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SUBJECT Street Medicine

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to inform Medical Assistance (MA) providers about updates for the provision of MA-covered services to MA beneficiaries experiencing unsheltered homelessness when delivered in their lived environment, also referred to as street medicine. Updates include the addition of provider type/specialty combinations that can bill for the provision of MA-covered services to MA beneficiaries experiencing unsheltered homelessness when delivered in their lived environment and a change to the place of service (POS) code to utilize when billing.

SCOPE:

This MA bulletin applies to enrolled physicians, certified nurse midwives (CNMs), certified registered nurse practitioners (CRNPs), physician assistants (PAs), podiatrists, dentists, psychologists, federally qualified health centers (FQHCs), rural health clinics (RHCs), centers of excellences for opioid use disorders (COEs), mobile mental health treatment (MMHT) providers, tobacco cessation providers, peer support service providers, family based mental health services (FBMHS) providers, mental health crisis intervention services providers, mental health targeted case management providers, and intensive behavioral health services (IBHS) providers who render services in the MA Fee-for-Service delivery system. Providers

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:
<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any questions regarding the provision of services to MA beneficiaries experiencing unsheltered homelessness when delivered in their lived environment.

BACKGROUND/DISCUSSION:

People experiencing homelessness in the United States die, on average, three decades earlier than their peers with housing, most commonly due to preventable and treatable chronic medical conditions. Meanwhile, the health care utilization costs for people experiencing homelessness are five times the national average, mainly due to an over reliance on the emergency room for routine medical care and increased hospitalization rates for illnesses presenting in advanced stages. Based on this information, street medicine was developed as a model for bringing access to preventive and diagnostic services and treatment to meet the complex needs of people experiencing unsheltered homelessness in their lived environment with the goal of improving outcomes and reducing unnecessary emergency department visits.

Street medicine uses physical and behavioral health services that address the unique needs and circumstances of people experiencing unsheltered homelessness and delivered directly to them in their own lived environment. The fundamental approach of street medicine is to engage people experiencing unsheltered homelessness exactly where they are and on their own terms to reduce or eliminate barriers to care access and follow-through. Visiting people in their lived environment – such as in alleyways, under bridges, within urban encampments – is a necessary strategy to facilitate trust-building with this vulnerable population.

On July 5, 2023, the Department of Human Services (Department) issued MA Bulletin 08-23-12 et.al. titled “Street Medicine,” to inform MA providers that the Department will pay for certain physical and behavioral health services including but not limited to primary care, vaccine administration, wound care, preventive services, counseling, and diagnostic services, when delivered to MA beneficiaries experiencing unsheltered homelessness when delivered in their lived environment. The MA Bulletin identified the eligible providers and instructed them to use Place of Service (POS) 15 (Mobile Unit) with the U2 modifier to indicate the service was rendered to a beneficiary experiencing unsheltered homelessness in their lived environment.

The Centers for Medicare & Medicaid Services created POS 27 (Outreach Site/Street), that will be effective October 1, 2023. POS 27 is defined as a non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals. In response, the Department will begin utilizing POS 27 to indicate when services are rendered to a beneficiary experiencing unsheltered homelessness in their lived environment.

PROCEDURE:

Effective for dates of service on and after October 1, 2023, the Department has expanded the list of eligible providers that can render services to an MA beneficiary experiencing unsheltered homelessness in their lived environment. Eligible providers are those MA providers with the following Provider Type (PT)/Specialty (Spec) combinations. All other requirements associated with the provision of services by these PT/Spec combinations remain the same, including specific requirements regarding mobile mental health treatment services.

PT/ Spec Combinations
01 (Inpatient)/232 (COE)
08 (Clinic)/074 (MMHT)
08/080 (FQHC)
08/081 (RHC)
08/232
09 (CRNP)/All Specialties
10 (Mid-level Practitioner)/100 (PA)
10/370 (Tobacco Cessation)
11 (Mental Health (MH))/076 (Peer Specialist)
11/115 (FBMHS)
11/118 (MH Crisis Intervention – Mobile Crisis and Medical Mobile Crisis)
11/590 (Individual IBHS)
11/591 (Group IBHS)
11/592 (Applied Behavior Analysis IBHS)
11/232
14 (Podiatrist)/140 (Podiatrist)
19 (Psychologist)/190 (General Psychologist)
19/232
19/370
21 (Case Manager)/221 (MH – Targeted Case Management – Resource Coordination)
21/222 (MH – Targeted Case Management – Intensive and Blended)
21/232
27 (Dentist)/All Specialties
31 (Physician)/All Specialties
33 (CNM)/335 (CNM)
33/370
37 (Tobacco Cessation)/370

NOTE: Provider type 10, specialty 100 (physician assistant) is included because physician assistants can be listed as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled “Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants.”

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2022010701.pdf>.

Effective for dates of service on and after October 1, 2023, eligible providers in the FFS delivery system may bill with POS 27 to indicate when a service is provided to MA beneficiaries experiencing unsheltered homelessness in their lived environment. Providers should continue to utilize POS 15 with the U2 modifier for dates of service prior to October 1, 2023, when billing for the provision of services to MA beneficiaries experiencing unsheltered homelessness in their lived environment. The MA Program Fee Schedule has been updated to reflect these changes. Providers may access the online version of the MA Program Fee Schedule located on the Department's website at the following link:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

Behavioral health providers with the PT/Spec combinations of 11/115, 11/118, 21/221, and 21/222 may access the Community Support Services Procedure Code Chart on the Department's website at the following link: <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/Community-Support-Services-Procedure-Code-Chart.pdf>. This chart identifies the procedure codes that are available for these providers.

Managed care organizations may pay for these services when provided to a beneficiary experiencing unsheltered homelessness in their lived environment, although the managed care organizations may require the use of different procedure codes.

OBSOLETE BULLETIN:

This bulletin obsoletes MAB 08-23-12 "Street Medicine," issued July 5, 2023.