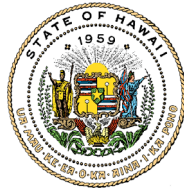


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August 29, 2025

MEMORANDUM

MEMO NOS.

QI-2517
CCS-2506
FFS 25-07

TO: QUEST Integration (QI) and Community Care Services (CCS) Health Plans, Hospitals, and Medicaid Fee-For-Service (FFS) Providers

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: CODING GUIDANCE FOR HEALTH-RELATED SOCIAL NEEDS (HRSN) SCREENING

The purpose of this memorandum is to provide coding guidance to Quest Integration (QI) and Community Care Services (CCS) Health Plans ("Health Plans") and hospital facilities regarding Health-Related Social Need (HRSN) screenings of Medicaid members. The requirements outlined in this memo take effect no later than 90 days upon issuance of this memo. Facilities facing challenges with compliance shall contact the Med-QUEST Division (MQD) using the information at the end of this memo.

As part of the Hospital Pay for Performance (P4P) program, MQD requires facilities to systematically conduct HRSN screenings for Medicaid patients using selected questions from the Accountable Communities of Health (ACH) screening tool. MQD continues to collaborate with the Healthcare Association of Hawaii (HAH) and participating facilities to refine and expand the required screening domains and questions under the MQD P4P Program's Healthy Hawaii Initiative.

HRSN screenings must be conducted in inpatient as well as hospital facility-based outpatient and ambulatory settings. This memo outlines the claims-based method for reporting HRSN screenings of Medicaid patients to MQD, including the use of revenue codes and procedure codes to indicate that a screening was performed, and diagnostic codes to indicate positive findings where applicable. It also details MQD's expectations of Health Plans to process claims containing these codes.

Facilities are required to report HRSN screenings in claims using the codes identified under Options 1.A and 1.B, below. Facilities who are unable to comply with the coding guidance provided in one or more settings may reach out to MQD using the contact information provided at the end of this memo for additional discussion on an alternative method to meeting the requirement for the Hospital Quality Pay for Performance Program for Measurement Year 2025.

Health Plans must ensure their systems are configured to accept and process claims that include HRSN codes. Separate payments will not be made for HRSN screenings when conducted in Hawaii hospitals; Health Plans will reimburse the associated codes at a fee schedule of \$0.00.

Facilities must ensure that their claims submission systems are configured to support one of the following options. Health Plans shall likewise ensure that their claims acceptance systems are configured to support either option:

Option 1 (PREFERRED): Facilities submit either revenue code 0929 (Other Diagnostic Services – Other) or 0770 (Preventive Care Services – General) in inpatient and outpatient Institutional (837i and/or UB-04) claims for visits where HRSN screening was performed, and additionally include the following Z-Codes, and CPT or HCPCS codes identified below:

- A. Z-Code diagnoses to indicate positive screens to be used as appropriate:
 - Food insecurity: Z59.41, Z59.48
 - Housing insecurity: Z59.00, Z59.01, Z59.02, Z59.811, Z59.812, Z59.819, Z59.89
 - Transportation insecurity: Z59.82
 - Utilities insecurity: Z59.87
 - Safety insecurity (maltreatment personal history): Z91.89
 - Additional Z-Codes will be identified as MQD expands upon the HRSN screening questionnaire
- B. Procedure codes to indicate that the screening has occurred, including either the CPT or the HCPCS code combinations identified below:
 - CPT Codes:
 - i. 96160 (screening is administered to the patient)
 - ii. 96161 (screening is administered to the patient's caregiver)

HCPCS codes:

- i. G9920 (screening performed and negative)
- ii. G9919 (screening performed, positive, recommendations provided)
- iii. G9921 (screening performed, positive, recommendations not provided)

Health Plans shall provide facilities with resources to refer patients who screen positive for one or more HRSNs, if requested, to enable facilities to appropriately refer patients and use HCPCS code G9919 where appropriate. Facilities that choose to use CPT codes may submit CPT codes 96160 or 96161 along with a parent Evaluation and Management (E&M) Code, so long as the parent E&M code has a charge of \$0.00.

Option 2 (Not Preferred): Facilities submit a Professional (837p and/or CMS-1500) claim with the appropriate CPT or HCPCS code for each visit where a screening was performed, and Z-code indicating the presence of an HRSN where appropriate (CPT/HCPCS codes and Z-Codes shall remain the same as those defined in Option 1). This method may be used for both inpatient and outpatient visits. The facility shall be listed as the billing provider; the listed rendering provider must be a HOKU-approved active Medicaid servicing provider who performed or supervised the screening and follow-up actions where applicable.

Regardless of the option used, the HRSN service lines shall be informational only and will not result in separate payment from Health Plans. Health Plans shall use a remittance code of CO-45 to indicate coverage without payment and shall adjust their claims systems to accommodate HRSN-related codes, including for dually covered individuals where the claim is submitted initially for Medicare or Commercial payment.

Facilities are encouraged to test both options to determine which best aligns with their internal protocols. The use of this methodology; or an alternative methodology as agreed; shall be effective no later than 90 days upon issuance of this memo. Health Plans are expected to make necessary system changes to support HRSN service lines in facility claims as described in this memo by the same deadline.

Questions may be directed to Med-QUEST Division Clinical Standards Office at MQDCSO_Inquiries@dhs.hawaii.gov.