Social Need Screening and Intervention: Code List

The Social Need Screening and Intervention: Code List can be used to identify an intervention corresponding to the type of need identified after the first positive screening result. The "Insecurity Type" column in the below list indicates the type of need identified.

Insecurity Type	Code Type	Code	Definition
Food	CPT	97802	Medical Nutrition Therapy; Initial Assessment And Intervention, Individual, Face-to-face With The Patient, Each 15 Minutes
Food	CPT	97803	Medical Nutrition Therapy; Re-assessment And Intervention, Individual, Face-to-face With The Patient, Each 15 Minutes
Food	CPT	97804	Medical Nutrition Therapy; Group (2 Or More Individual(s)), Each 30 Minutes
Food	HCPCS	G0019	**Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 Minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment; - communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, and from home- and community-based service providers, social service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal-setting and establishing an action plan; - follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities; - health care access/health system navigation; helping the patient access health care, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the SDOH need(s), and educating the patient on how to best participate in medical decision-making; - leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit; - practitioner, home-, and community-based care coordination; - providing tailored support to the patient as needed to accomplish the practitioner's treatment plan;
Food	HCPCS	G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0019) (g0022)

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Insecurity Type	Code Type	Code	Definition
Food	HCPCS	G0023	**Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 Minutes per calendar month, in the following activities:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, home- and community-based service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians, follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as need to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health care access/health system navigation; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - helping the patient access health care, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition, and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home, and community-based care coordination; - providing tailored support as needed to accomplish the practitioner's treatment plan; - providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable
Food	HCPCS	G0024	Principal Illness Navigation Services, Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0023) (g0024)

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Insecurity Type	Code Type	Code	Definition
Food	HCPCS	G0140	**Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 Minutes per calendar month, in the following activities:** - assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors; - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH needs (that are not billed separately); - developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered interview, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home-, and community-based care communication; - providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan;
Food	HCPCS	S5170	Home Delivered Meals, Including Preparation; Per Meal (s5170)
Food	HCPCS	S9470	Nutritional Counseling, Dietitian Visit (s9470)
Food	SNOMED CT US Edition	61310001	Nutrition Education (procedure)
Food	SNOMED CT US Edition	103699006	Referral To Dietitian (procedure)
Food	SNOMED CT US Edition	225348002	Maintaining The Client's Dignity (procedure)
Food	SNOMED CT US Edition	306238000	Referral To Social Services (procedure)
Food	SNOMED CT US Edition	308440001	Referral To Social Worker (procedure)
Food	SNOMED CT US Edition	370840004	Maintaining And Protecting The Patient's Autonomy, Dignity, And Human Rights (procedure)
Food	SNOMED CT US Edition	385767005	Meals On Wheels Provision Education (procedure)
Food	SNOMED CT US Edition	710873001	Involving Client In Decision Making Process (procedure)
Food	SNOMED CT US Edition	710925007	Provision Of Food (procedure)
Food	SNOMED CT US Edition	711069006	Coordination Of Care Plan (procedure)
Food	SNOMED CT US Edition	713109004	Referral To Community Meals Service (procedure)
Food	SNOMED CT US Edition	718524000	Referral To Discharge Planning Team (procedure)
Food	SNOMED CT US Edition	1004110005	Coordination Of Resources To Address Food Insecurity (procedure)

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Insecurity Type	Code Type	Code	Definition
Food	SNOMED CT US Edition	1148446004	Education About Legal Aid (procedure)
Food	SNOMED CT US Edition	1162436000	Referral To Legal Aid (procedure)
Food	SNOMED CT US Edition	1230338004	Referral To Charitable Organization (procedure)
Food	SNOMED CT US Edition	1268662008	Coordination Of Resources To Address Social Needs (procedure)
Food	SNOMED CT US Edition	1268726004	Education About Peer Support Program (procedure)
Food	SNOMED CT US Edition	1268727008	Education About Charitable Organization (procedure)
Food	SNOMED CT US Edition	1269404007	Adjustment Of Clinical Plan To Accommodate Social Risk (procedure)
Food	SNOMED CT US Edition	11541000175105	Referral To Care Management Service (procedure)
Food	SNOMED CT US Edition	32021000175107	Referral To Community Care Management Service (procedure)
Food	SNOMED CT US Edition	428481000124106	Referral To Clinical Social Worker (procedure)
Food	SNOMED CT US Edition	441041000124100	Counseling About Nutrition (regime/therapy)
Food	SNOMED CT US Edition	441201000124108	Counseling About Nutrition Using Cognitive Behavioral Theoretical Approach (regime/therapy)
Food	SNOMED CT US Edition	441231000124100	Counseling About Nutrition Using Health Belief Model (regime/therapy)
Food	SNOMED CT US Edition	441241000124105	Counseling About Nutrition Using Social Learning Theory Approach (regime/therapy)
Food	SNOMED CT US Edition	441251000124107	Counseling About Nutrition Using Transtheoretical Model And Stages Of Change Approach (regime/therapy)
Food	SNOMED CT US Edition	441261000124109	Counseling About Nutrition Using Motivational Interviewing Technique (regime/therapy)
Food	SNOMED CT US Edition	441271000124102	Counseling About Nutrition Using Goal Setting Strategy (regime/therapy)
Food	SNOMED CT US Edition	441281000124104	Counseling About Nutrition Using Self-monitoring Strategy (regime/therapy)
Food	SNOMED CT US Edition	441291000124101	Counseling About Nutrition Using Problem Solving Strategy (regime/therapy)
Food	SNOMED CT US Edition	441301000124100	Counseling About Nutrition Using Social Support Strategy (regime/therapy)
Food	SNOMED CT US Edition	441311000124102	Counseling About Nutrition Using Stress Management Strategy (regime/therapy)
Food	SNOMED CT US Edition	441321000124105	Counseling About Nutrition Using Stimulus Control Strategy (regime/therapy)
Food	SNOMED CT US Edition	441331000124108	Counseling About Nutrition Using Cognitive Restructuring Strategy (regime/therapy)
Food	SNOMED CT US Edition	441341000124103	Counseling About Nutrition Using Relapse Prevention Strategy (regime/therapy)
Food	SNOMED CT US Edition	441351000124101	Counseling About Nutrition Using Rewards And Contingency Management Strategy (regime/therapy)
Food	SNOMED CT US Edition	445291000124103	Nutrition-related Skill Education (procedure)
Food	SNOMED CT US Edition	445301000124102	Content-related Nutrition Education (procedure)
Food	SNOMED CT US Edition	445641000124105	Technical Nutrition Education (procedure)
Food	SNOMED CT US Edition	461481000124109	Referral To Peer Support (procedure)
Food	SNOMED CT US Edition	462481000124102	Referral To Community Action Agency Program (procedure)
Food	SNOMED CT US Edition	462491000124104	Referral To Benefits Enrollment Assistance Program (procedure)
Food	SNOMED CT US Edition	464001000124109	Referral To Case Manager (procedure)
Food	SNOMED CT US Edition	464011000124107	Referral To Care Manager (procedure)
Food	SNOMED CT US Edition	464021000124104	Referral To Care Navigator (procedure)
Food	SNOMED CT US Edition	464031000124101	Referral To Food Pantry Program (procedure)
Food	SNOMED CT US Edition	464041000124106	Referral To Child And Adult Care Food Program (procedure)
Food	SNOMED CT US Edition	464051000124108	Referral To Gus Schumacher Nutrition Incentive-funded Program (procedure)
Food	SNOMED CT US Edition	464061000124105	Referral To Food Prescription Program (procedure)
Food	SNOMED CT US Edition	464071000124103	Referral To Garden Program (procedure)

