



Social Needs Screening and Intervention (SNS-E):

Measure Updates for HEDIS MY2026
and Frequently Asked Questions



FAQ'S

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Measure Background

Unmet social needs, including food insecurity, lack of stable or adequate housing and transportation inaccessibility, are linked to poorer access to care and worse clinical outcomes. Recognizing these non-medical drivers of health, also referred to as social determinants of health (SDOH), NCQA introduced the Social Need Screening and Intervention (SNS-E) measure for HEDIS® MY 2023.

The measure is specified for the Electronic Clinical Data System (ECDS) reporting method, which leverages data from EHRs, registries, HIEs, case management systems and claims. An updated version of the measure, released for MY 2026, allows additional sources for reporting measure components, including new billing codes.

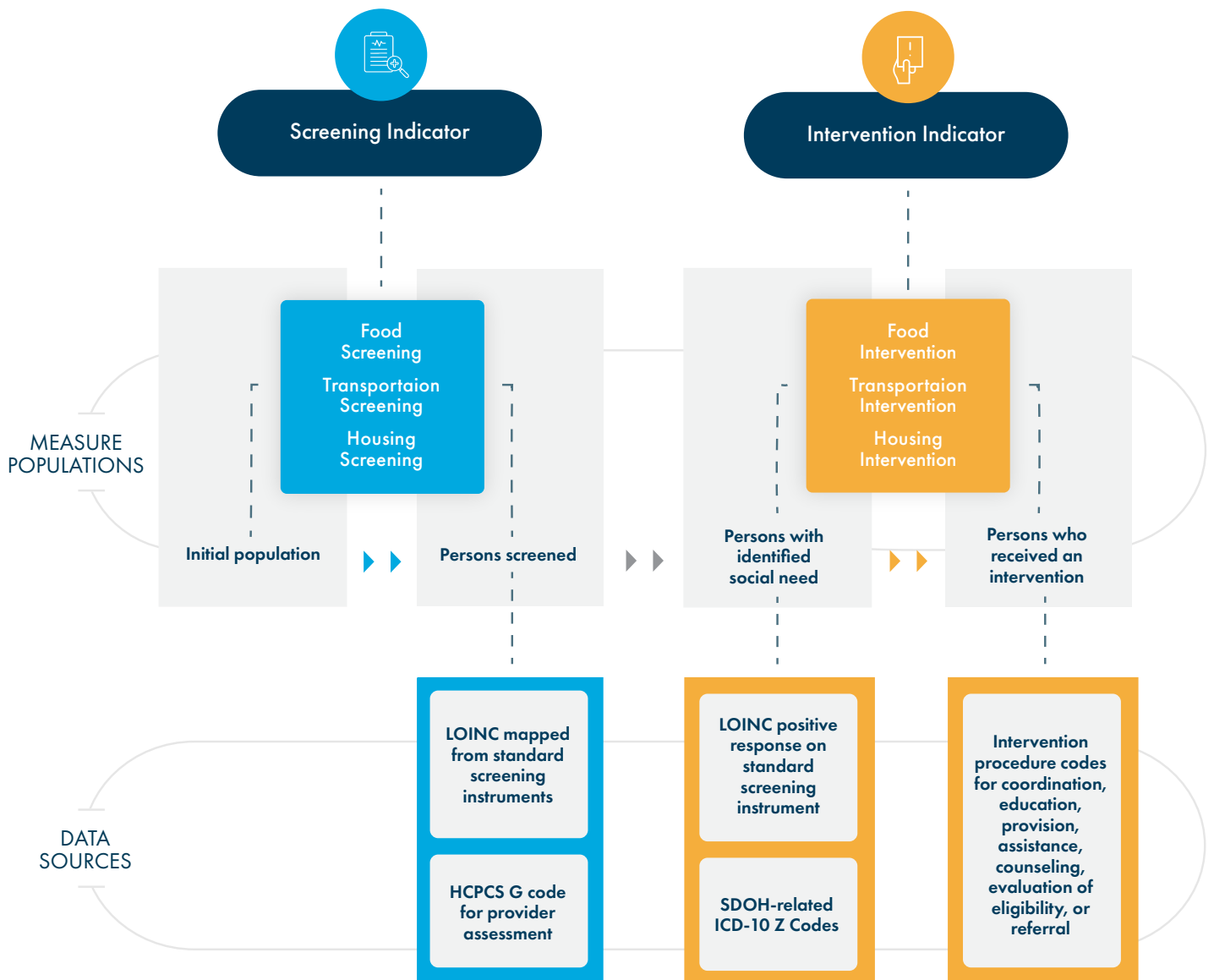
UPDATED SNS-E MEASURE:

Measure Description: The percentage of persons who were screened using prespecified instruments, or were 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.

Coding Changes: The updated measure includes new Healthcare Common Procedure Coding System (HCPCS) G codes that were introduced in the 2024 Physician Fee Schedule and International Classification of Diseases, Tenth Revision (ICD-10) Z codes.

