

Solidify ICD-10-CM Coding for Social Determinants of Health

A WEBINAR PRESENTED ON JUNE 22, 2023

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Presented By



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Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Describe the global impact of Social Determinants of Health
 - Identify Social Determinants of Health and assign the appropriate ICD-10-CM codes
 - Analyze ongoing CMS initiatives for improving Social Determinants of Health reporting

Agenda

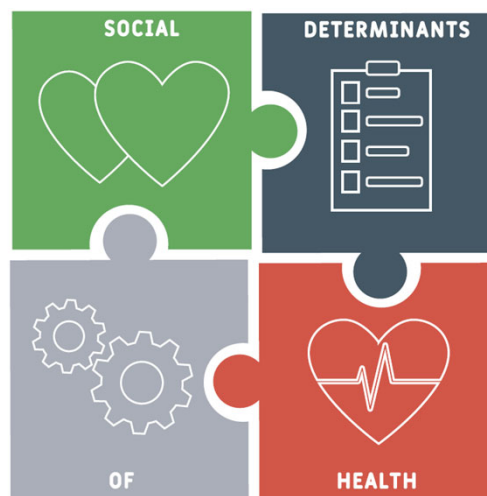
- Overview of Social Determinants of Health
 - Factors influencing health status
 - Social and financial impact
- 2023 ICD-10-CM codes for Social Determinants of Health
 - Codes for housing instability, problems related to the physical environment, and financial instability
 - Applicable coding guidelines
- Considerations for documentation and code capture
 - Identification of Social Determinants of Health
 - Querying providers for additional information
- CMS initiatives to improve the collection and used of Social Determinants of Health data
 - Adoption of Social Determinants of Health quality measures under the Inpatient Quality Reporting program
 - Framework for addressing Social Determinants of Health
- Q&A



Definition: Social Determinants of Health

- Codes for social determinants of health describe social problems, conditions, or risk factors that influence a patient's health

ICD 10 CM Official Coding Guidelines I.C.21.c.17



Identified Areas That Impact Health

- Housing/Utilities
- Transportation
- Literacy and language
- Food
- Social support
- Race/ethnicity
- Education
- Health coverage
- Financial security
- Neighborhood safety



Social Determinants of Health



Social Determinants of Health

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built environment
- Social and Community Context

Economic Stability



- Employment
 - Job security, work environment, financial compensation and job demands
- Food Insecurity
 - Limited or uncertain access to food
- Housing Instability
 - Housing costs, frequent moves, homelessness
- Poverty

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Education Access and Quality



- Early Childhood Development and Education
 - Early life stress, socioeconomic status, relationships with parents/caregivers, access to early learning programs
- Enrollment in Higher Education
 - Education after high school
 - Helps with better jobs, fewer safety concerns, better housing and access to resources
- High School Graduation
 - Limited employment opportunities, low wages, poverty
- Language and Literacy
 - Associated with lower educational attainment and worse health outcomes

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Healthcare Access and Quality



- Access to Health Services
 - Barriers that limit access to health services
- Access to Primary Care
 - Primary care are providers that address a large majority of personal healthcare needs
 - Usually an internist, family physician, pediatrician or non-physician provider
- Health Literacy
 - Personal
 - Organizational

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Neighborhood and Built Environment



- Access to food that support healthy dietary patterns
- Crime and Violence
 - Direct or indirect experience
- Environmental Conditions
 - Quality and state of the environment (water quality, air quality, weather, noise levels, proximity to hazardous waste)
- Quality of housing
 - Affordability, stability, quality and safety, and surrounding neighborhood

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Social and Community Context



- Civic participation
 - Formal and informal activities (voting, volunteering, participating in group activities)
 - Improve health by building social capital
- Discrimination
- Incarceration
- Social Cohesion
 - The strength of relationships and the sense of solidarity among members of a community

Impact of Social Determinants of Health

Impact of Social Determinants of Health

- Account for 30-55% of health outcomes, according to the World Health Organization (WHO)
- Contribution is greater than that from the health sector



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Food Insecurity

- In 2020, 13.8 million households were food insecure at some point during the year
- Hunger is a possible outcome
- May be temporary or long term
- Influenced by income, employment, race/ethnicity and disability
- 28.6 % of low-income households were food insecure
- Neighborhood impact – urban, rural, and low-income areas may have limited access to food
- Limited transportation to access food