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Insecurity Type	Code Type	Code	Definition
Food	SNOMED CT US Edition	464081000124100	Referral To Home-delivered Meals Program (procedure)
Food	SNOMED CT US Edition	464091000124102	Referral To Medically Tailored Meal Program (procedure)
Food	SNOMED CT US Edition	464101000124108	Referral To Supplemental Nutrition Assistance Program (procedure)
Food	SNOMED CT US Edition	464111000124106	Referral To Special Supplemental Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	464121000124103	Referral To Summer Food Service Program (procedure)
Food	SNOMED CT US Edition	464131000124100	Referral To Community Health Worker (procedure)
Food	SNOMED CT US Edition	464141000124105	Referral To Meals On Wheels Program (procedure)
Food	SNOMED CT US Edition	464151000124107	Referral To Congregate Meal Program (procedure)
Food	SNOMED CT US Edition	464161000124109	Referral To Community Resource Network Program (procedure)
Food	SNOMED CT US Edition	464171000124102	Referral To Senior Farmers' Market Nutrition Program (procedure)
Food	SNOMED CT US Edition	464181000124104	Referral To Farmers' Market Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	464191000124101	Referral To Food Distribution Program On Indian Reservations (procedure)
Food	SNOMED CT US Edition	464201000124103	Education About Child And Adult Care Food Program (procedure)
Food	SNOMED CT US Edition	464211000124100	Education About Community Meals Program (procedure)
Food	SNOMED CT US Edition	464221000124108	Education About Gus Schumacher Nutrition Incentive-funded Program (procedure)
Food	SNOMED CT US Edition	464231000124106	Education About Food Pantry Program (procedure)
Food	SNOMED CT US Edition	464241000124101	Education About Food Prescription Program (procedure)
Food	SNOMED CT US Edition	464251000124104	Education About Garden Program (procedure)
Food	SNOMED CT US Edition	464261000124102	Education About Home-delivered Meals Program (procedure)
Food	SNOMED CT US Edition	464271000124109	Education About Medically Tailored Meals Program (procedure)
Food	SNOMED CT US Edition	464281000124107	Education About Special Supplement Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	464291000124105	Education About Community Resource Network Program (procedure)
Food	SNOMED CT US Edition	464301000124106	Education About Benefits Enrollment Assistance Program (procedure)
Food	SNOMED CT US Edition	464311000124109	Education About Community Action Agency Program (procedure)
Food	SNOMED CT US Edition	464321000124101	Education About Food Distribution Program On Indian Reservations (procedure)
Food	SNOMED CT US Edition	464331000124103	Education About Farmers' Market Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	464341000124108	Education About Senior Farmers' Market Nutrition Program (procedure)
Food	SNOMED CT US Edition	464351000124105	Education About Congregate Meal Program (procedure)
Food	SNOMED CT US Edition	464361000124107	Education About Supplemental Nutrition Assistance Program (procedure)
Food	SNOMED CT US Edition	464371000124100	Education About Summer Food Service Program (procedure)
Food	SNOMED CT US Edition	464381000124102	Provision Of Prescription For Infant Formula (procedure)
Food	SNOMED CT US Edition	464401000124102	Provision Of Fresh Fruit And Vegetable Voucher (procedure)
Food	SNOMED CT US Edition	464411000124104	Provision Of Food Voucher (procedure)
Food	SNOMED CT US Edition	464421000124107	Provision Of Home-delivered Meals (procedure)
Food	SNOMED CT US Edition	464431000124105	Provision Of Medically Tailored Meals (procedure)
Food	SNOMED CT US Edition	464611000124102	Coordination Of Care Team (procedure)
Food	SNOMED CT US Edition	464621000124105	Evaluation Of Eligibility For Home-delivered Meals Program (procedure)
Food	SNOMED CT US Edition	464631000124108	Evaluation Of Eligibility For Meals On Wheels Program (procedure)
Food	SNOMED CT US Edition	464641000124103	Evaluation Of Eligibility For Medically Tailored Meals Program (procedure)

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Insecurity Type	Code Type	Code	Definition
Food	SNOMED CT US Edition	464651000124101	Evaluation Of Eligibility For Senior Farmers' Market Nutrition Program (procedure)
Food	SNOMED CT US Edition	464661000124104	Evaluation Of Eligibility For Special Supplemental Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	464671000124106	Counseling For Readiness To Implement Food Insecurity Care Plan (procedure)
Food	SNOMED CT US Edition	464681000124109	Counseling For Food Insecurity Care Plan Participation Barriers (procedure)
Food	SNOMED CT US Edition	464691000124107	Counseling For Barriers To Achieving Food Security (procedure)
Food	SNOMED CT US Edition	464701000124107	Counseling For Readiness To Achieve Food Security Goals (procedure)
Food	SNOMED CT US Edition	464721000124102	Provision Of Food Prescription (procedure)
Food	SNOMED CT US Edition	467591000124102	Evaluation Of Eligibility For Food Pantry Program (procedure)
Food	SNOMED CT US Edition	467601000124105	Evaluation Of Eligibility For Food Distribution Program On Indian Reservations (procedure)
Food	SNOMED CT US Edition	467611000124108	Evaluation Of Eligibility For Farmers' Market Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	467621000124100	Evaluation Of Eligibility For Supplemental Nutrition Assistance Program (procedure)
Food	SNOMED CT US Edition	467631000124102	Evaluation Of Eligibility For Summer Food Service Program (procedure)
Food	SNOMED CT US Edition	467641000124107	Evaluation Of Eligibility For Gus Schumacher Nutrition Incentive-funded Program (procedure)
Food	SNOMED CT US Edition	467651000124109	Evaluation Of Eligibility For Garden Program (procedure)
Food	SNOMED CT US Edition	467661000124106	Evaluation Of Eligibility For Community Meal Program (procedure)
Food	SNOMED CT US Edition	467671000124104	Evaluation Of Eligibility For Child And Adult Care Food Program (procedure)
Food	SNOMED CT US Edition	467681000124101	Assistance With Application For Summer Food Service Program (procedure)
Food	SNOMED CT US Edition	467691000124103	Assistance With Application For Special Supplemental Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	467711000124100	Assistance With Application For Senior Farmers' Market Nutrition Program (procedure)
Food	SNOMED CT US Edition	467721000124108	Assistance With Application For Medically Tailored Meals Program (procedure)
Food	SNOMED CT US Edition	467731000124106	Assistance With Application For Home-delivered Meals Program (procedure)
Food	SNOMED CT US Edition	467741000124101	Assistance With Application For Gus Schumacher Nutrition Incentive-funded Program (procedure)
Food	SNOMED CT US Edition	467751000124104	Assistance With Application For Garden Program (procedure)
Food	SNOMED CT US Edition	467761000124102	Assistance With Application For Food Prescription Program (procedure)
Food	SNOMED CT US Edition	467771000124109	Assistance With Application For Food Pantry Program (procedure)
Food	SNOMED CT US Edition	467781000124107	Assistance With Application For Child And Adult Care Food Program (procedure)
Food	SNOMED CT US Edition	467791000124105	Assistance With Application For Food Distribution Program On Indian Reservations (procedure)
Food	SNOMED CT US Edition	467801000124106	Assistance With Application For Community Meal Program (procedure)
Food	SNOMED CT US Edition	467811000124109	Assistance With Application For Farmers' Market Nutrition Program For Women, Infants And Children (procedure)
Food	SNOMED CT US Edition	467821000124101	Assistance With Application For Supplemental Nutrition Assistance Program (procedure)
Food	SNOMED CT US Edition	468401000124109	Evaluation Of Eligibility For Food Prescription Program (procedure)
Food	SNOMED CT US Edition	470231000124107	Counseling For Social Determinant Of Health Risk (procedure)
Food	SNOMED CT US Edition	470241000124102	Assistance With Application For National School Lunch Program (procedure)
Food	SNOMED CT US Edition	470261000124103	Assistance With Application For School Breakfast Program (procedure)
Food	SNOMED CT US Edition	470271000124105	Evaluation Of Eligibility For National School Lunch Program (procedure)
Food	SNOMED CT US Edition	470281000124108	Evaluation Of Eligibility For School Breakfast Program (procedure)
Food	SNOMED CT US Edition	470291000124106	Referral To National School Lunch Program (procedure)
Food	SNOMED CT US Edition	470301000124107	Referral To School Breakfast Program (procedure)
Food	SNOMED CT US Edition	470311000124105	Education About National School Lunch Program (procedure)

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Insecurity Type	Code Type	Code	Definition
Food	SNOMED CT US Edition	470321000124102	Education About School Breakfast Program (procedure)
Food	SNOMED CT US Edition	470591000124109	Education About Community Development Financial Institution (procedure)
Food	SNOMED CT US Edition	470601000124101	Education About Community Development Corporation (procedure)
Food	SNOMED CT US Edition	470611000124103	Education About Area Agency On Aging Program (procedure)
Food	SNOMED CT US Edition	471111000124101	Referral To Community Development Financial Institution (procedure)
Food	SNOMED CT US Edition	471121000124109	Referral To Community Development Corporation (procedure)
Food	SNOMED CT US Edition	471131000124107	Referral To Area Agency On Aging (procedure)
Food	SNOMED CT US Edition	472151000124109	Referral To Medical Legal Partnership Program (procedure)
Food	SNOMED CT US Edition	472331000124100	Education About Medical Legal Partnership Program (procedure)
Food	SNOMED CT US Edition	551101000124107	Referral To Lawyer (procedure)
Food	SNOMED CT US Edition	581041000124102	Assistance With Application For Renewal Of Benefits Enrollment (procedure)
Food	SNOMED CT US Edition	651121000124109	Education About Patient Advocacy Program (procedure)
Food	SNOMED CT US Edition	661101000124109	Education About State Funded Food Assistance Program (procedure)
Food	SNOMED CT US Edition	661181000124100	Education About Peer Support Specialist Service (procedure)
Food	SNOMED CT US Edition	662151000124104	Assistance With Application For State Funded Food Assistance Program (procedure)
Food	SNOMED CT US Edition	662651000124105	Evaluation Of Eligibility For State Funded Food Assistance Program (procedure)
Food	SNOMED CT US Edition	662871000124101	Referral To Patient Advocate Program (procedure)
Food	SNOMED CT US Edition	663081000124100	Referral To State Funded Food Assistance Program (procedure)
Food	SNOMED CT US Edition	663211000124100	Referral To Peer Support Specialist (procedure)
Food	SNOMED CT US Edition	761131000124106	Assistance With Application For Child Financial Support (procedure)
Food	SNOMED CT US Edition	761291000124101	Education About Child Financial Support (procedure)
Food	SNOMED CT US Edition	761301000124100	Education About Library Educational Programs (procedure)
Food	SNOMED CT US Edition	841421000124108	Education About Non-attorney Legal Advocate (procedure)
Food	SNOMED CT US Edition	841431000124106	Referral To Non-attorney Legal Advocate (procedure)
Food	SNOMED CT US Edition	851301000124109	Referral To Health Plan Case Management Program (procedure)