With the addition of the new assessment G code (G0136), which captures SDOH assessment by a provider, Current Procedural Terminology (CPT) codes for assessments that were not specific to SDOH were removed from the measure. Details about measure updates are included in the Q&As below.

Visual Depiction of SNS-E Measure





FAQ'S:

What changes were made to the measure?



Updates add data sources for reporting measure elements.

- **Added** HCPCS code G0136, "administration of a standardized, evidence-based SDOH assessment, 5–15 minutes, not more often than every 6 months," to the screening numerator for identifying provider assessments. For AAFP guidance on use of this code and SDOH assessments, visit [HCPCS Code G0136 for Social Determinants of Health Risk Assessment](#).
- **Added** ICD-10-CM diagnostic codes to intervention denominators to identify individuals with positive social needs. To read about Z codes, visit [ICD-10-CM Official Coding Guidelines](#) or the CMS roadmap for [Improving Collection of SDOH Data with ICD-10-CM Z Codes](#).
- **Added** community health integration service and principal navigator service codes to allowable interventions.
- **Removed** CPT codes for health risk assessments and health behavior assessment from allowable interventions.
- **Removed** the age requirement for exclusion of individuals enrolled in an Institutional SNP (I-SNP) or living long-term in an institution (LTI).

FAQ'S:**Can we still use LOINC codes to report screenings?**

Yes. NCQA encourages use of LOINC codes to report the SNS-E measure. LOINC codes align with optimal levels of data specificity, and could reduce burden on physicians and medical staff if the code for provider assessment of social needs is not relied on as the sole source of SDOH data for patients.

Do ICD-10-CM Z Codes count toward screenings?

No. ICD-10 Z codes are used only to identify individuals with social needs who need a corresponding intervention. The codes can be used to report denominators of the intervention indicators; they don't imply administration of a standardized SDOH screening, and therefore cannot be used to report screening indicators. The SNS-E measure is designed to incentivize structured, best-practice screenings, rather than capturing only prevalence.

Are ICD-10-CM Z codes brought into intervention indicators even if there was no evidence of screening occurrence?

No. Because of how the measure is specified, only individuals who are identified in screening numerators are pulled into the eligible populations for intervention indicators. In other words, individuals who receive a standardized screening are brought into measure screening rates; of these, those with a positive need are identified (through LOINC codes or Z codes) and considered for the intervention rates.

FAQ'S:

What are acceptable adaptations to screening questions?



Linguistic adaptations of standard screening tools are accepted when reporting LOINC codes for screenings. For English versions of screeners, the standardized questions must reference screening tools verbatim. Any modification to question verbiage or language must align with materials provided by the tool developer.

NCQA does allow “mix and match” of screening tool questions: Organizations may administer questions taken from different instruments, and receive credit on corresponding SNS-E measure screening indicators.

Does the measure require reporting housing insecurity and inadequacy?



The SNS-E measure combines housing insecurity, homelessness and housing inadequacy into one housing needs-related indicator. Any screening question about one of the housing-related domains will result in credit toward the housing screening indicator (numerator 3).

Why weren't other screening G codes (not specific to SDOH) added?



NCQA received suggestions that [G9919](#) (“Screening performed and positive and provision of recommendations”) and [G9920](#) (“Screening performed and negative”) be added to the screening numerator. These codes are non-specific to social needs, though they may be used by some organizations to document food or housing-related screenings.

Including codes that are non-specific to social needs risks misclassifying unrelated activities as SDOH screening; this sidesteps activities the measure intends to promote, and could bias performance rates on intervention indicators to seem worse than they are. Because G9919/G9920 are generic, non-billing codes that do not imply administration of a standardized SDOH screening, NCQA does not integrate them to count toward the screening numerator.

FAQ'S:

Will the measure include closed loop referrals?



No. The updated measure will not include reporting of a closed loop referral. Though NCQA recognizes the importance of ensuring that patients with unmet social needs receive interventions they are referred to, our current health data systems cannot support widespread reporting of this information. NCQA encourages organizations to collect this information in their networks to inform quality improvement initiatives and help ensure delivery of high-quality care. NCQA will continue to evaluate alignment with data system capabilities and standards for interoperability.

How will the updated measure affect providers?



The updated specification now aligns with existing clinical practice. NCQA expects this to reduce clinician burden and offer multiple pathways to document social care activities. NCQA continues to encourage reporting of SNS-E using LOINC codes, which can be mapped from other data sources (e.g., case management systems, EHRs, HIEs) organizations might already use to track the social needs of their populations. The intent is not for physicians to assign codes to patients, but rather that EHRs map codes on the back end without interrupting routine care delivery.



Get in Touch with NCQA

NCQA Policy champions are available to answer questions about the Social Need Screening and Intervention measure. Submit your question at [my.NCQA.org](https://my.ncqa.org).

If you have feedback about your organization's experience implementing health equity activities, contact [the NCQA team](#). We use real-world experiences to create resources, elevate best practices and develop content and examples for our programs.