Who is eligible?

Persons who screened at least once during the measurement period.

Why does it matter?

Social determinants of health (SDOH) are defined as "the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life," including economic policies and systems, development agendas, social norms and political systems. Social needs have considerable impact on health inequity and can include inadequate access to nutritious food, transportation barriers and inadequate or unstable housing.[1]

Measurement Description:

The percentage of persons who were screened using prespecified instruments, or assessed by a provider, for unmet food, housing and transportation needs at least once during the measurement period, and the percentage of persons with a positive screen or identified need for food, housing or transportation who received an intervention corresponding to the positive screen or identified need within 30 days.

Measurement	Food	Housing	Transportation
Screening	The percentage of persons who were screened for food insecurity.	The percentage of persons who were screened for housing instability, homelessness or housing inadequacy.	The percentage of persons who were screened for transportation insecurity.
Intervention	The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.	The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness or housing inadequacy.	The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

Best Practices

- **Create a safe space for discussion.** Ensure patients have adequate time, privacy, and a comfortable environment to talk about social needs.
- **Normalize the conversation.** Encourage patients to share non-medical concerns and explain that discussing social needs is a routine and important part of whole-person care.
- **Explain the purpose of screening.** Clearly communicate why you are asking these questions and how the information will be used to connect patients to support and resources.
- **Provide appropriate interventions.** For patients who screen positive, implement or coordinate interventions, which may include assistance, counseling, coordination, education, or referrals. Consider providing community resource locating tools, such as FindHelp to all patients.
- **Use standardized screening tools.** Screen patients during visits using approved, prespecified screening instruments. Submit the appropriate LOINC codes for all patients screened.
- **Educate and align staff.** Ensure all team members understand the importance of screening, documenting, and coding social needs accurately to support patient care and quality reporting.

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Measure Claim Codes:

Description	Code
Food Insecurity Interventions	**CPT:** 96156, 96160, 96161, 97802, 97803, 97804 **HCPCS:** S5170, S9470
Housing Instability, Homelessness, and/or Inadequate Housing Interventions	**CPT:** 96156, 96160, 96161
Transportation Insecurity Interventions	**CPT:** 96156, 96160, 96161

**See appendix for eligible screening instruments with thresholds for positive findings.*

[1] Social Need Screening and Intervention (SNS-E). *NCQA*, 29 Sept. 2025, www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/social-need-screening-and-intervention-sns-e/.

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Appendix – Eligible Screening Instruments and Positive Findings Codes:

Food Insecurity Instruments

Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool - short form	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel	95251-5	LA33-6
Hunger Vital Sign (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK)	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

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Housing Instability and Homelessness Instruments

Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool - short form	71802-3	LA31994-9 LA31995-6
Children's Health Watch Housing Stability Vital Signs	98976-4	LA33-6
	98977-2	≥2
	98978-0	LA33-6
Health Leads Screening Panel	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]	93033-9	LA33-6
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

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Housing Inadequacy Instruments

Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool - short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center (NCHC) Screening Tool	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

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Transportation Insecurity Instruments

Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool - short form	99594-4	LA33093-8 LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel	99553-0	LA33-6
Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]	93030-5	LA30133-5 LA30134-3
PROMIS®[1]	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

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