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Insecurity Type	Code Type	Code	Definition
Homelessness	HCPCS	G0019	**Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 Minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment; - communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, and from home- and community-based service providers, social service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal-setting and establishing an action plan; - follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities; - health care access/health system navigation; helping the patient access health care, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the SDOH need(s), and educating the patient on how to best participate in medical decision-making; - leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit; - practitioner, home-, and community-based care coordination; - providing tailored support to the patient as needed to accomplish the practitioner's treatment plan;
Homelessness	HCPCS	G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0019) (g0022)

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Social Need Screening and Intervention: Code List

Insecurity Type	Code Type	Code	Definition
Homelessness	HCPCS	G0023	**Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 Minutes per calendar month, in the following activities:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, home- and community-based service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians, follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as need to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health care access/health system navigation; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - helping the patient access health care, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition, and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home, and community-based care coordination; - providing tailored support as needed to accomplish the practitioner's treatment plan; - providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable
Homelessness	HCPCS	G0024	Principal Illness Navigation Services, Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0023) (g0024)

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Social Need Screening and Intervention: Code List

Insecurity Type	Code Type	Code	Definition
Homelessness	HCPCS	G0140	**Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 Minutes per calendar month, in the following activities:** - assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors; - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH needs (that are not billed separately); - developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered interview, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home-, and community-based care communication; - providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan;
Homelessness	SNOMED CT US Edition	225348002	Maintaining The Client's Dignity (procedure)
Homelessness	SNOMED CT US Edition	306238000	Referral To Social Services (procedure)
Homelessness	SNOMED CT US Edition	308440001	Referral To Social Worker (procedure)
Homelessness	SNOMED CT US Edition	370840004	Maintaining And Protecting The Patient's Autonomy, Dignity, And Human Rights (procedure)
Homelessness	SNOMED CT US Edition	710873001	Involving Client In Decision Making Process (procedure)
Homelessness	SNOMED CT US Edition	711069006	Coordination Of Care Plan (procedure)
Homelessness	SNOMED CT US Edition	718524000	Referral To Discharge Planning Team (procedure)
Homelessness	SNOMED CT US Edition	1148446004	Education About Legal Aid (procedure)
Homelessness	SNOMED CT US Edition	1148818006	Coordination Of Services To Assist With Maintaining Housing Security (procedure)
Homelessness	SNOMED CT US Edition	1162436000	Referral To Legal Aid (procedure)
Homelessness	SNOMED CT US Edition	1162437009	Coordination Of Resources To Address Housing Instability (procedure)
Homelessness	SNOMED CT US Edition	1230338004	Referral To Charitable Organization (procedure)
Homelessness	SNOMED CT US Edition	1268662008	Coordination Of Resources To Address Social Needs (procedure)
Homelessness	SNOMED CT US Edition	1268726004	Education About Peer Support Program (procedure)
Homelessness	SNOMED CT US Edition	1268727008	Education About Charitable Organization (procedure)

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Social Need Screening and Intervention: Code List

Insecurity Type	Code Type	Code	Definition
Homelessness	SNOMED CT US Edition	1269404007	Adjustment Of Clinical Plan To Accommodate Social Risk (procedure)
Homelessness	SNOMED CT US Edition	1303097003	Coordination Of Resources To Address Homelessness (procedure)
Homelessness	SNOMED CT US Edition	1343661006	Assistance With Search For Housing (procedure)
Homelessness	SNOMED CT US Edition	11541000175105	Referral To Care Management Service (procedure)
Homelessness	SNOMED CT US Edition	32021000175107	Referral To Community Care Management Service (procedure)
Homelessness	SNOMED CT US Edition	428481000124106	Referral To Clinical Social Worker (procedure)
Homelessness	SNOMED CT US Edition	461481000124109	Referral To Peer Support (procedure)
Homelessness	SNOMED CT US Edition	462481000124102	Referral To Community Action Agency Program (procedure)
Homelessness	SNOMED CT US Edition	462491000124104	Referral To Benefits Enrollment Assistance Program (procedure)
Homelessness	SNOMED CT US Edition	464001000124109	Referral To Case Manager (procedure)
Homelessness	SNOMED CT US Edition	464011000124107	Referral To Care Manager (procedure)
Homelessness	SNOMED CT US Edition	464021000124104	Referral To Care Navigator (procedure)
Homelessness	SNOMED CT US Edition	464131000124100	Referral To Community Health Worker (procedure)
Homelessness	SNOMED CT US Edition	464161000124109	Referral To Community Resource Network Program (procedure)
Homelessness	SNOMED CT US Edition	464291000124105	Education About Community Resource Network Program (procedure)
Homelessness	SNOMED CT US Edition	464301000124106	Education About Benefits Enrollment Assistance Program (procedure)
Homelessness	SNOMED CT US Edition	464311000124109	Education About Community Action Agency Program (procedure)
Homelessness	SNOMED CT US Edition	464611000124102	Coordination Of Care Team (procedure)
Homelessness	SNOMED CT US Edition	470231000124107	Counseling For Social Determinant Of Health Risk (procedure)
Homelessness	SNOMED CT US Edition	470471000124109	Assistance With Application For Rental Assistance Program (procedure)
Homelessness	SNOMED CT US Edition	470481000124107	Assistance With Application For Subsidized Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470491000124105	Evaluation Of Eligibility For Subsidized Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470501000124102	Education About Subsidized Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470581000124106	Education About Healthcare For The Homeless Program (procedure)
Homelessness	SNOMED CT US Edition	470591000124109	Education About Community Development Financial Institution (procedure)
Homelessness	SNOMED CT US Edition	470601000124101	Education About Community Development Corporation (procedure)
Homelessness	SNOMED CT US Edition	470611000124103	Education About Area Agency On Aging Program (procedure)
Homelessness	SNOMED CT US Edition	470781000124104	Evaluation Of Eligibility For Permanent Supportive Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470791000124101	Assistance With Application For Permanent Supportive Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470801000124100	Education About Permanent Supportive Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470811000124102	Evaluation Of Eligibility For Transitional Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470821000124105	Education About Transitional Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470831000124108	Assistance With Application For Transitional Housing Program (procedure)
Homelessness	SNOMED CT US Edition	470841000124103	Referral To Healthcare For The Homeless Program (procedure)
Homelessness	SNOMED CT US Edition	471021000124108	Referral To Street Outreach Program (procedure)
Homelessness	SNOMED CT US Edition	471031000124106	Education About Street Outreach Program (procedure)
Homelessness	SNOMED CT US Edition	471041000124101	Referral To Rental Assistance Program (procedure)
Homelessness	SNOMED CT US Edition	471051000124104	Referral To Homelessness Prevention Program (procedure)
Homelessness	SNOMED CT US Edition	471071000124109	Referral To Fair Housing Assistance Program (procedure)

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Social Need Screening and Intervention: Code List

