HCC and Social Determinants of Health:

Guidance for Getting Documentation and Coding Right the First Time

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What is a Hierarchical Condition Category?

Why is it Important to Your Organization?

How to Get it Right.

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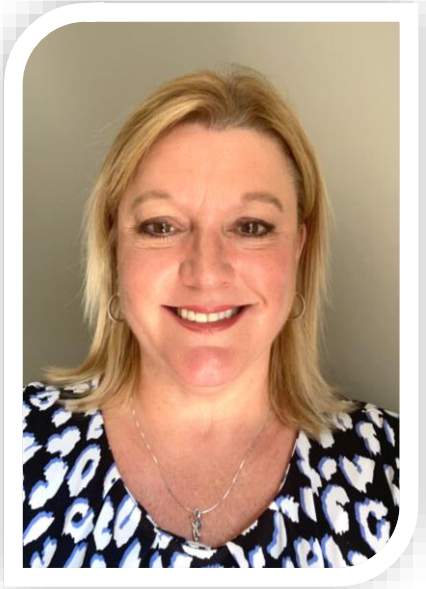

PRESENTER

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Agenda

- HCC- Hierarchical Condition Categories defined
- Methodology of HCC Capture- Documentation and Coding
- Overview of SDOH- Social Determinants of Health
- Methodology of SDOH Capture – Documentation and Coding

Origins of Hierarchical Condition Category Risk Adjustment

- Traditional Fee for Service Payment Model-Very Expensive
- Shift in Focus: Healthcare Spending versus Outcomes and Quality of Care (Value Based Reimbursement model)
- Medicare Part C-Medicare Advantage Plans
- Risk-Adjustment Model-uses HCCs assess the disease burden of its enrollees.

What is an “HCC”?

Hierarchical Condition Categories or HCCs are groups of similar diagnoses that consume similar resources. They are conditions known to be a clinical disease burden.

Similar to MS-DRGs, each HCC is assigned a specific “weight” that impacts each patient’s risk score, along with demographic factors such as age and gender.

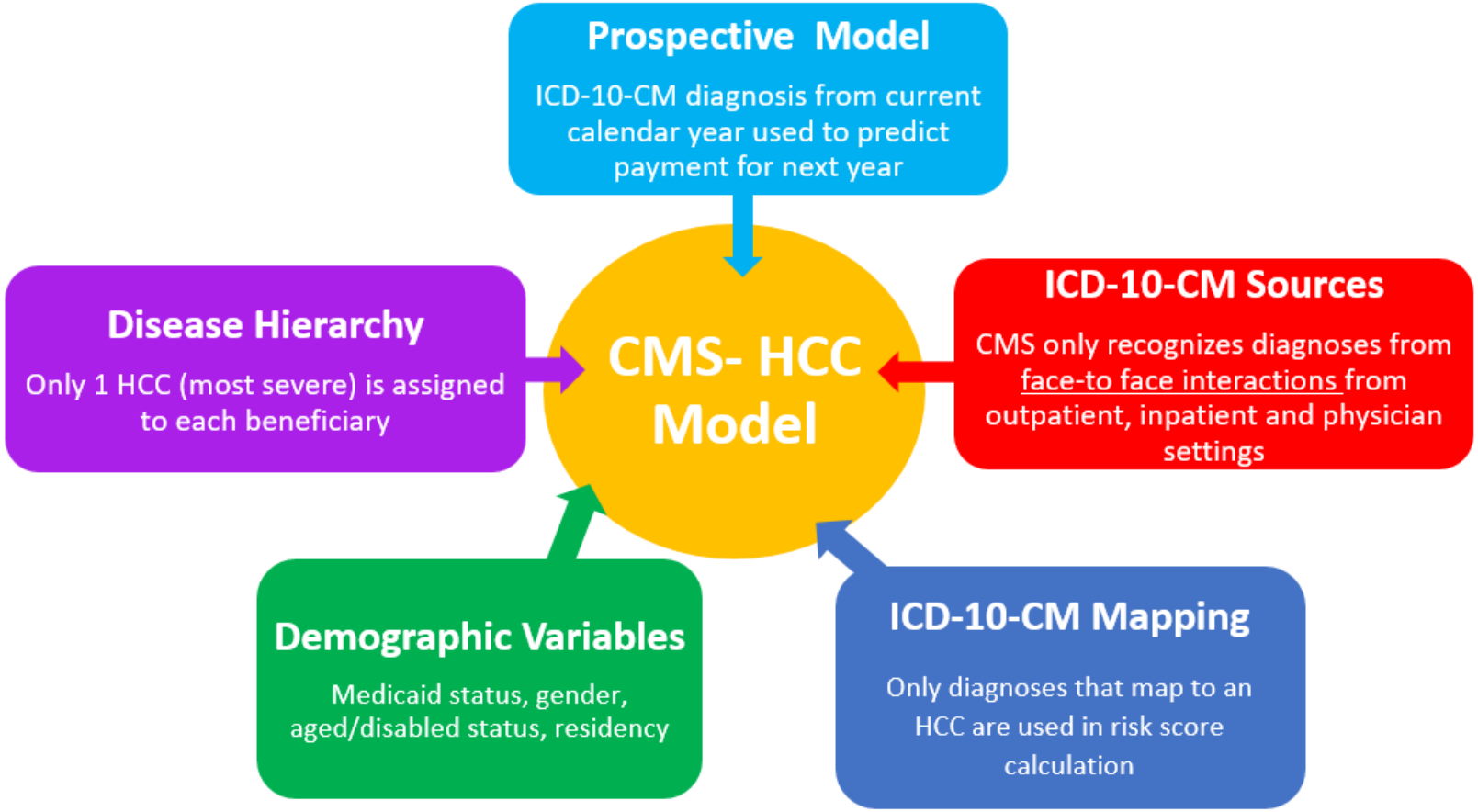
HCCs are grouped in disease hierarchies (i.e., Diabetes Mellitus is grouped in several HCCs depending on whether the disease has complications or is controlled/uncontrolled, etc.) and are often chronic disease conditions.