<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>

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Homelessness

- “Lacking a regular nighttime residence or having a primary nighttime residence that is a temporary shelter or other place not designated for sleeping”
 - <https://www.congress.gov/bills/100th-congress/house-bill/558>
- Approximately 580,000 people experienced homelessness in the US on a single night in 2020
 - https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2020_Report_Revised_120720.pdf



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Homelessness and SDOH

- Chronic disease is more common in people who are homeless vs. general population
 - Diabetes
 - Hypertension
 - Asthma
 - Major depression
 - Substance use disorders
- Pregnant women more likely to deliver preterm and low birthweight babies
- Increased mortality rate

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SDOH Evident During COVID-19 Pandemic

- Loss of jobs/health insurance
- Access to healthcare was limited
- Telehealth expanded, but people may not have access to internet
- Public transportation access was limited
- Community outreach programs were stopped
- Community food pantries could not keep up with demand



SDOH for Pediatrics During the Pandemic

- Minimized access to mandated reporters
- Child neglect
- Physical & psychological abuse
- Unable to socialize
- Education was compromised
- Exercise was limited
- Access to healthcare was limited



Rapp, A., Fall, G., Radomsky, A. C., & Santarossa, S. (2021). Child Maltreatment During the COVID-19 Pandemic: A Systematic Rapid Review. *Pediatric clinics of North America*, 68(5), 991–1009. <https://doi.org/10.1016/j.pcl.2021.05.006>
<https://www.usnews.com/news/health-news/articles/2021-10-08/study-confirms-rise-in-child-abuse-during-covid-pandemic>

American Heart Association and Congenital Heart Disease



Congenital heart defects require life-long treatments.

Improving overall health equity for people with congenital heart disease requires recognizing the impact of SDOH throughout their lives.

Systemic societal inequities and structural racism impact the health of people with congenital heart disease from prenatal care through adulthood.

<https://newsroom.heart.org/news/social-determinants-of-health-affect-care-for-people-with-congenital-heart-disease>

Why Is Screening For SDOH Important?



Capturing SDOH is essential for health centers to assess population health.



Helps health centers understand the social measures that affect the health of their patients.



Allows collaboration with community partners to address the barriers affecting health.

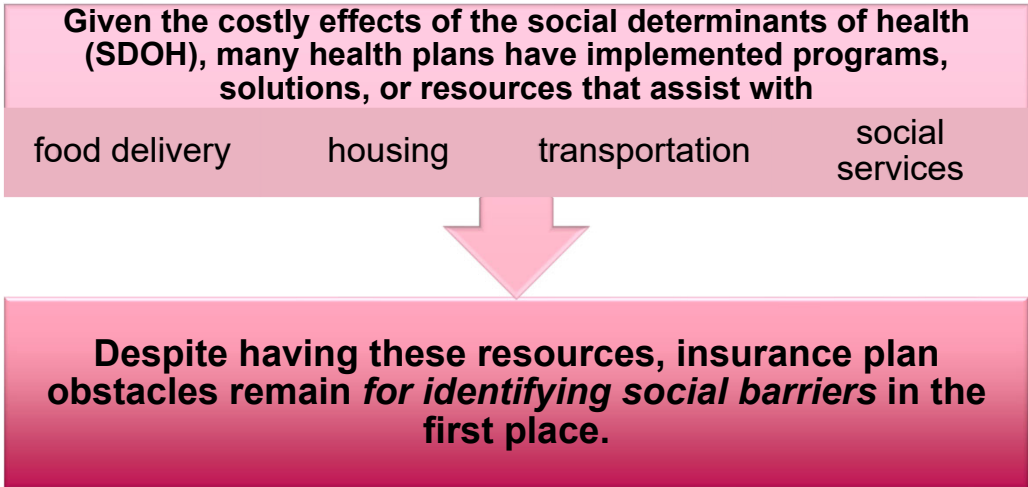


SDOH encourage public and private health plans to examine implicit bias and the role of social determinants of health.



Support research to determine how best to integrate and finance non-medical services as part of health insurance benefit design, and the impact of covering non-medical benefits on healthcare and societal costs.