Insecurity Type	Code Type	Code	Definition
Homelessness	SNOMED CT US Edition	471081000124107	Referral To Day Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	471091000124105	Referral To Emergency Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	471101000124104	Referral To Coordinated Entry Program (procedure)
Homelessness	SNOMED CT US Edition	471111000124101	Referral To Community Development Financial Institution (procedure)
Homelessness	SNOMED CT US Edition	471121000124109	Referral To Community Development Corporation (procedure)
Homelessness	SNOMED CT US Edition	471131000124107	Referral To Area Agency On Aging (procedure)
Homelessness	SNOMED CT US Edition	472031000124103	Evaluation Of Eligibility For Safe Haven Program (procedure)
Homelessness	SNOMED CT US Edition	472041000124108	Referral To Subsidized Housing Service (procedure)
Homelessness	SNOMED CT US Edition	472051000124105	Education About Safe Haven Program (procedure)
Homelessness	SNOMED CT US Edition	472081000124102	Education About Rental Assistance Program (procedure)
Homelessness	SNOMED CT US Edition	472091000124104	Evaluation Of Eligibility For Rental Assistance Program (procedure)
Homelessness	SNOMED CT US Edition	472101000124105	Evaluation Of Eligibility For Rapid Re-housing Program (procedure)
Homelessness	SNOMED CT US Edition	472111000124108	Education About Rapid Re-housing Program (procedure)
Homelessness	SNOMED CT US Edition	472121000124100	Assistance With Application For Rapid Re-housing Program (procedure)
Homelessness	SNOMED CT US Edition	472131000124102	Provision Of Rental Assistance Voucher (procedure)
Homelessness	SNOMED CT US Edition	472141000124107	Referral To Medical Respite For Homeless Program (procedure)
Homelessness	SNOMED CT US Edition	472151000124109	Referral To Medical Legal Partnership Program (procedure)
Homelessness	SNOMED CT US Edition	472161000124106	Referral To Housing Support Program (procedure)
Homelessness	SNOMED CT US Edition	472191000124103	Counseling For Readiness To Achieve Housing Security Goals (procedure)
Homelessness	SNOMED CT US Edition	472221000124105	Counseling For Readiness To Implement Housing Insecurity Care Plan (procedure)
Homelessness	SNOMED CT US Edition	472241000124103	Counseling For Barriers To Achieve Housing Security (procedure)
Homelessness	SNOMED CT US Edition	472261000124104	Counseling For Housing Insecurity Care Plan Participation Barriers (procedure)
Homelessness	SNOMED CT US Edition	472301000124108	Evaluation Of Eligibility For Medical Respite For Homeless Program (procedure)
Homelessness	SNOMED CT US Edition	472311000124106	Education About Medical Respite For Homeless Program (procedure)
Homelessness	SNOMED CT US Edition	472321000124103	Assistance With Application For Medical Respite For Homeless Program (procedure)
Homelessness	SNOMED CT US Edition	472331000124100	Education About Medical Legal Partnership Program (procedure)
Homelessness	SNOMED CT US Edition	472341000124105	Evaluation Of Eligibility For Housing With Services Program (procedure)
Homelessness	SNOMED CT US Edition	472351000124107	Assistance With Application For Housing With Services Program (procedure)
Homelessness	SNOMED CT US Edition	472361000124109	Education About Housing With Services Program (procedure)
Homelessness	SNOMED CT US Edition	480791000124106	Evaluation Of Eligibility For Street Outreach Program (procedure)
Homelessness	SNOMED CT US Edition	480801000124107	Assistance With Application For Safe Haven Program (procedure)
Homelessness	SNOMED CT US Edition	480811000124105	Evaluation Of Eligibility For Housing Only Program (procedure)
Homelessness	SNOMED CT US Edition	480821000124102	Education About Housing Only Program (procedure)
Homelessness	SNOMED CT US Edition	480831000124104	Assistance With Application For Housing Only Program (procedure)
Homelessness	SNOMED CT US Edition	480841000124109	Education About Homelessness Prevention Program (procedure)
Homelessness	SNOMED CT US Edition	480851000124106	Evaluation Of Eligibility For Homelessness Prevention Program (procedure)
Homelessness	SNOMED CT US Edition	480861000124108	Assistance With Application To Homelessness Prevention Program (procedure)
Homelessness	SNOMED CT US Edition	480871000124101	Evaluation Of Eligibility For Healthcare For Homeless Program (procedure)
Homelessness	SNOMED CT US Edition	480901000124101	Education About Fair Housing Assistance Program (procedure)

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Social Need Screening and Intervention: Code List

Insecurity Type	Code Type	Code	Definition
Homelessness	SNOMED CT US Edition	480921000124106	Assistance With Application To Emergency Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	480931000124109	Evaluation Of Eligibility For Emergency Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	480941000124104	Education About Emergency Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	480961000124100	Education About Day Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	480971000124107	Education About Coordinated Entry Program (procedure)
Homelessness	SNOMED CT US Edition	480981000124105	Assistance With Application For Day Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	551101000124107	Referral To Lawyer (procedure)
Homelessness	SNOMED CT US Edition	581041000124102	Assistance With Application For Renewal Of Benefits Enrollment (procedure)
Homelessness	SNOMED CT US Edition	651121000124109	Education About Patient Advocacy Program (procedure)
Homelessness	SNOMED CT US Edition	661181000124100	Education About Peer Support Specialist Service (procedure)
Homelessness	SNOMED CT US Edition	662871000124101	Referral To Patient Advocate Program (procedure)
Homelessness	SNOMED CT US Edition	663211000124100	Referral To Peer Support Specialist (procedure)
Homelessness	SNOMED CT US Edition	761131000124106	Assistance With Application For Child Financial Support (procedure)
Homelessness	SNOMED CT US Edition	761291000124101	Education About Child Financial Support (procedure)
Homelessness	SNOMED CT US Edition	761301000124100	Education About Library Educational Programs (procedure)
Homelessness	SNOMED CT US Edition	761371000124106	Evaluation Of Eligibility For Day Shelter Program (procedure)
Homelessness	SNOMED CT US Edition	831201000124100	Provision Of Payment For Benefit Program Application Fee (procedure)
Homelessness	SNOMED CT US Edition	841211000124101	Provision Of Payment For Housing Inspection To Support Housing Transition (procedure)
Homelessness	SNOMED CT US Edition	841221000124109	Provision Of Essential Household Goods To Support Housing Transition (procedure)
Homelessness	SNOMED CT US Edition	841241000124102	Medical Respite Care For Homelessness (regime/therapy)
Homelessness	SNOMED CT US Edition	841421000124108	Education About Non-attorney Legal Advocate (procedure)
Homelessness	SNOMED CT US Edition	841431000124106	Referral To Non-attorney Legal Advocate (procedure)
Homelessness	SNOMED CT US Edition	851281000124105	Preprocedure Medical Respite Care For Homelessness (regime/therapy)
Homelessness	SNOMED CT US Edition	851291000124108	Posthospitalization Medical Respite Care For Homelessness (regime/therapy)
Homelessness	SNOMED CT US Edition	851301000124109	Referral To Health Plan Case Management Program (procedure)
Homelessness	SNOMED CT US Edition	851311000124107	Assistance With Housing Lease Renewal (procedure)
Homelessness	SNOMED CT US Edition	901381000124103	Education About Public Housing Agency (procedure)
Homelessness	SNOMED CT US Edition	901391000124100	Education About Tribally Designated Housing Entity (procedure)
Homelessness	SNOMED CT US Edition	901401000124103	Referral To Public Housing Agency (procedure)
Homelessness	SNOMED CT US Edition	901411000124100	Referral To Tribally Designated Housing Entity (procedure)

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Social Need Screening and Intervention: Code List

Insecurity Type	Code Type	Code	Definition
Inadequacy Housing	HCPCS	G0019	**Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 Minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment; - communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, and from home- and community-based service providers, social service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal-setting and establishing an action plan; - follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities; - health care access/health system navigation; helping the patient access health care, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the SDOH need(s), and educating the patient on how to best participate in medical decision-making; - leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit; - practitioner, home-, and community-based care coordination; - providing tailored support to the patient as needed to accomplish the practitioner's treatment plan;
Inadequacy Housing	HCPCS	G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0019) (g0022)

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Insecurity Type	Code Type	Code	Definition
Inadequacy Housing	HCPCS	G0023	**Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 Minutes per calendar month, in the following activities:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, home- and community-based service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians, follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as need to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health care access/health system navigation; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - helping the patient access health care, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition, and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home, and community-based care coordination; - providing tailored support as needed to accomplish the practitioner's treatment plan; - providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable
Inadequacy Housing	HCPCS	G0024	Principal Illness Navigation Services, Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0023) (g0024)

