

## Targeted Investment 2.0 Program

### SDoH Screening and Referral Coding Guidance

Social Determinants of Health (SDoH) are the conditions in which people are born, grow, work, live, and age. Health-related social needs (HRSNs) are a subset of these conditions, reflecting an individual's unmet, adverse social conditions that contribute to poor health outcomes. This guide clarifies the general SDoH screening and referral claims-based documentation requirement for TI 2.0 milestones, specifies how participants must submit claims to satisfy the milestones, summarizes the relevant G and Z codes, and documents FAQs.

#### **General Milestone Requirements to Document SDoH Screening and Referral via Claims**

- To satisfy the Year 2 milestone, participants are required to document how screening and referral codes, as specified below, will be submitted through claims as applicable to the encounter. These processes must be implemented by 10/1/2024.
- To satisfy the Year 3 milestone, participants must confirm claims documenting the screening and referral status, per Year 2 processes, were submitted for 85% of the members that were screened. AHCCCS will be monitoring claims- Participants that do not consistently submit claims as directed will fail this milestone and sacrifice 20% of their Year 3 payment.

**Optional, recommended best practice:** To ensure compliance with this milestone and inform continuous improvement, participants are encouraged to independently track SDoH screening and referrals (patients, dates, and results) to frequently reconcile with claims. This may help identify specific providers, clinics, or process flows in which the SDoH assessment is not documented in claims as required.

## **Specific Medical Coding Guidance: G and Z Codes**

Participants must comply with the following guidance to satisfy the TI milestone. Any legal or reimbursement concerns with this guidance must be communicated to AHCCCS before 8/30/2024 to ensure it can be addressed before the milestone deadlines. Unfounded concerns and/or operational concerns will not excuse the participant's ability to meet the milestones.

- If at least **one HRSN is identified** during SDoH screening and the **patient desires a referral** to a resource to meet that need:
  - Procedure Code: G9919
  - Diagnosis code(s): All Z codes relevant to the identified HRSN where a referral was desired.
- If at least **one HRSN is identified** during SDoH screening and the **patient does not want a referral** to a resource to meet any identified needs:
  - Procedure code: G9921
  - Diagnosis code(s): All Z codes relevant to the identified HRSN.
- If **no HRSNs are identified** during SDoH screening:
  - Procedure Code: G9920
  - Diagnosis code(s): None related to HRSN.
- If **no SDoH screening** was performed:
  - N/A, as this does not comply with the milestone requirements.

## TI 2.0 SDoH Procedure Codes and Common HRSN Diagnosis Codes

### Procedure Codes:

- **G9919** – Screening performed and positive and provision of recommendations (referral).
- **G9920** – SDoH screening performed and negative.
- **G9921** – Screening performed and positive without provision of recommendations (referral)

### Diagnosis Codes:

Some Z codes related to the TI 2.0 required domains (i.e. employment, food, housing, utility assistance, justice/legal involvement, interpersonal safety, social isolation, and transportation) are listed below. Providers may add to this list with HRSNs and/or other diagnoses related to the service per medical coding guidelines and network (MCO, ACO, CIN) guidance.

#### **Employment**

- Z56.0 – Unemployment, unspecified
- Z56.9 – Unspecified problems related to employment
- Z57.8 – Occupational exposure to other risk factors

#### **Food**

- Z59.41 – Food insecurity

#### **Housing and Shelter**

- Z59.00 – Homelessness unspecified
- Z59.10 – Inadequate housing, unspecified
- Z59.811 – Housing instability, housed, with risk of homelessness
- Z59.87 – Material hardship due to limited financial (i.e. clothing)
- Z59.9 – Problem related to housing and economic circumstances, unspecified (i.e. clothing)

#### **Justice/ Legal Involvement**

- Z65.1 – Imprisonment and other incarceration
- Z65.3 – Problems related to other legal circumstances

#### **Interpersonal Safety**

- Z63.0 – Problems in relationship with spouse or partner
- Z63.9 – Problem related to primary support group, unspecified

#### **Social Isolation**

- Z60.2 – Problems related to living alone
- Z60.4 – Social exclusion and rejection
- Z63.79 – Other stressful life events affecting family and household

#### **Transportation**

- Z59.82 – Transportation insecurity
- Z75.8 – Other problems related to medical facilities and other health care (i.e. medical transportation)

#### **Utilities:**

- Z58.81 – Basic services unavailable in physical environment (i.e. phone)
- Z59.89 – Other problems related to housing and economic circumstances (i.e. phone)
- Z59.12 – Inadequate housing utilities

## Frequently Asked Questions (FAQs):

### 1. What are G and Z codes?

A claim can have several procedure codes and diagnoses associated with the visit. Each procedure code is billed on a separate claim “line,” but the diagnoses apply to the entire visit. “G codes” are a type of procedure, and “Z codes” are a type of diagnosis.

