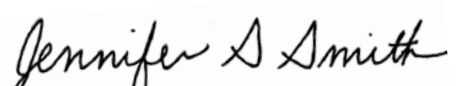


ISSUE DATE July 5, 2023	EFFECTIVE DATE July 5, 2023	NUMBER 08-23-12, 09-23-08, 10-23-07, 11-23-14, 19-23-02, 31-23-09, 33-23-08
SUBJECT Street Medicine		
BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs		BY  Jennifer S. Smith, Deputy Secretary Office of Mental Health & Substance Abuse Services

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 that the Department of Human Services (Department) will pay for certain services provided to MA beneficiaries experiencing unsheltered homelessness when delivered in their lived environment, also referred to as street medicine.

SCOPE:

This MA bulletin applies to enrolled physicians, certified nurse midwives (CNMs), certified registered nurse practitioners (CRNPs), physician assistants (PAs), psychologists, mobile mental health treatment (MMHT) providers, and outpatient practitioners - mental health (MH) who render services in the MA Fee-for-Service or MA Managed Care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any billing questions.

BACKGROUND/DISCUSSION:

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>.

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.

In order to increase access to care for MA beneficiaries experiencing unsheltered homelessness, 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.

PROCEDURE:

Effective with the issuance of this bulletin, eligible providers in both the FFS and managed care delivery systems are 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. Eligible providers are MA providers with the following Provider Type (PT)/Specialty (Spec) combinations. PT 11 (Mental Health/Substance Abuse)/112 (Outpatient Practitioners – MH) includes Licensed Social Workers, Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists in managed care only. 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
08 (Clinic)/ 074 (MMHT)
09/All (CRNP)
10/100 (PA)
11/112 (Outpatient Practitioners - MH)
19 (Psychologist)/190 (General Psychologist)
31/All (Physician)

33/335 (CNM)

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>.

The Department updated the MA Program Fee Schedule by adding POS 15 with the U2 modifier to select codes that may be used when billing for the provision of services to MA beneficiaries experiencing unsheltered homelessness when delivered in their lived environment. 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>.

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.