Implementation for Health Insurance Coverage



SDOH Impact Now and for the Future



- **SDOH Capture**
 - Increase severity of illness
 - Not currently CC's or MCC's
 - FY 2024 Proposed Final Rule update includes inclusions for homelessness
 - Increases E/M for professional billing (moderate risk for MDM).
 - Mandatory inclusion for undergrad medical curricula

Documentation and Coding for Social Determinants of Health

- 2023 ICD-10-CM Codes
- Considerations for Documentation
- Proposed Changes for Fiscal Year 2024

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ICD-10-CM Codes for SDOH

- SDOH are codes listed in Chapter 21: Factors Influencing Health Status & Contact with Health Services (Z00-Z99)
- Social determinants of health codes are located primarily in these Z code categories:
 - Z55.-, Problems related to education and literacy
 - Z56.-, Problems related to employment and unemployment
 - Z57.-, Occupational exposure to risk factors
 - Z58.-, Problems related to physical environment
 - Z59.-, Problems related to housing and economic circumstances
 - Z60.-, Problems related to social environment
 - Z62.-, Problems related to upbringing
 - Z63.-, Other problems related to primary support group, including family circumstances
 - Z64.-, Problems related to certain psychosocial circumstances
 - Z65.-, Problems related to other psychosocial circumstances

ICD-10-CM Official Guidelines for Coding and Reporting FY 2023 Page 104 of 118

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Coding Guidelines For SDOH

- Section I.C.21.c.17
 - Codes describing problems or risk factors related to social determinants of health (SDOH) should be assigned when this information is documented. **Assign as many SDOH codes as are necessary to describe all of the problems or risk factors. These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor.** For example, not every individual living alone would be assigned code Z60.2, Problems related to living alone.
 - For social determinants of health, such as information found in categories Z55-Z65, Persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.
 - For example, coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record".
 - "Patient self-reported documentation may be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider".

Coding Guidelines For SDOH

- Section I.B.14 - Documentation by Clinicians Other than the Patient's Provider
- Code assignment is based on the documentation by the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). In this context, **clinicians other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.**
- These exceptions include codes for:
 - Body Mass Index (BMI)
 - Depth of non-pressure chronic ulcers
 - Pressure ulcer stage
 - Coma scale
 - NIH stroke scale (NIHSS)
 - **Social determinants of health (SDOH)**
 - Laterality
 - Blood alcohol level
 - Underimmunization status
- The BMI, coma scale, NIHSS, blood alcohol level codes, codes for social determinants of health and underimmunization status should only be reported as secondary diagnoses.

AHA Coding Clinic, 4th Quarter 2019, page 66

Question:

Is it appropriate to utilize patient self-reported documentation to assign codes for social determinants of health, such as information found in categories Z55-Z65, Persons with potential health hazards related to socioeconomic and psychosocial circumstances?

Answer:

Yes. If the patient self-reported information is signed-off and incorporated into the health record by either a clinician or provider, it would be appropriate to assign codes from categories Z55-Z65, describing social determinants of health.

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AHA Coding Clinic, 4th Quarter 2019, page 67

Question:

Please define "clinicians" in the context of the ICD-10-CM Official Guidelines for Coding and Reporting, which allow code assignment SDOH based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.

For example, may coding professionals utilize documentation of social information from social workers or community health workers in order to assign codes for social determinants of health?

Answer:

The ICD-10-CM Official Guidelines for Coding and Reporting do not have a unique definition of the term "clinicians."

In the context of code assignment for social determinants of health Z codes, documentation deemed meeting the requirements for inclusion in the patient's official medical record based on regulatory or accreditation requirements or internal hospital policies, could be utilized since the information pertains to social rather than medical information.

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Querying for SDOH

- LOTS of opportunity for documentation:
 - Documentation for SDOH can be taken from provider documentation, non-provider documentation, and other clinicians
 - Self-reported information when signed off by a provider or clinician and incorporated into the health record
- When there is conflicting documentation
 - Query the provider for clarification!
 - Conflicting documentation from the same or different clinicians should be clarified by the attending provider



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Inherent Reporting Challenges

- Limited number of diagnosis codes reported on a claim. (Inpatient - 25 codes; Outpatient -12).
- Z codes are typically sequenced last. The reporting of these codes may not be seen as important as a diagnosis/procedural coding, which drive payment and risk adjustment.
- The Z codes may not be reported as consistently due to coder/CDI productivity standards, or a lack of importance.
- Should be reported in the codes on the claim for data collection/reporting.
- Z codes will likely be left out if there are more than the allowable number of reportable codes.
- Outreach programs and funding are reliant on the reporting of SDOH.
- Additional resources (social services/case management) are reliant on reported data.
- Organization may need to focus on specific SDOH codes initially.

