance to the STS not later than two business days following the initial call.

The STS Coordinator may be reached as follows:

Monday through Friday, 0700-1600  
Telephone (202) 782-4301  
Alternate telephone (202) 782-4393  
Local area pager (202) 356-1111  
Long distance pager (800) 759-8888 PIN# 1653917

After hours, weekends, holidays telephone (202) 782-7309. (This telephone will reach the Administrative Officer of the Day at Walter Reed Army Medical Center, who will notify the STS Coordinator of the case on the next business day. Please identify the call as an "STS Case.")

**2.2.1.2.** WRAMC, Washington, D.C., is designated the multi-regional STSF for liver transplants for Regions 1, 2, and 5 for the following CPT codes and DRG:

**DRG:**

Effective September 1, 1999 *through May 31, 2003*, for DRG:

480 - Liver transplant

**CPT-4<sup>1</sup> Procedure Code Range:**

Effective September 1, 1999 *through May 31, 2003*, for codes:

47134, 47135 and 47136

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**2.2.1.3.** The WRAMC STSF multi-regional catchment area for liver transplant covering TRICARE Regions 1, 2, and 5 includes all zip codes within those TRICARE Regions.

**2.2.1.4.** Effective for admissions *between* September 1, 1999 *through May 31, 2003*, DoD beneficiaries who reside in TRICARE Regions 1, 2, or 5 and require liver transplantation, DRG 480, CPT<sup>1</sup> codes 47134, 47135 or 47136, must be evaluated by WRAMC before receiving a liver transplant under TRICARE cost-sharing. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WRAMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to WRAMC.

**2.2.1.5.** If the liver transplant cannot be performed at WRAMC, the contractor having jurisdiction for the beneficiary's Region will provide a medical necessity review to support issuance of an STSF NAS by WRAMC. The contractor will ensure that the liver transplantation criteria in the [Policy Manual, Chapter 3, Section 1.6C](#) are met. Also see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

### 3.0. NATIONAL STSFS

#### 3.1. Liver Transplantation

Effective for admissions on or after February 20, 1998, this [paragraph 3.1. pertaining to national STSFS for liver transplantation](#) does not apply.

**3.1.1.** On July 15, 1996, the Air Force Wilford Hall Medical Center (WHMC), Lackland AFB, Texas, was designated the national STSF for liver transplantation (excluding living-related donor liver transplantation (LRDLT)). On the same date, Walter Reed Army Medical Center (WRAMC), Washington, DC, was designated as a collaborating STSF for liver transplantation (excluding LRDLT).

**3.1.2.** Effective for admissions on March 1, 1997, through February 19, 1998, DoD beneficiaries who reside in the continental United States (i.e., 48 contiguous states and the District of Columbia) and require liver transplantation, DRG 480, CPT<sup>1</sup> codes 47133, 47135

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(excluding LRDLT) and 47136 (excluding LRDLT), or ICD-9-CM procedure codes 50.51 (excluding LRDLT) and 50.59 (excluding LRDLT), must be evaluated by WHMC or WRAMC before receiving a liver transplant under the TRICARE cost-sharing. Evaluation in person is preferred, and travel and lodging costs shall be reimbursed by the STSF in accordance with [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to WHMC or WRAMC.

**3.1.3.** If the liver transplant cannot be performed at WHMC or WRAMC, WHMC will provide a medical necessity review to support its issuance of an STSF NAS. Prior to issuance of an STSF NAS, WHMC will ensure that the liver transplantation criteria in the [Policy Manual, Chapter 3, Section 1.6C](#) are met.

