

[\[Categorical Listing\]](#) [\[Numerical Listing\]](#)



THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

JAN 24 1997

MEMORANDUM FOR: ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Policy Memorandum on Concentration of Specialized Care

Reference: ASD(HA) Memorandum, "Specialized Treatment Services Program," October 18, 1995

This memorandum prescribes policy to concentrate the specialized care provided by Military Treatment Facilities for certain complex illnesses within those facilities that have been designated as Specialized Treatment Services (STSs) under the provisions of the referenced memorandum. These services involve complex care that is best delivered in national, multi-regional or regional centers of clinical excellence in order to ensure the most favorable patient outcomes and to conserve resources.

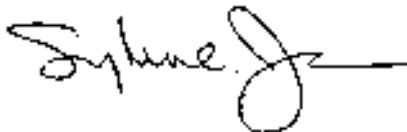
Only those Military Treatment Facilities that have been designated as STSs for the specific care involved under the following Diagnosis Related Groups (DRGs) shall initiate such care except under emergency conditions. In emergency situations, any Military Treatment Facility shall provide medically indicated care and stabilization as required for safe patient transfer to an appropriate military STS Facility or civilian center. If care that has been initiated in a non-STS Facility under a DRG not listed below leads to an unexpected need to continue the same episode of care under one of the listed DRGs, for example, because of the development of unexpected comorbidity, complications, or a new diagnosis, the best interest of the patient as assessed by the clinical staff shall determine whether the patient is retained or transferred to a designated STS Facility or civilian center.

DRG	Designated STS Care
1	Craniotomy, age greater than 17, except for trauma
3	Craniotomy, age 0 to 17
4	Spinal procedures
49	Major head and neck procedures
104	Cardiac valve procedure with cardiac catheterization
105	Cardiac valve procedure without cardiac catheterization
106	Coronary bypass with cardiac catheterization
107	Coronary bypass without cardiac catheterization

110	Major cardiovascular procedures with comorbidity /complications
111	Major cardiovascular procedures without comorbidity/complications
191	Pancreas, liver and shunt procedures with comorbidity/complications
209	Major joint and limb reattachment procedures of lower extremity
286	Adrenal and pituitary procedures
302	Kidney transplant
357	Uterine and adnexa procedures for ovarian or adnexal malignancy
457	Extensive burns without operating room procedure
472	Extensive burns with operating room procedure
480	Liver transplant
481	Bone marrow transplant
491	Major joint and limb reattachment procedures of upper extremity

Military Treatment Facilities designated as STSs shall be staffed and resourced to provide STS care for all beneficiaries enrolled in the TRICARE Prime Option. If these beneficiaries do not provide sufficient patient volume to meet Residency Review Committee clinical requirements for the graduate medical education of the military physician specialists needed to meet the warfighting requirements of the Department of Defense, staffing and resourcing of such STS care shall be provided for other beneficiaries in the following priority order: (1) dependents of active duty Service members, (2) enrolled retirees and their dependents, and (3) retirees and their dependents seeking space available care.

This policy is effective immediately, to be implemented as follows. By March 1, 1997, Military Treatment Facilities shall submit requests to their TRICARE Lead Agent for STS designation for those DRGs listed above that receive the concurrence of a facility's chain of command and parent Service. Requests shall provide, in abbreviated form, the basis for the Facility's intent to go forward with the STS designation process. A [sample request format](#) is attached. By March 1, 1997, Military Treatment Facilities shall amend their scope of practice documents to exclude the provision of care under the above-listed DRGs for which they have not requested STS designation, except for emergency care and the medically necessary continuation of unanticipated care described above. By July 1, 1997, TRICARE Lead Agents shall complete the designation of Regional STSs and shall request that the Assistant Secretary of Defense (Health Affairs) designate multi-regional and national STSs as appropriate. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 60 days.



Stephen C. Joseph, M.D., M.P.H.

Attachment:
As stated

HA POLICY 97-027

Draft Template

Intention to Obtain Specialty Treatment Service (STS) Designation

Thru: *Facility's Chain of Command (must include Service Surgeon General's office, unless otherwise delegated by the Surgeon General).*

To: *Appropriate Lead Agent*

1. *Facility Name* hereby submits notification of the intention to apply for STS Designation in order to continue to provide care under Diagnosis Related Group (DRG) *number*.
2. During FY96 # *procedures* were performed at our institution and coded under DRG number. During the first quarter of FY97 # *procedures* were performed at our institution and coded under DRG *number*.
3. Morbidity and mortality were both within the levels expected for this complexity of case and no significant provider or system errors were identified during this period. *(If this statement can not be made then please identify variances and actions taken to preclude their recurrence.)*
4. This facility has within its budget adequate funds and personnel to maintain the existing levels of service. *(If this statement can not be made then please shortfalls and requirements to maintain existing levels of service. This should be in the form of a business plan as outlines in the STS application process.)*
5. This facility will complete the STS application for a *Regional, Multiregional or National STS (choose one)* within the next 180 days, to allow the TRICARE Lead Agents and the Assistant Secretary of Defense (Health Affairs) to complete the designation process by 1 July 1997.

Signature block for MTF Commander

[\[Top\]](#)

Last update: 1/5/1999