

USC Street Medicine

FACT SHEET AUGUST 2024

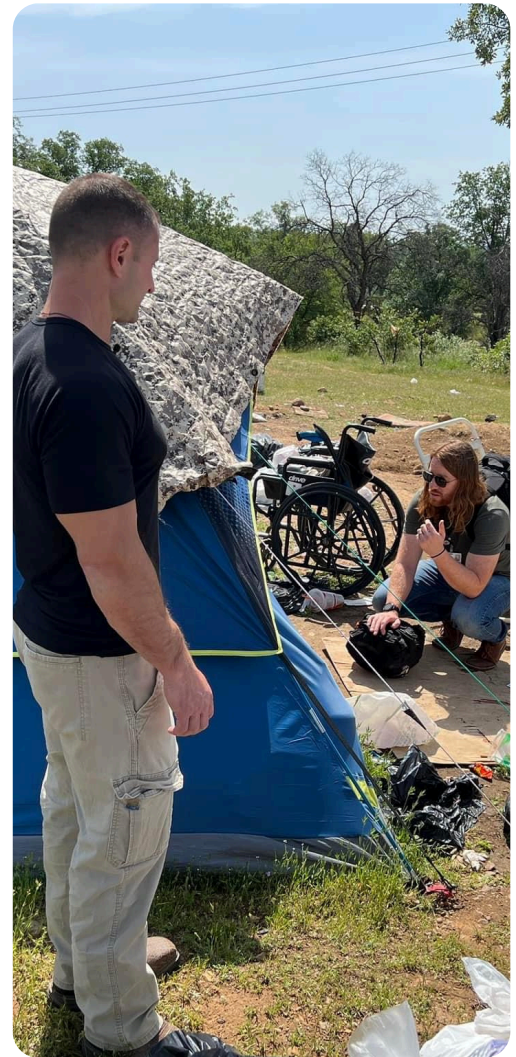
New Federal Regulation Establishes Street Medicine as a Reimbursable Model of Care

Effective October 1, 2023, the Centers of Medicare and Medicaid Services (CMS) has a new [Place of Service Code \(POS\)](#) code to recognize work done at an outreach site or on the street. To seek reimbursement, providers bill for what they do and where. Until now, there was no "where" indicating the street was a legitimate place to deliver care, thus street medicine wasn't reimbursable.

This new POS code makes street medicine a reimbursable model of health care for the first time in the United States, after many years of program development, research, and advocacy. This policy change is the result of a formal petition sent to CMS led by the University of Southern California (USC) Street Medicine, the Street Medicine Institute, and over 600 others, including the National Healthcare for the Homeless Council.

Street medicine is the direct delivery of health care to the rough sleeping population (unsheltered homeless) in their lived environment on the street, sidewalks, encampments, etc. This model of care is uniquely responsive to the severe barriers to accessing healthcare for people who are unhoused, such as historic and current mistreatment from the health care system, transportation limitations, competing priorities, and difficulties navigating the insurance and intake processes of health care. A variety of different services can be provided as part of street medicine including wound care, SUD services including MAT, mental health care, and comprehensive primary care. Unlike other outreach where the goal is to bridge a person to a fixed-site health center, street medicine is about bringing those services to the location where a person is.

Historically, street medicine has been difficult to reimburse for many reasons, but the primary reason is that the location of the service was not recognized as a place where health care could be performed. Health care billing requires a "site code" which link to pre-determined physical locations where health care services can be rendered. The new POS code resolves this issue.



This fact sheet was developed in partnership with the National Health Care for the Homeless Council.