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Insecurity Type	Code Type	Code	Definition
Inadequacy Housing	HCPCS	G0140	**Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 Minutes per calendar month, in the following activities:** - assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors; - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH needs (that are not billed separately); - developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered interview, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home-, and community-based care communication; - providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan;
Inadequacy Housing	SNOMED CT US Edition	49919000	Home Safety Education (procedure)
Inadequacy Housing	SNOMED CT US Edition	225348002	Maintaining The Client's Dignity (procedure)
Inadequacy Housing	SNOMED CT US Edition	306238000	Referral To Social Services (procedure)
Inadequacy Housing	SNOMED CT US Edition	308440001	Referral To Social Worker (procedure)
Inadequacy Housing	SNOMED CT US Edition	370840004	Maintaining And Protecting The Patient's Autonomy, Dignity, And Human Rights (procedure)
Inadequacy Housing	SNOMED CT US Edition	710873001	Involving Client In Decision Making Process (procedure)
Inadequacy Housing	SNOMED CT US Edition	711069006	Coordination Of Care Plan (procedure)
Inadequacy Housing	SNOMED CT US Edition	718524000	Referral To Discharge Planning Team (procedure)
Inadequacy Housing	SNOMED CT US Edition	1148446004	Education About Legal Aid (procedure)
Inadequacy Housing	SNOMED CT US Edition	1162436000	Referral To Legal Aid (procedure)
Inadequacy Housing	SNOMED CT US Edition	1230338004	Referral To Charitable Organization (procedure)
Inadequacy Housing	SNOMED CT US Edition	1268662008	Coordination Of Resources To Address Social Needs (procedure)
Inadequacy Housing	SNOMED CT US Edition	1268686005	Coordination Of Resources To Address Inadequate Housing (procedure)
Inadequacy Housing	SNOMED CT US Edition	1268726004	Education About Peer Support Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	1268727008	Education About Charitable Organization (procedure)

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Insecurity Type	Code Type	Code	Definition
Inadequacy Housing	SNOMED CT US Edition	1269404007	Adjustment Of Clinical Plan To Accommodate Social Risk (procedure)
Inadequacy Housing	SNOMED CT US Edition	1338044007	Provision Of Refrigerator (procedure)
Inadequacy Housing	SNOMED CT US Edition	1338045008	Provision Of Air Filtration Device (procedure)
Inadequacy Housing	SNOMED CT US Edition	1338046009	Provision Of Air Conditioner (procedure)
Inadequacy Housing	SNOMED CT US Edition	1338051003	Provision Of Microwave Oven (procedure)
Inadequacy Housing	SNOMED CT US Edition	1340000005	Remediation Of Asthma Triggers In Residence (procedure)
Inadequacy Housing	SNOMED CT US Edition	11541000175105	Referral To Care Management Service (procedure)
Inadequacy Housing	SNOMED CT US Edition	32021000175107	Referral To Community Care Management Service (procedure)
Inadequacy Housing	SNOMED CT US Edition	428481000124106	Referral To Clinical Social Worker (procedure)
Inadequacy Housing	SNOMED CT US Edition	461481000124109	Referral To Peer Support (procedure)
Inadequacy Housing	SNOMED CT US Edition	462481000124102	Referral To Community Action Agency Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	462491000124104	Referral To Benefits Enrollment Assistance Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	464001000124109	Referral To Case Manager (procedure)
Inadequacy Housing	SNOMED CT US Edition	464011000124107	Referral To Care Manager (procedure)
Inadequacy Housing	SNOMED CT US Edition	464021000124104	Referral To Care Navigator (procedure)
Inadequacy Housing	SNOMED CT US Edition	464131000124100	Referral To Community Health Worker (procedure)
Inadequacy Housing	SNOMED CT US Edition	464161000124109	Referral To Community Resource Network Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	464291000124105	Education About Community Resource Network Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	464301000124106	Education About Benefits Enrollment Assistance Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	464311000124109	Education About Community Action Agency Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	464611000124102	Coordination Of Care Team (procedure)
Inadequacy Housing	SNOMED CT US Edition	470231000124107	Counseling For Social Determinant Of Health Risk (procedure)
Inadequacy Housing	SNOMED CT US Edition	470431000124106	Referral To Weatherization Assistance Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	470441000124101	Evaluation Of Eligibility For Weatherization Assistance Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	470451000124104	Education About Weatherization Assistance Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	470461000124102	Assistance With Application For Weatherization Assistance Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	470591000124109	Education About Community Development Financial Institution (procedure)
Inadequacy Housing	SNOMED CT US Edition	470601000124101	Education About Community Development Corporation (procedure)
Inadequacy Housing	SNOMED CT US Edition	470611000124103	Education About Area Agency On Aging Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	471111000124101	Referral To Community Development Financial Institution (procedure)
Inadequacy Housing	SNOMED CT US Edition	471121000124109	Referral To Community Development Corporation (procedure)
Inadequacy Housing	SNOMED CT US Edition	471131000124107	Referral To Area Agency On Aging (procedure)
Inadequacy Housing	SNOMED CT US Edition	472151000124109	Referral To Medical Legal Partnership Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	472201000124100	Counseling For Readiness To Achieve Adequate Housing Goals (procedure)
Inadequacy Housing	SNOMED CT US Edition	472211000124102	Counseling For Readiness To Implement Inadequate Housing Care Plan (procedure)
Inadequacy Housing	SNOMED CT US Edition	472231000124108	Counseling For Barriers To Achieve Adequate Housing (procedure)
Inadequacy Housing	SNOMED CT US Edition	472251000124101	Counseling For Inadequate Housing Care Plan Participation Barriers (procedure)
Inadequacy Housing	SNOMED CT US Edition	472331000124100	Education About Medical Legal Partnership Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	472371000124102	Provision Of Voucher For Repair Of Place Of Residence (procedure)

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Insecurity Type	Code Type	Code	Definition
Inadequacy Housing	SNOMED CT US Edition	480881000124103	Referral To Environmental Hazard Testing Of Residence Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	480891000124100	Evaluation Of Eligibility For Environmental Hazard Testing Of Residence Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	480911000124103	Education About Environmental Hazard Testing Of Residence Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	480951000124102	Assistance With Application For Environmental Hazard Testing Of Residence Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	551041000124105	Referral To Housing Repair Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	551051000124107	Referral For Housing Repair Assessment Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	551061000124109	Evaluation Of Eligibility For Housing Repair Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	551071000124102	Education About Housing Repair Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	551081000124104	Assistance With Application For Housing Repair Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	551101000124107	Referral To Lawyer (procedure)
Inadequacy Housing	SNOMED CT US Edition	581041000124102	Assistance With Application For Renewal Of Benefits Enrollment (procedure)
Inadequacy Housing	SNOMED CT US Edition	651121000124109	Education About Patient Advocacy Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	661181000124100	Education About Peer Support Specialist Service (procedure)
Inadequacy Housing	SNOMED CT US Edition	662871000124101	Referral To Patient Advocate Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	663211000124100	Referral To Peer Support Specialist (procedure)
Inadequacy Housing	SNOMED CT US Edition	761131000124106	Assistance With Application For Child Financial Support (procedure)
Inadequacy Housing	SNOMED CT US Edition	761231000124100	Assistance With Application For Residential Abatement Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	761291000124101	Education About Child Financial Support (procedure)
Inadequacy Housing	SNOMED CT US Edition	761301000124100	Education About Library Educational Programs (procedure)
Inadequacy Housing	SNOMED CT US Edition	761321000124105	Education About Residential Abatement Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	761381000124109	Evaluation Of Eligibility For Residential Abatement Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	761531000124102	Referral To Residential Abatement Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	831201000124100	Provision Of Payment For Benefit Program Application Fee (procedure)
Inadequacy Housing	SNOMED CT US Edition	841201000124104	Provision Of Payment For Housing Pest Control Fee (procedure)
Inadequacy Housing	SNOMED CT US Edition	841231000124107	Provision Of Payment For Medically Necessary Home Modification (procedure)
Inadequacy Housing	SNOMED CT US Edition	841271000124105	Education About Tenant Rights (procedure)
Inadequacy Housing	SNOMED CT US Edition	841421000124108	Education About Non-attorney Legal Advocate (procedure)
Inadequacy Housing	SNOMED CT US Edition	841431000124106	Referral To Non-attorney Legal Advocate (procedure)
Inadequacy Housing	SNOMED CT US Edition	851301000124109	Referral To Health Plan Case Management Program (procedure)
Inadequacy Housing	SNOMED CT US Edition	851331000124101	Provision Of Payment For Housing Mold Remediation Fee (procedure)

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Insecurity Type	Code Type	Code	Definition
Housing Instability	HCPCS	G0019	**Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 Minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment; - communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, and from home- and community-based service providers, social service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal-setting and establishing an action plan; - follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities; - health care access/health system navigation; helping the patient access health care, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the SDOH need(s), and educating the patient on how to best participate in medical decision-making; - leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit; - practitioner, home-, and community-based care coordination; - providing tailored support to the patient as needed to accomplish the practitioner's treatment plan;
Housing Instability	HCPCS	G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0019) (g0022)

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Insecurity Type	Code Type	Code	Definition
Housing Instability	HCPCS	G0023	**Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 Minutes per calendar month, in the following activities:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, home- and community-based service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians, follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as need to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health care access/health system navigation; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - helping the patient access health care, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition, and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home, and community-based care coordination; - providing tailored support as needed to accomplish the practitioner's treatment plan; - providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable
Housing Instability	HCPCS	G0024	Principal Illness Navigation Services, Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0023) (g0024)

