

SPECIALIZED TREATMENT SERVICES

SECTION SUBJECT

- 1 GENERAL**
 - 1.0. STSF Designation
 - 2.0. STSF NAS Requirement
 - 3.0. Travel Cost Reimbursement
 - 4.0. Regional And Multi-Regional STSF Zip Codes
 - 5.0. Traveling Beneficiary
 - 6.0. Applicability Of STSF NAS
 - 7.0. Changes To STS Instructions
 - 8.0. *STS Program Termination*
- 2 STSF RESPONSIBILITIES**
 - 1.0. STSF NAS
 - 2.0. Listing Of STSFs
- 3 CONTRACTOR RESPONSIBILITIES**
 - 1.0. Requirements And Procedures
 - 2.0. Publication Requirements
- 4 DESIGNATED *SPECIALIZED TREATMENT SERVICE FACILITIES (STSFs)***
 - 1.0. Regional STSFs
 - 2.0. Multi-Regional STSFs
 - 3.0. National STSFs
- 5 APPEAL PROCESS AND WAIVER OF LIABILITY**
 - 1.0. STSF NAS Denial Based On Availability Of Care
 - 2.0. STSF NAS Denial Based On Medical Necessity

ADDENDUM A - FIGURES

Figure 19-A-1 - ASD(HA) Memorandum Regarding Specialized Treatment Services Program