What is an “HCC”?

HCCs were developed as a way of accounting for and expressing the health status (i.e., major risk factors) of any individual Medicare enrollee, focusing on the greater costs and longer-term care associated with patients needing care for chronic conditions.

HCCs can be used to identify and close care gaps for providers and patients.

What determines the HCC?



HCC Assignment

Face-to-Face Patient Visit

Visit Types
- Hospital Inpatient & Outpatient
- Physician Office

Exclusions:
- Hospice
- SNF
- Home Health
- Free Standing ASC

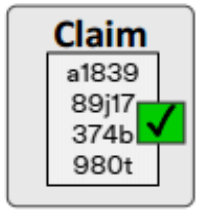
- Patients missing HCCs do not have visits scheduled
- Lack of tools to identify patients and coordinate scheduling

Physician Addresses & Documents Diagnoses

Providers
- Physicians
- NP, CRNA
- Psychologist/Psychiatrist

Services Excluded:
- DME
- Laboratory
- Diagnostic Radiology

- During visit not all HCC-diagnoses are captured/documented
- Providers lack data and insight into missing HCC diagnoses

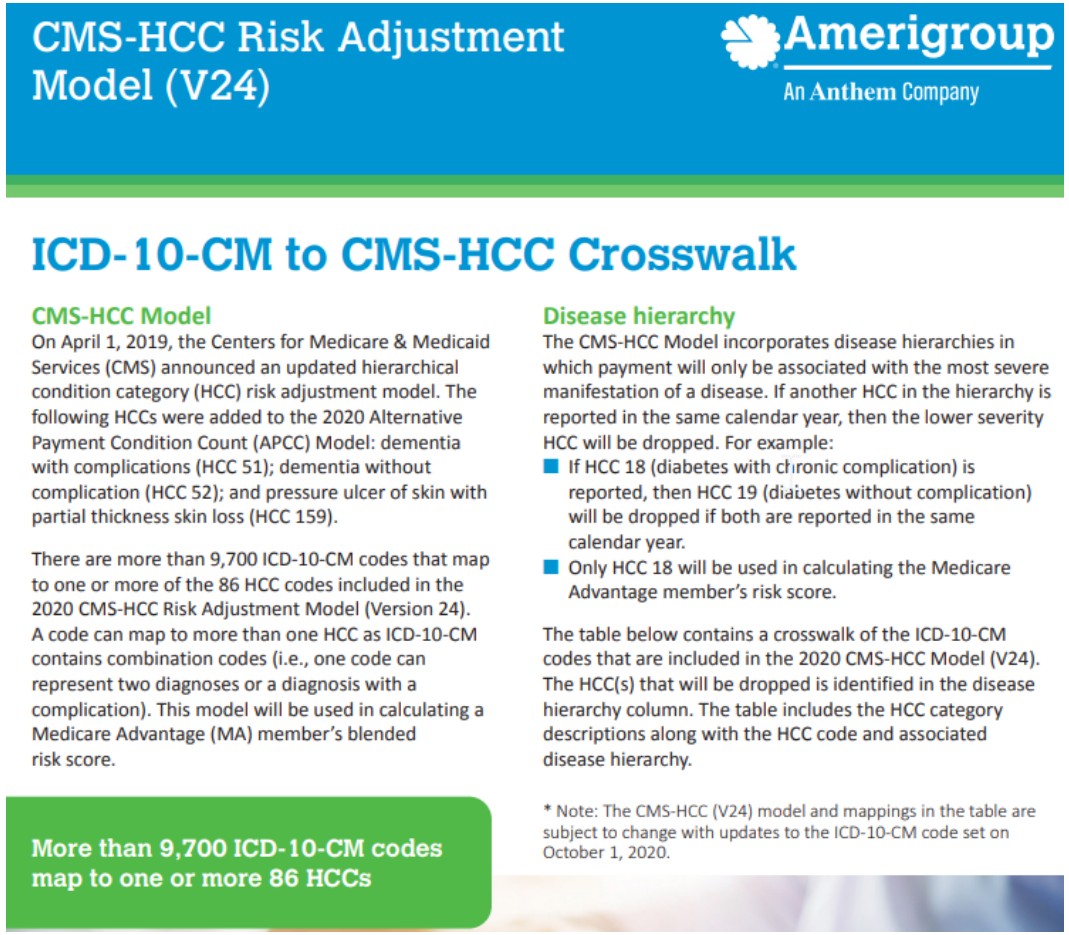


Diagnoses Coded and in Visit Claim

Requirements
- Each HCC diagnosis submitted in a claim once per calendar year
- Must be supported by documentation in visit note

- Physician documents an HCC-diagnosis but does not code for it
- Providers trained to code diagnoses to support Pro-Fee billing not for HCC capture

Matching ICD-10-CM codes to HCC scores



CMS-HCC Risk Adjustment Model (V24)

Amerigroup
An Anthem Company

ICD-10-CM to CMS-HCC Crosswalk

CMS-HCC Model

On April 1, 2019, the Centers for Medicare & Medicaid Services (CMS) announced an updated hierarchical condition category (HCC) risk adjustment model. The following HCCs were added to the 2020 Alternative Payment Condition Count (APCC) Model: dementia with complications (HCC 51); dementia without complication (HCC 52); and pressure ulcer of skin with partial thickness skin loss (HCC 159).