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Insecurity Type	Code Type	Code	Definition
Housing Instability	HCPCS	G0140	**Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 Minutes per calendar month, in the following activities:** - assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors; - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH needs (that are not billed separately); - developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered interview, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home-, and community-based care communication; - providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan;
Housing Instability	SNOMED CT US Edition	225348002	Maintaining The Client's Dignity (procedure)
Housing Instability	SNOMED CT US Edition	306238000	Referral To Social Services (procedure)
Housing Instability	SNOMED CT US Edition	308440001	Referral To Social Worker (procedure)
Housing Instability	SNOMED CT US Edition	370840004	Maintaining And Protecting The Patient's Autonomy, Dignity, And Human Rights (procedure)
Housing Instability	SNOMED CT US Edition	710873001	Involving Client In Decision Making Process (procedure)
Housing Instability	SNOMED CT US Edition	711069006	Coordination Of Care Plan (procedure)
Housing Instability	SNOMED CT US Edition	718524000	Referral To Discharge Planning Team (procedure)
Housing Instability	SNOMED CT US Edition	1148446004	Education About Legal Aid (procedure)
Housing Instability	SNOMED CT US Edition	1148818006	Coordination Of Services To Assist With Maintaining Housing Security (procedure)
Housing Instability	SNOMED CT US Edition	1156869006	Education About Tenant Rights Organization (procedure)
Housing Instability	SNOMED CT US Edition	1162436000	Referral To Legal Aid (procedure)
Housing Instability	SNOMED CT US Edition	1162437009	Coordination Of Resources To Address Housing Instability (procedure)
Housing Instability	SNOMED CT US Edition	1230338004	Referral To Charitable Organization (procedure)
Housing Instability	SNOMED CT US Edition	1268662008	Coordination Of Resources To Address Social Needs (procedure)
Housing Instability	SNOMED CT US Edition	1268726004	Education About Peer Support Program (procedure)

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Insecurity Type	Code Type	Code	Definition
Housing Instability	SNOMED CT US Edition	1268727008	Education About Charitable Organization (procedure)
Housing Instability	SNOMED CT US Edition	1269404007	Adjustment Of Clinical Plan To Accommodate Social Risk (procedure)
Housing Instability	SNOMED CT US Edition	1338044007	Provision Of Refrigerator (procedure)
Housing Instability	SNOMED CT US Edition	1338051003	Provision Of Microwave Oven (procedure)
Housing Instability	SNOMED CT US Edition	1343612009	Assistance With Application For Housing (procedure)
Housing Instability	SNOMED CT US Edition	1343661006	Assistance With Search For Housing (procedure)
Housing Instability	SNOMED CT US Edition	1344653007	Provision Of Kitchenware (procedure)
Housing Instability	SNOMED CT US Edition	11541000175105	Referral To Care Management Service (procedure)
Housing Instability	SNOMED CT US Edition	32021000175107	Referral To Community Care Management Service (procedure)
Housing Instability	SNOMED CT US Edition	428481000124106	Referral To Clinical Social Worker (procedure)
Housing Instability	SNOMED CT US Edition	461481000124109	Referral To Peer Support (procedure)
Housing Instability	SNOMED CT US Edition	462481000124102	Referral To Community Action Agency Program (procedure)
Housing Instability	SNOMED CT US Edition	462491000124104	Referral To Benefits Enrollment Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	464001000124109	Referral To Case Manager (procedure)
Housing Instability	SNOMED CT US Edition	464011000124107	Referral To Care Manager (procedure)
Housing Instability	SNOMED CT US Edition	464021000124104	Referral To Care Navigator (procedure)
Housing Instability	SNOMED CT US Edition	464131000124100	Referral To Community Health Worker (procedure)
Housing Instability	SNOMED CT US Edition	464161000124109	Referral To Community Resource Network Program (procedure)
Housing Instability	SNOMED CT US Edition	464291000124105	Education About Community Resource Network Program (procedure)
Housing Instability	SNOMED CT US Edition	464301000124106	Education About Benefits Enrollment Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	464311000124109	Education About Community Action Agency Program (procedure)
Housing Instability	SNOMED CT US Edition	464611000124102	Coordination Of Care Team (procedure)
Housing Instability	SNOMED CT US Edition	470231000124107	Counseling For Social Determinant Of Health Risk (procedure)
Housing Instability	SNOMED CT US Edition	470471000124109	Assistance With Application For Rental Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	470481000124107	Assistance With Application For Subsidized Housing Program (procedure)
Housing Instability	SNOMED CT US Edition	470491000124105	Evaluation Of Eligibility For Subsidized Housing Program (procedure)
Housing Instability	SNOMED CT US Edition	470501000124102	Education About Subsidized Housing Program (procedure)
Housing Instability	SNOMED CT US Edition	470591000124109	Education About Community Development Financial Institution (procedure)
Housing Instability	SNOMED CT US Edition	470601000124101	Education About Community Development Corporation (procedure)
Housing Instability	SNOMED CT US Edition	470611000124103	Education About Area Agency On Aging Program (procedure)
Housing Instability	SNOMED CT US Edition	471041000124101	Referral To Rental Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	471051000124104	Referral To Homelessness Prevention Program (procedure)
Housing Instability	SNOMED CT US Edition	471061000124102	Referral To Mortgage Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	471071000124109	Referral To Fair Housing Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	471111000124101	Referral To Community Development Financial Institution (procedure)
Housing Instability	SNOMED CT US Edition	471121000124109	Referral To Community Development Corporation (procedure)
Housing Instability	SNOMED CT US Edition	471131000124107	Referral To Area Agency On Aging (procedure)
Housing Instability	SNOMED CT US Edition	472021000124101	Referral To Tenants Rights Organization Program (procedure)
Housing Instability	SNOMED CT US Edition	472041000124108	Referral To Subsidized Housing Service (procedure)

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Insecurity Type	Code Type	Code	Definition
Housing Instability	SNOMED CT US Edition	472081000124102	Education About Rental Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	472091000124104	Evaluation Of Eligibility For Rental Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	472131000124102	Provision Of Rental Assistance Voucher (procedure)
Housing Instability	SNOMED CT US Edition	472151000124109	Referral To Medical Legal Partnership Program (procedure)
Housing Instability	SNOMED CT US Edition	472161000124106	Referral To Housing Support Program (procedure)
Housing Instability	SNOMED CT US Edition	472191000124103	Counseling For Readiness To Achieve Housing Security Goals (procedure)
Housing Instability	SNOMED CT US Edition	472221000124105	Counseling For Readiness To Implement Housing Insecurity Care Plan (procedure)
Housing Instability	SNOMED CT US Edition	472241000124103	Counseling For Barriers To Achieve Housing Security (procedure)
Housing Instability	SNOMED CT US Edition	472261000124104	Counseling For Housing Insecurity Care Plan Participation Barriers (procedure)
Housing Instability	SNOMED CT US Edition	472271000124106	Provision Of Mortgage Assistance Voucher (procedure)
Housing Instability	SNOMED CT US Edition	472281000124109	Evaluation Of Eligibility For Mortgage Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	472291000124107	Education About Mortgage Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	472331000124100	Education About Medical Legal Partnership Program (procedure)
Housing Instability	SNOMED CT US Edition	472381000124104	Provision Of Emergency Housing Fund Voucher (procedure)
Housing Instability	SNOMED CT US Edition	480841000124109	Education About Homelessness Prevention Program (procedure)
Housing Instability	SNOMED CT US Edition	480851000124106	Evaluation Of Eligibility For Homelessness Prevention Program (procedure)
Housing Instability	SNOMED CT US Edition	480861000124108	Assistance With Application To Homelessness Prevention Program (procedure)
Housing Instability	SNOMED CT US Edition	480901000124101	Education About Fair Housing Assistance Program (procedure)
Housing Instability	SNOMED CT US Edition	551091000124101	Referral To Emergency Housing Fund Program (procedure)
Housing Instability	SNOMED CT US Edition	551101000124107	Referral To Lawyer (procedure)
Housing Instability	SNOMED CT US Edition	581041000124102	Assistance With Application For Renewal Of Benefits Enrollment (procedure)
Housing Instability	SNOMED CT US Edition	651121000124109	Education About Patient Advocacy Program (procedure)
Housing Instability	SNOMED CT US Edition	661181000124100	Education About Peer Support Specialist Service (procedure)
Housing Instability	SNOMED CT US Edition	662871000124101	Referral To Patient Advocate Program (procedure)
Housing Instability	SNOMED CT US Edition	663211000124100	Referral To Peer Support Specialist (procedure)
Housing Instability	SNOMED CT US Edition	761131000124106	Assistance With Application For Child Financial Support (procedure)
Housing Instability	SNOMED CT US Edition	761291000124101	Education About Child Financial Support (procedure)
Housing Instability	SNOMED CT US Edition	761301000124100	Education About Library Educational Programs (procedure)
Housing Instability	SNOMED CT US Edition	831201000124100	Provision Of Payment For Benefit Program Application Fee (procedure)
Housing Instability	SNOMED CT US Edition	841151000124108	Provision Of Payment For Housing Security Deposit (procedure)
Housing Instability	SNOMED CT US Edition	841161000124105	Provision Of Payment For One Month Rent (procedure)
Housing Instability	SNOMED CT US Edition	841171000124103	Provision Of Payment For Real Estate Broker Fee (procedure)
Housing Instability	SNOMED CT US Edition	841181000124100	Provision Of Payment For Housing Utility Activation Fee (procedure)
Housing Instability	SNOMED CT US Edition	841191000124102	Provision Of Payment For Housing Moving Cost (procedure)
Housing Instability	SNOMED CT US Edition	841201000124104	Provision Of Payment For Housing Pest Control Fee (procedure)
Housing Instability	SNOMED CT US Edition	841211000124101	Provision Of Payment For Housing Inspection To Support Housing Transition (procedure)
Housing Instability	SNOMED CT US Edition	841221000124109	Provision Of Essential Household Goods To Support Housing Transition (procedure)
Housing Instability	SNOMED CT US Edition	841231000124107	Provision Of Payment For Medically Necessary Home Modification (procedure)
Housing Instability	SNOMED CT US Edition	841261000124103	Assistance With Negotiation Of Housing Lease Agreement (procedure)