NEW PLACE OF SERVICE CODE FOR STREET MEDICINE

What is the change?	What does it do?	What's next?
<p>The Centers of Medicare and Medicaid Services (CMS) adopted Place of Service Code (POS) #27 to establish a pathway for street medicine practitioners to be reimbursed for their services in all 50 US states.</p> <p>POS #27 designates the service location as “Outreach Site/ Street” and describes street medicine as:</p> <p><i>“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.”</i> (Effective October 1, 2023)</p>	<p>Establishes street medicine as a reimbursable model of health care across the United States.</p> <p>Allows health care providers to meet their patients where they are and get reimbursed for the care they provide outside of their clinic/health care sites.</p> <p>Provides an opportunity for a dependable and sustainable funding source for street medicine and medical outreach.</p> <p>Provides validation that street medicine is an effective, legitimate, and important service delivery model.</p>	<p>Work with your state Medicaid to get this POS code added to your state's recognized codes.</p> <p>Inform organizations serving people experiencing homelessness that street medicine is a reimbursable model of care.</p> <p>Providers must add POS 27 to electronic health record systems so providers can begin billing for street medicine services.</p> <p>Train providers and billing staff on implementing this code.</p> <p>State Medicaid's must adopt the code to include it as a billing option. Many have done this, so check with your state.</p>

For Health Centers/FQHCs:

FQHCs have a designated POS code (POS 50) that aligns with specific payment policies. If an FQHC is successfully receiving reimbursements for street medicine, they may not want to change this practice. However, there may be supplementary reimbursements or allowances for additional services, depending on state policy. To ensure FQHCs are maximizing funding opportunities, check with your state to ensure accurate FQHC coding. Similarly, HRSA has encouraged health centers to add street medicine to their scope of service, and has offered [specific guidance](#) for how to document these services in their scope of project.

WHY THIS IS IMPORTANT

POS code 27 creates a path for financial sustainability for street medicine teams, enabling the expansion of this field across the country. Here is why that is important:

- **Many street medicine teams struggle with financial sustainability** – Many street medicine programs must cobble together funding from numerous sources (e.g., donations, grants) to financially sustain themselves. A [California study](#) found that, prior to the introduction of POS code 27, insurance reimbursement was the least common source of funding for street medicine programs. Code 27 will enable street medicine teams to deepen the financial sustainability of their programs, thereby improving access to health care for their patients.
- **Increases in unsheltered homelessness mean a greater need for well-resourced street medicine programs** – The unsheltered homeless population has reached its largest size since 2007. Amongst the 650,000 experiencing homelessness at any time in the United States, approximately 40% are unsheltered. As this population increases, there is a growing need for street medicine teams that are sustainably resourced to deliver medical care that meets their needs.
- **POS 27 enables the systematic collection of data related to unsheltered homelessness, enabling us to assess outcomes and opportunities for improving care for this population** – In the absence of a unique site code for outreach/site, people experiencing unsheltered homelessness were largely invisible to the healthcare system. Now, providers, health insurance companies, and government agencies will begin to learn more about the morbidity and mortality of this population, which we hope will improve the care provided to them. For example, the new POS code could support quality improvement initiatives by enabling health care organizations to track and compare health outcomes.
- **Street medicine needs a funding model that reflects its unique model of care** – Street medicine is more difficult on multiple levels than providing care in traditional healthcare settings. For example: the volume is less because of the time spent looking for patients, multiple visits are often needed to build trust, and patient care must be adapted to the realities of the street (e.g., loss of medication during frequent street sweeps). POS 27 recognizes and affirms this unique model of care and provides a policy framework for insurance reimbursement that recognizes the financial costs associated with street medicine.

ACTIONS NEEDED TO MAXIMIZE NEW CODE AND ADVANCE STREET MEDICINE

- **Advocate to your state Medicaid authority to recognize this code**
- **Add this code to your electronic health record (EHR)**
- **Ensure finance/billing staff use POS Code 27 when submitting claims**
- **Regularly evaluate how this code is used to ensure it's used accurately**
- **When being contracted to provide street medicine services, use POS 27 to recognize a different Scope of Work and different rate**

Additional Resources for Street Medicine

Center for Health Care Strategies: [Financial Planning for Street Medicine Providers in California](#)

California Health Care Foundation: [The California Street Medicine Landscape Survey and Report](#)

New England Journal of Medicine article, Care Beyond Clinic Walls: [Scaling and Sustaining Street Medicine](#)