All claims require at least one procedure code (max: 6) to indicate a service was provided. Most outpatient claims may indicate up to twelve diagnosis codes (UB-04 claims allow up to 67). Providers are responsible for prioritizing diagnosis codes according to medical coding guidelines.

### 2. What is the purpose of using the SDoH G and Z codes?

TI 2.0 will use SDoH G and Z codes to track SDoH screenings and referrals at the claim level. This will provide the TIPQIC team, MCOs, ACOs/CINs, and AHCCCS with valuable insights into the non-medical factors influencing patients' health outcomes. AHCCCS and ASU TIPQIC rely on accurate coding by TI providers to track and analyze disparities, with the goal of enhancing health equity and improving health outcomes for the patient population. These codes are critical to demonstrating the importance of (and thereby rationale for reimbursing for) SDoH screening and referral case management.

### 3. What specific codes are required?

G codes (Procedure Codes) will be used to indicate if a complete screening occurred, if a positive need was identified, and if a referral was made to a community service provider. TI participants will use G9919-G9921. As a mutually exclusive procedure code, only one G code can be submitted on a claim. Z codes (Diagnosis Codes) will be used to indicate all of the needs identified through the screening regardless of referral status. TI participants will leverage Z55-Z65.

### 4. Will I be reimbursed for using the G codes?

G and Z codes are not reimbursable in most outpatient settings by AHCCCS Medicaid. However, using the G and Z codes are required for participants to attain the financial incentives (20% of annual payment) associated with the TI Year 2 and Year 3 milestone for identifying, addressing, and recording SDoH screening and referral results. Additional details regarding TI milestones can be found on the [AHCCCS TI website](https://www.azahcccs.gov/PlansProviders/TargetedInvestments/) (<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>).

### 5. Can I use G0136 instead of G9919-G9921?

No. Procedure code G0136 is intended to be a pointed SDoH assessment based on apparent needs and/or doctor's intuition. Per CMS, it is not intended for a full-panel screening of all required domains. TI requires the full screening to be performed to ensure that all of the individual's needs are identified and addressed simultaneously (i.e. whole person care).

**6. Can I use 96160 and 96161?**

Yes, CPT codes 96160 and 96161 can be used in addition to the required G codes. These codes are reimbursable up to 4 times per year in most outpatient settings by AHCCCS Medicaid. These procedure codes can also be submitted for other screeners, such as trauma or other behavioral health conditions (e.g., caregiver depression during Peds PCP appointments). However, these procedure codes do not document if a referral was desired. Providers must adhere to medical coding guidelines to determine if 96160 and/or 96161 should be included on the claim and/or eligible for reimbursement. As no-pay codes specific to SDoH, G codes must be used by TI-participants to indicate an SDoH screening was performed and if the patient/caregiver wanted a referral.

**7. How much TI incentive will I receive by using the SDoH G codes and Z codes?**

Using the SDoH G and Z codes will make up about 20% of the total annual incentive. However, the specific incentive amount cannot be estimated until payments are calculated by AHCCCS at the end of the year.

**8. Can I bill a Z code without completing a SDoH screening?**

Generally, yes. Diagnosis codes (e.g., Z codes) cannot be submitted on a claim without a procedure code. If an SDoH screening was not completed (i.e. no G code) at time of appointment, providers are still required to indicate all diagnoses relevant to the provided service. For example, an established adult patient with diabetes may discuss inaccessibility of healthy food options when discussing challenges associated with managing their A1c at their annual physical. If it's inappropriate for the provider to complete a full SDoH screening (e.g., patient declined), the provider may include Z59.41 (food insecure) with the typical procedure code for the service provided.

However, TI participants must use a prescribed G code to satisfy the TI milestone. Every Z code will need a G code, but not every G code will need a Z code (i.e. if the patient screened for SDoH has no needs identified).

**9. What happens if a claim gets voided or denied? Will I need to resubmit the G and Z codes?**

No. The ASU TIPQIC team can see all claims from AHCCCS Complete Care (ACC) and ACC-RBHA plans regardless of adjudication status.

**10. What G code do I submit if a patient screens positive in a SDoH screening for several HRSNs but only wants a referral for some services?**

Submit G9919 and the Z code(s) that align with the HRSN referrals. Detail all identified needs and referrals (requested or refused by the patient) in your EHR.