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Insecurity Type	Code Type	Code	Definition
Housing Instability	SNOMED CT US Edition	841271000124105	Education About Tenant Rights (procedure)
Housing Instability	SNOMED CT US Edition	841421000124108	Education About Non-attorney Legal Advocate (procedure)
Housing Instability	SNOMED CT US Edition	841431000124106	Referral To Non-attorney Legal Advocate (procedure)
Housing Instability	SNOMED CT US Edition	851301000124109	Referral To Health Plan Case Management Program (procedure)
Housing Instability	SNOMED CT US Edition	851311000124107	Assistance With Housing Lease Renewal (procedure)
Housing Instability	SNOMED CT US Edition	901381000124103	Education About Public Housing Agency (procedure)
Housing Instability	SNOMED CT US Edition	901391000124100	Education About Tribally Designated Housing Entity (procedure)
Housing Instability	SNOMED CT US Edition	901401000124103	Referral To Public Housing Agency (procedure)
Housing Instability	SNOMED CT US Edition	901411000124100	Referral To Tribally Designated Housing Entity (procedure)

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Insecurity Type	Code Type	Code	Definition
Transportation	HCPCS	G0019	**Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 Minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment; - communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, and from home- and community-based service providers, social service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal-setting and establishing an action plan; - follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities; - health care access/health system navigation; helping the patient access health care, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the SDOH need(s), and educating the patient on how to best participate in medical decision-making; - leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit; - practitioner, home-, and community-based care coordination; - providing tailored support to the patient as needed to accomplish the practitioner's treatment plan;
Transportation	HCPCS	G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0019) (g0022)

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Insecurity Type	Code Type	Code	Definition
Transportation	HCPCS	G0023	**Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 Minutes per calendar month, in the following activities:** - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors; - conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed); - coordinating receipt of needed services from health care practitioners, providers, and facilities, home- and community-based service providers, and caregiver (if applicable); - coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians, follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as need to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals; - facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health care access/health system navigation; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - helping the patient access health care, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition, and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered assessment, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home, and community-based care coordination; - providing tailored support as needed to accomplish the practitioner's treatment plan; - providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable
Transportation	HCPCS	G0024	Principal Illness Navigation Services, Additional 30 Minutes Per Calendar Month (list Separately In Addition To G0023) (g0024)

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Insecurity Type	Code Type	Code	Definition
Transportation	HCPCS	G0140	**Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 Minutes per calendar month, in the following activities:** - assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors; - building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition; - conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH needs (that are not billed separately); - developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals; - facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s); - facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals; - facilitating patient-driven goal setting and establishing an action plan; - health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making; - identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; - leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals - person-centered interview, performed to better understand the individual context of the serious, high-risk condition; - practitioner, home-, and community-based care communication; - providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan;
Transportation	SNOMED CT US Edition	225348002	Maintaining The Client's Dignity (procedure)
Transportation	SNOMED CT US Edition	228615008	Provision Of Transport (procedure)
Transportation	SNOMED CT US Edition	306238000	Referral To Social Services (procedure)
Transportation	SNOMED CT US Edition	308440001	Referral To Social Worker (procedure)
Transportation	SNOMED CT US Edition	370840004	Maintaining And Protecting The Patient's Autonomy, Dignity, And Human Rights (procedure)
Transportation	SNOMED CT US Edition	710873001	Involving Client In Decision Making Process (procedure)
Transportation	SNOMED CT US Edition	711069006	Coordination Of Care Plan (procedure)
Transportation	SNOMED CT US Edition	716730006	Provision Of Taxi (procedure)
Transportation	SNOMED CT US Edition	716732003	Provision Of Emergency Ambulance (procedure)
Transportation	SNOMED CT US Edition	716733008	Provision Of Ambulance With Stretcher Facility (procedure)
Transportation	SNOMED CT US Edition	718524000	Referral To Discharge Planning Team (procedure)
Transportation	SNOMED CT US Edition	1148446004	Education About Legal Aid (procedure)
Transportation	SNOMED CT US Edition	1162436000	Referral To Legal Aid (procedure)
Transportation	SNOMED CT US Edition	1230338004	Referral To Charitable Organization (procedure)
Transportation	SNOMED CT US Edition	1268662008	Coordination Of Resources To Address Social Needs (procedure)

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Transportation	SNOMED CT US Edition	1268726004	Education About Peer Support Program (procedure)
Transportation	SNOMED CT US Edition	1268727008	Education About Charitable Organization (procedure)
Transportation	SNOMED CT US Edition	1269404007	Adjustment Of Clinical Plan To Accommodate Social Risk (procedure)
Transportation	SNOMED CT US Edition	11541000175105	Referral To Care Management Service (procedure)
Transportation	SNOMED CT US Edition	32021000175107	Referral To Community Care Management Service (procedure)
Transportation	SNOMED CT US Edition	428481000124106	Referral To Clinical Social Worker (procedure)
Transportation	SNOMED CT US Edition	461481000124109	Referral To Peer Support (procedure)
Transportation	SNOMED CT US Edition	462481000124102	Referral To Community Action Agency Program (procedure)
Transportation	SNOMED CT US Edition	462491000124104	Referral To Benefits Enrollment Assistance Program (procedure)
Transportation	SNOMED CT US Edition	464001000124109	Referral To Case Manager (procedure)
Transportation	SNOMED CT US Edition	464011000124107	Referral To Care Manager (procedure)
Transportation	SNOMED CT US Edition	464021000124104	Referral To Care Navigator (procedure)
Transportation	SNOMED CT US Edition	464131000124100	Referral To Community Health Worker (procedure)
Transportation	SNOMED CT US Edition	464161000124109	Referral To Community Resource Network Program (procedure)
Transportation	SNOMED CT US Edition	464291000124105	Education About Community Resource Network Program (procedure)
Transportation	SNOMED CT US Edition	464301000124106	Education About Benefits Enrollment Assistance Program (procedure)
Transportation	SNOMED CT US Edition	464311000124109	Education About Community Action Agency Program (procedure)
Transportation	SNOMED CT US Edition	464611000124102	Coordination Of Care Team (procedure)
Transportation	SNOMED CT US Edition	470231000124107	Counseling For Social Determinant Of Health Risk (procedure)
Transportation	SNOMED CT US Edition	470591000124109	Education About Community Development Financial Institution (procedure)
Transportation	SNOMED CT US Edition	470601000124101	Education About Community Development Corporation (procedure)
Transportation	SNOMED CT US Edition	470611000124103	Education About Area Agency On Aging Program (procedure)
Transportation	SNOMED CT US Edition	471111000124101	Referral To Community Development Financial Institution (procedure)
Transportation	SNOMED CT US Edition	471121000124109	Referral To Community Development Corporation (procedure)
Transportation	SNOMED CT US Edition	471131000124107	Referral To Area Agency On Aging (procedure)
Transportation	SNOMED CT US Edition	472151000124109	Referral To Medical Legal Partnership Program (procedure)
Transportation	SNOMED CT US Edition	472331000124100	Education About Medical Legal Partnership Program (procedure)
Transportation	SNOMED CT US Edition	551101000124107	Referral To Lawyer (procedure)
Transportation	SNOMED CT US Edition	551111000124105	Provision Of Taxi Voucher (procedure)
Transportation	SNOMED CT US Edition	551121000124102	Referral To Taxi Voucher Program (procedure)
Transportation	SNOMED CT US Edition	551141000124109	Evaluation Of Eligibility For Taxi Voucher Program (procedure)
Transportation	SNOMED CT US Edition	551161000124108	Education About Taxi Voucher Program (procedure)
Transportation	SNOMED CT US Edition	551191000124100	Assistance With Application For Taxi Voucher Program (procedure)
Transportation	SNOMED CT US Edition	551231000124105	Referral To Vehicle Donation Program (procedure)
Transportation	SNOMED CT US Edition	551251000124103	Evaluation Of Eligibility For Vehicle Donation Program (procedure)
Transportation	SNOMED CT US Edition	551261000124101	Education About Vehicle Donation Program (procedure)
Transportation	SNOMED CT US Edition	551271000124108	Assistance With Application For Vehicle Donation Program (procedure)
Transportation	SNOMED CT US Edition	551281000124106	Referral To Transportation Network Company Program (procedure)
Transportation	SNOMED CT US Edition	551291000124109	Assistance With Application For Transportation Network Company Program (procedure)