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Inherent Clinical and Documentation Challenges

SDOH are sensitive issues that are often denied by patients because of shame and stigma.

Asking patients if they are homeless may not yield a straightforward response

Who is responsible for documenting SDOH and where can the documentation be found in the medical record?

Capture of this data requires an organizational commitment by all to include those who document the information and those who assign the appropriate codes.

How Do You Know What Is Important To Capture?

- Data can be used for many initiatives to include resource allocation to populations in need, discharge planning needs and risk adjustment, and quality measures.



Multidisciplinary Decision

HIM- Coding

Clinical Documentation Integrity

Quality Department

Population Health

Social Services

Case management/UR

Nursing

Medical Staff

Other?

Documentation in the Medical Record



Identification and documentation of SDOH is not enough.

Documentation should include interventions/treatment plan (MEAT).

Certain diagnoses can give clues to look for SDOH.

Look at Nursing notes, Case Management notes, or Social Services notes.

Does your organization have an existing focus around SDOH?

Proposed Changes for FY 2024

- Proposed classification of the following codes as Complications/Comorbidities:
 - **Z59.00 – Homelessness, unspecified**
 - **Z59.01 – Sheltered homelessness**
 - **Z59.02 – Unsheltered homelessness**
- Data indicates that these codes are associated with increased use of hospital resources
- Challenges regarding safe discharge, which could result in a longer length of stay
- Unable to seek care in early stages of illness results in increased complexity
- Poor access to prescription medication
- Exposure to communicable diseases, extreme weather conditions, more likely to be impacted by mental health and substance use disorders

<https://www.cms.gov/newsroom/fact-sheets/fy-2024-hospital-inpatient-prospective-payment-system-ips-and-long-term-care-hospital-prospective>

CMS Initiatives for SDOH

- Quality Measures for SDOH under IP Quality Reporting
- Framework for Addressing SDOH

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CMS SDOH Inpatient Quality Reporting Program

Measures voluntary in 2023 and required by 2024

Two Measures

- SDOH-1: Screening for Social Drivers of Health
 - How many patients were screened for SDOH?
- SDOH-2: Screen Positive Rate for Social Drivers of Health
 - How many were positive or identified to have one or more social risk factor?

5 Domains of SDOH Screening (HRSN – Health related social needs)

- Food insecurity
- Housing instability
- Transportation
- Utility difficulties
- Interpersonal safety

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Reporting SDOH Measures for CMS Measures

- Provide flexibility for providers to incorporate screenings in a way that works
 - Self selected screening tool
 - <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>
- Data can be collected from multiple sources
 - Administrative claims data, clinical data, standardized patient assessments, patient reported data and surveys
- Measures only need reported once annually
- SDOH-1 requires reporting of the number of patients (denominator) and the number of screened (numerator)
- SDOH-2 requires a rate for all 5 domains
- Likely to allow data collection by May of the following calendar year

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Improving Health Equity

- CMS' Equity Plan for Improving Quality in Medicare
 - 1st strategic plan in 2015 to embed health equity into programs and policies
 - Comprised of 6 priorities
 - Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data
 - Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs
 - Priority 3: Develop and Disseminate Promising Approaches to Reduce Health Disparities
 - Priority 4: Increase the Ability of the Healthcare Workforce to Meet the Needs of Vulnerable Populations
 - Priority 5: Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities
 - Priority 6: Increase Physical Accessibility of Healthcare Facilities

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Exhibit 3: CMS Equity Plan for Medicare Development Methodology Flowchart

