

Targeted Investment 2.0 Program

Updated Guidance on Screening and Referral Systems for Non-Medical Drivers of Health

The Non-Medical Drivers of Health (NMDOH) are the conditions¹ in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.² These factors encompass a broad range of influences, including housing stability, food security, transportation access, economic stability, education, community safety, and environmental factors.² They play a crucial role in shaping overall health and well-being, significantly influencing an individual's ability to manage medical conditions and their risk of developing chronic diseases.² This guide clarifies the general claims-based documentation requirements for NMDOH screenings and referrals for TI 2.0 milestones, specifies how participants must submit claims to satisfy these milestones, summarizes the relevant G and Z codes, and provides answers to frequently asked questions.

General Milestone Requirements to Document NMDOH Screening and Referral via Claims

- To satisfy the Year 3 milestone, participants must consistently document the NMDOH screening and referral codes via claims to the MCOs by October 1, 2025. We encourage participants to update their EHR systems and confirm with their clearinghouses that the required data will be submitted to MCOs by that date. AHCCCS will monitor claims. Participants who do not begin submitting claims as directed by September 30, 2025, will sacrifice 20% of their Year 3 payment.
- To satisfy the Year 4 milestone, participants must consistently document NMDOH screenings and referral results through the submission of claims using G procedure codes (G9919 and G9920), V4 modifier, and Z diagnosis codes. AHCCCS will use claims data to verify milestone attainment.

Optional, recommended best practice: To ensure compliance with this milestone and support continuous improvement, participants are encouraged to independently track NMDOH screening and referrals (including patients, dates, and results) and regularly reconcile this information with claims. This can help identify specific providers, clinics, or processes where the NMDOH assessments are not documented in claims as required.

¹ Previously referred to as health-related social needs (HRSNs) in TI 2.0 Years 1-3.

² Texas Health and Human Services. Non-Medical Drivers of Health. Available at: <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/non-medical-drivers-health>

Specific NMDOH Medical Coding Guidance: G and Z Codes

Participants must comply with the following guidance to satisfy the TI milestone. Any legal or reimbursement concerns regarding this guidance must be communicated to AHCCCS by July 31, 2025, to ensure they can be addressed before the milestone deadlines. Operational or unfounded concerns will not excuse participants from meeting the milestones.

- If at least **one NMDOH need is identified** during the screening and the **patient desires a referral**:
 - Procedure Code: G9919
 - Diagnosis code(s): All Z codes relevant to the identified NMDOH need(s) where a referral was desired.
- If at least **one NMDOH need is identified** during the screening and the **patient declines a referral** for any identified need, two options are available. Participants must select **only one option**.
 - Option #1:
 - Procedure code: G9919
 - Charge Line Modifier: V4
 - Diagnosis code(s): All Z codes relevant to the identified NMDOH need(s).
 - Option #2:
 - Procedure code: G9919
 - Diagnosis codes: Z13.9 and all Z codes relevant to the identified NMDOH need(s).
 - **Note: Submitting both will result in an error and will not be tracked correctly.**
- If **no NMDOH needs are identified** during the screening:
 - Procedure Code: G9920
 - Diagnosis code(s): None
- If **no NMDOH screening** was performed:
 - N/A, as this does not comply with the milestone requirements.

TI 2.0 NMDOH Procedure Codes and Common Diagnosis Codes

Procedure Codes:

- **G9919** – Screening performed and positive
 - Referral – Use G9919 + Z55x-Z65x
 - No referral – Use G9919 + Z13.9 **or** G9919 + V4 modifier with Z55x-Z65x
- **G9920** – Screening performed and negative

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. **Please note that this list is not exhaustive, and participants should use Z55x–Z65x codes that correspond to the identified NMDOH need(s).** Providers may add to this list with NMDOH needs 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 NMDOH G and Z codes?

TI 2.0 will use NMDOH G and Z codes to track NMDOH 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 demonstrate the importance of (and thereby the rationale for reimbursing for) NMDOH 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 and G9920. 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 Z55x-Z65x.

4. What happened to G9921? Why did the TI G code methodology change?

The TI G-code methodology changed because HCPCS code G9921 was terminated on December 31, 2024.³ Recognizing the continued need to capture instances where a patient screened positive but declined a referral for an identified NMDOH, AHCCCS and ASU collaborated with stakeholders to update the guidance. Under the revised methodology, providers may now document these cases using either the V4 modifier or Z13.9 with G9919 (positive screen). Importantly, only one option should be submitted, as using both will result in an error and will not be tracked correctly.

5. Will I be reimbursed for using the NMDOH G codes?

G and Z codes are not reimbursable in most outpatient settings by AHCCCS Medicaid. However, using the G and Z codes is required for participants to attain the financial incentives associated with the TI Year 3 and Year 4 milestones for screening non-

³ HCPCS Data. 2025 HCPCS Code G9921. Available at: <https://www.hcpcsdata.com/Codes/G/G9921>

medical drivers of health and managing referral systems. 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/>).

6. Can I use G0136 instead of G9919-G9920?

No. Procedure code G0136 is intended to be a pointed NMDOH 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 NMDOH screening to be performed to ensure that all the individual's needs are identified and addressed simultaneously (i.e. whole person care).

7. 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 NMDOH, G codes must be used by TI-participants to indicate that an NMDOH screening was performed and if the patient/caregiver wanted a referral.

8. How much TI incentive will I receive by using the NMDOH G codes and Z codes?

Using the NMDOH G and Z codes will account for approximately 20% and 25% of the total annual incentive in Years 3 and 4, respectively. However, the specific incentive amount cannot be estimated until payments are calculated by AHCCCS at the end of the year.

9. Can I bill a Z code without completing an NMDOH screening?

Generally, yes. Diagnosis codes (e.g., Z codes) cannot be submitted on a claim without a procedure code. If an NMDOH screening was not completed (i.e., no G code) at the 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 the 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 NMDOH 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 NMDOH has no needs identified).

10. 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. Since G9919 and G9920 are no-pay codes, it is expected that these claim lines will be denied. However, if the entire claim (including a payable service) is voided or denied, please contact the ASU TIPQIC and AHCCCS TI teams.

11. What G code do I submit if a patient screens positive in an NMDOH screening for several NMDOH needs but only wants a referral for some services?

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