**NOTE:** An STSF NAS shall not be issued for a TRICARE Prime enrollee even when the beneficiary uses the Point of Service option. The Prime enrollee must have the STS preauthorized by the Health Care Finder having jurisdiction for the enrollee's Region. The Health Care Finder shall first determine whether space is available at WHMC or WRAMC prior to authorizing care. The authorization shall specify whether the care is authorized from WHMC, WRAMC, a network provider or a non-network provider. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

**3.1.4.** WHMC STSF Telephone Number: (210) 292-5560 or 7895.

**3.1.5.** WRAMC STSF Telephone Number: (202) 782-6462.

## **3.2. Bone Marrow Transplantation**

**3.2.1.** On March 15, 1997, the Wilford Hall Medical Center (WHMC), Lackland AFB, Texas, was designated the national STSF for allogeneic bone marrow transplantation. *This STSF designation will terminate on January 1, 2003.*

**3.2.2.** Effective for admissions *between* October 1, 1997 *through December 31, 2002*, all DoD beneficiaries who reside in the continental United States (i.e., the 48 contiguous states and the District of Columbia) and require allogeneic bone marrow transplantation, DRG 481, ICD-9-CM procedure code 41.03 (CPT<sup>2</sup> code 38240), must be evaluated by WHMC before receiving an allogeneic bone marrow transplant under the TRICARE cost-sharing, except for those beneficiaries participating in DoD's demonstration project involving Phase II or Phase III clinical trials sponsored by the National Cancer Institute, as provided in [Chapter 13, Section 2](#). Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WHMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to WHMC.

**3.2.3.** If the allogeneic bone marrow transplant cannot be performed at WHMC, this facility will provide a medical necessity review to support its issuance of an STSF NAS. Prior to issuance of an STSF NAS, WHMC will ensure that the allogeneic bone marrow transplantation criteria in the [Policy Manual, Chapter 3, Section 6.1](#) are met.

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**NOTE:** An STSF NAS shall not be issued for a TRICARE Prime enrollee even when the beneficiary uses the Point of Service option. The Prime enrollee must have the STS preauthorized by the Health Care Finder having jurisdiction for the enrollee's Region. The Health Care Finder shall first determine whether space is available at WHMC prior to authorizing care. The authorization shall specify whether the care is authorized from WHMC, a network provider or a non-network provider. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).

**3.2.4.** WHMC STSF Telephone Number: (210) 292-7080 or (210) 292-7391.

### **3.3. Kidney Transplantation**

**3.3.1.** Walter Reed Army Medical Center (WRAMC), Washington, DC, is designated the national STSF for Kidney Transplantation for the following CPT codes and DRG. *This STSF designation will terminate on June 1, 2003.*

**DRG:**

Effective September 1, 1999 *through May 31, 2003*, for DRG:

302 - Kidney transplant

**CPT-4<sup>1</sup> Procedure Code Range:**

Effective September 1, 1999 *through May 31, 2003*, for codes:  
50300, 50320, 50340, 50360, 50365, 50370, and 50380

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**3.3.2.** Effective for admissions *between* September 1, 1999 *through May 31, 2003*, DoD beneficiaries who reside in the continental United States (i.e., the 48 contiguous states and the District of Columbia) and require kidney transplantation, DRG 302, must be evaluated by WRAMC before receiving a kidney transplant under the TRICARE cost-sharing. Evaluation in person is preferred, and travel and lodging expenses for the beneficiary and one nonmedical attendant will be reimbursed by WRAMC as provided in [Chapter 19, Section 1, paragraph 3.0](#). It is possible to conduct the evaluation telephonically if the patient is unable to travel to WRAMC.

**NOTE:** If a TRICARE beneficiary becomes eligible for Medicare benefits because of end stage renal disease, the evaluation for kidney transplantation by WRAMC or an STSF NAS is not required. However, beneficiaries are encouraged for referral to WRAMC to review their options.

**3.3.3.** If the kidney transplant cannot be performed at WRAMC, the contractor having jurisdiction for the beneficiary's Region will provide a medical necessity review to support issuance of an STSF NAS by WRAMC. The contractor will ensure that the kidney transplantation criteria in the [Policy Manual, Chapter 3, Section 1.6F](#) are met. Also, see the NOTE under [Chapter 19, Section 3, paragraph 1.9](#).



**3.3.4. WRAMC STSF Telephone Numbers**

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