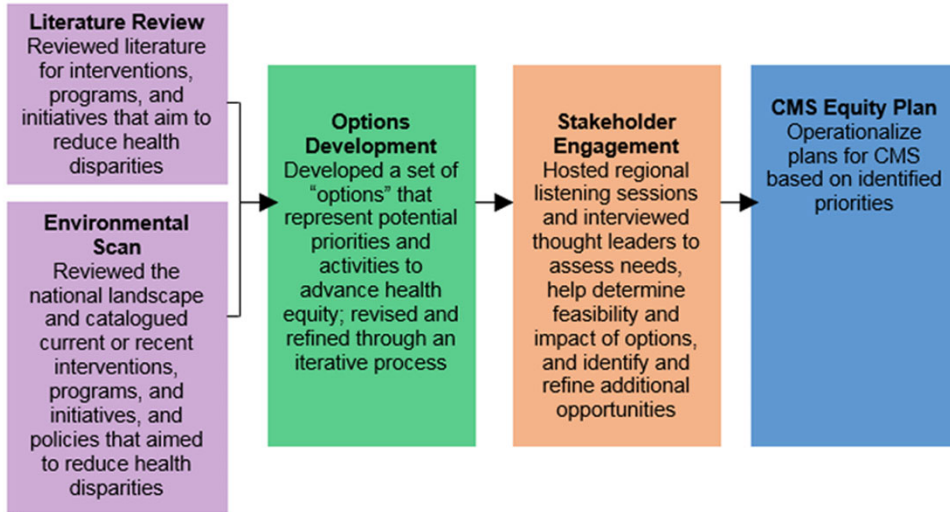


FIGURE 1: CMS FRAMEWORK FOR HEALTH EQUITY DEVELOPMENT AND EVOLUTION



CMS Framework for Health Equity Priorities



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

- Increased data collection or standardized demographic and language data
- Increase available standardized data across settings and programs
- Understanding and standardizing data collection across federal agencies

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

- Health equity in the delivery of healthcare, rulemaking and policy development related to benefit and payment design, data collection, quality improvement and research
- Utilize demographic and SDOH data and parts of the healthcare delivery system to enhance the way services are delivered
- Increase healthcare coverage for underserved populations

Priority 3: Build Capacity of Healthcare Organizations and the Workforce to Reduce Health and Healthcare Disparities

- Address disparities at the time healthcare services are delivered or supports are extended to a community or individual
- Structure care teams and extend services and support to address barriers and ensure individuals are getting the care they need
- Provide support to healthcare organizations to ready themselves to act and address disparities

Priority 4: Advance Language Access, Health Literacy and the Provision of Culturally Tailored Services

- Identify language, health literacy, and cultural needs
- Provide services that are effective, understandable, and respectful the is responsive to preferred languages or dialects, health literacy, cultural health beliefs and practice, traditions and other communication needs.
- Increase access to linguistically and culturally appropriate care

Priority 5: Increase all forms of Accessibility to Healthcare Services and Coverage

- Increase awareness of barriers individuals with disabilities face in accessing care
- Enforce healthcare related accessibility requirements
- Understand barriers individuals with disabilities face in emergencies including preparing and mitigating and overcoming challenges as not to cause or worsen disparities

Improve Capture of SDOH



Assign SDOH codes when appropriate

Reinforce the coding of SDOH codes
Proposed changes to homelessness classification for FY 2024 – CC designation



Work with the Quality Department

IQR for reporting requirements for 2024 for SDOH



Education Opportunities

Providers
Nurses/Case managers
Social services
Coding
Registered dieticians



Routine review of data

May need to customize
Review data to drill down to SDOH (focus on readmissions and the root cause)



Multidisciplinary Meetings

Goals/Outcomes

Use Technology to Capture and Report SDOH

- Is there a questionnaire in use for screening patients, specifically inpatients?
- Add SDOH to documentation templates in the EHR for provider documentation and/or admission documentation
- Custom reports based on goals and outcomes



Questions & Answers



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To Submit a Question: Go to the Q&A box located in the lower left area of your screen. Type your question in the lower text box, then press your “Enter” key.

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<http://events.hcpro.com/materialspub.cgi?YHHA062223A>

*We kindly request that this link be forwarded to everyone
in your group who attended the program.*

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This concludes today's program.

Be sure to register for our upcoming program:

Autonomous Coding: Preparing for the Future of the Industry

July 19, 2023 at 1:00 p.m. ET

<https://hcmarketplace.com/autonomous-coding>

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