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Insecurity Type	Code Type	Code	Definition
Transportation	SNOMED CT US Edition	551301000124105	Education About Transportation Network Company Program (procedure)
Transportation	SNOMED CT US Edition	551311000124108	Evaluation Of Eligibility For Transportation Network Company Program (procedure)
Transportation	SNOMED CT US Edition	551321000124100	Referral To Volunteer Driver Program (procedure)
Transportation	SNOMED CT US Edition	551331000124102	Referral To Rideshare Program (procedure)
Transportation	SNOMED CT US Edition	551341000124107	Referral To Public Transportation Voucher Program (procedure)
Transportation	SNOMED CT US Edition	551351000124109	Referral To Paratransit Program (procedure)
Transportation	SNOMED CT US Edition	551361000124106	Referral To Microtransit Program (procedure)
Transportation	SNOMED CT US Edition	551371000124104	Referral To Non-emergency Medical Transportation Program (procedure)
Transportation	SNOMED CT US Edition	551381000124101	Referral To Automobile Share Program (procedure)
Transportation	SNOMED CT US Edition	551391000124103	Referral To Vehicle Share Program (procedure)
Transportation	SNOMED CT US Edition	551401000124101	Referral To Vehicle Repair Program (procedure)
Transportation	SNOMED CT US Edition	551411000124103	Assistance With Application For Vehicle Share Program (procedure)
Transportation	SNOMED CT US Edition	551421000124106	Assistance With Application For Bicycle Share Program (procedure)
Transportation	SNOMED CT US Edition	551431000124109	Referral To Bicycle Share Program (procedure)
Transportation	SNOMED CT US Edition	581041000124102	Assistance With Application For Renewal Of Benefits Enrollment (procedure)
Transportation	SNOMED CT US Edition	610961000124100	Assistance With Application For Volunteer Driver Program (procedure)
Transportation	SNOMED CT US Edition	610971000124107	Assistance With Application For Rideshare Program (procedure)
Transportation	SNOMED CT US Edition	610981000124105	Assistance With Application For Public Transportation Voucher Program (procedure)
Transportation	SNOMED CT US Edition	610991000124108	Assistance With Application For Paratransit Program (procedure)
Transportation	SNOMED CT US Edition	611001000124109	Assistance With Application For Microtransit Program (procedure)
Transportation	SNOMED CT US Edition	611011000124107	Assistance With Application For Non-emergency Medical Transportation Program (procedure)
Transportation	SNOMED CT US Edition	611021000124104	Assistance With Application For Automobile Share Program (procedure)
Transportation	SNOMED CT US Edition	611031000124101	Education About Rideshare Program (procedure)
Transportation	SNOMED CT US Edition	611041000124106	Education About Volunteer Driver Program (procedure)
Transportation	SNOMED CT US Edition	611051000124108	Education About Microtransit Program (procedure)
Transportation	SNOMED CT US Edition	611061000124105	Education About Public Transportation Voucher Program (procedure)
Transportation	SNOMED CT US Edition	611071000124103	Education About Paratransit Program (procedure)
Transportation	SNOMED CT US Edition	611081000124100	Education About Non-emergency Medical Transportation Program (procedure)
Transportation	SNOMED CT US Edition	611091000124102	Education About Bicycle Share Program (procedure)
Transportation	SNOMED CT US Edition	611101000124108	Education About Vehicle Repair Program (procedure)
Transportation	SNOMED CT US Edition	611111000124106	Education About Vehicle Share Program (procedure)
Transportation	SNOMED CT US Edition	611121000124103	Education About Automobile Share Program (procedure)
Transportation	SNOMED CT US Edition	611281000124107	Counseling For Readiness To Achieve Transportation Security (procedure)
Transportation	SNOMED CT US Edition	611291000124105	Counseling For Barriers To Achieve Transportation Security (procedure)
Transportation	SNOMED CT US Edition	611301000124106	Counseling For Readiness For Engagement In Transportation Insecurity Care Plan (procedure)
Transportation	SNOMED CT US Edition	611311000124109	Counseling For Barriers To Engagement In Transportation Insecurity Care Plan (procedure)
Transportation	SNOMED CT US Edition	611361000124107	Evaluation Of Eligibility For Rideshare Program (procedure)
Transportation	SNOMED CT US Edition	611371000124100	Evaluation Of Eligibility For Volunteer Driver Program (procedure)
Transportation	SNOMED CT US Edition	611381000124102	Provision Of Public Transportation Voucher (procedure)

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Insecurity Type	Code Type	Code	Definition
Transportation	SNOMED CT US Edition	611391000124104	Evaluation Of Eligibility For Public Transportation Voucher Program (procedure)
Transportation	SNOMED CT US Edition	611401000124102	Evaluation Of Eligibility For Paratransit Program (procedure)
Transportation	SNOMED CT US Edition	611411000124104	Evaluation Of Eligibility For Microtransit Program (procedure)
Transportation	SNOMED CT US Edition	611421000124107	Evaluation Of Eligibility For Automobile Share Program (procedure)
Transportation	SNOMED CT US Edition	611431000124105	Evaluation Of Eligibility For Vehicle Repair Program (procedure)
Transportation	SNOMED CT US Edition	611441000124100	Evaluation Of Eligibility For Non-emergency Medical Transportation Program (procedure)
Transportation	SNOMED CT US Edition	611451000124103	Evaluation Of Eligibility For Bicycle Share Program (procedure)
Transportation	SNOMED CT US Edition	651011000124100	Assistance With Application For Vehicle Repair Program (procedure)
Transportation	SNOMED CT US Edition	651031000124106	Coordination Of Resources To Address Transportation Insecurity (procedure)
Transportation	SNOMED CT US Edition	651121000124109	Education About Patient Advocacy Program (procedure)
Transportation	SNOMED CT US Edition	661181000124100	Education About Peer Support Specialist Service (procedure)
Transportation	SNOMED CT US Edition	662351000124101	Evaluation Of Eligibility For Vehicle Share Program (procedure)
Transportation	SNOMED CT US Edition	662871000124101	Referral To Patient Advocate Program (procedure)
Transportation	SNOMED CT US Edition	663211000124100	Referral To Peer Support Specialist (procedure)
Transportation	SNOMED CT US Edition	761081000124106	Referral To Transportation Fuel Voucher Program (procedure)
Transportation	SNOMED CT US Edition	761091000124109	Assistance With Application For Transportation Fuel Voucher Program (procedure)
Transportation	SNOMED CT US Edition	761101000124103	Evaluation Of Eligibility For Transportation Fuel Voucher Program (procedure)
Transportation	SNOMED CT US Edition	761111000124100	Education About Transportation Fuel Voucher Program (procedure)
Transportation	SNOMED CT US Edition	761121000124108	Provision Of Transportation Fuel Voucher (procedure)
Transportation	SNOMED CT US Edition	761131000124106	Assistance With Application For Child Financial Support (procedure)
Transportation	SNOMED CT US Edition	761201000124108	Education About Transportation Support Program (procedure)
Transportation	SNOMED CT US Edition	761211000124106	Evaluation Of Eligibility For Transportation Support Program (procedure)
Transportation	SNOMED CT US Edition	761221000124103	Referral To Transportation Support Program (procedure)
Transportation	SNOMED CT US Edition	761291000124101	Education About Child Financial Support (procedure)
Transportation	SNOMED CT US Edition	761301000124100	Education About Library Educational Programs (procedure)
Transportation	SNOMED CT US Edition	841421000124108	Education About Non-attorney Legal Advocate (procedure)
Transportation	SNOMED CT US Edition	841431000124106	Referral To Non-attorney Legal Advocate (procedure)
Transportation	SNOMED CT US Edition	851301000124109	Referral To Health Plan Case Management Program (procedure)