There are more than 9,700 ICD-10-CM codes that map to one or more of the 86 HCC codes included in the 2020 CMS-HCC Risk Adjustment Model (Version 24). A code can map to more than one HCC as ICD-10-CM contains combination codes (i.e., one code can represent two diagnoses or a diagnosis with a complication). This model will be used in calculating a Medicare Advantage (MA) member's blended risk score.

More than 9,700 ICD-10-CM codes map to one or more 86 HCCs

Disease hierarchy

The CMS-HCC Model incorporates disease hierarchies in which payment will only be associated with the most severe manifestation of a disease. If another HCC in the hierarchy is reported in the same calendar year, then the lower severity HCC will be dropped. For example:

- If HCC 18 (diabetes with chronic complication) is reported, then HCC 19 (diabetes without complication) will be dropped if both are reported in the same calendar year.
- Only HCC 18 will be used in calculating the Medicare Advantage member's risk score.

The table below contains a crosswalk of the ICD-10-CM codes that are included in the 2020 CMS-HCC Model (V24). The HCC(s) that will be dropped is identified in the disease hierarchy column. The table includes the HCC category descriptions along with the HCC code and associated disease hierarchy.

* Note: The CMS-HCC (V24) model and mappings in the table are subject to change with updates to the ICD-10-CM code set on October 1, 2020.

ICD-10-CM codes	HCC category description	HCC	Disease hierarchy
B20, B97.35, Z21	HIV/AIDS	1	
A02.1, A20.7, A22.7, A26.7, A32.7, A39.2-A39.4, A40.-, A41.-, A42.7, A48.3, A54.86, B00.7, B37.7, P36.-, R57.1, R57.8, R65.1-, R65.2-, T81.12XA	Septicemia, sepsis and systemic inflammatory response syndrome/shock	2	
A07.2, A31.0, A31.2, B25.-, B37.1, B37.7, B37.81, B44.0-B44.7, B44.89, B44.9, B45.-, B46.-, B48.4, B48.8, B58.2, B58.3, B59	Opportunistic infections	6	
C77.0-C77.2, C77.4-C77.8, C78.-, C79.00-C79.72, C79.89, C79.9, C7B.-, C80.0, C91.0-, C92.00-C92.02, C92.40-C92.A2, C93.0-, C94.00-C94.22, C94.40-C94.42, C95.0-	Metastatic cancer and acute leukemia	8	9, 10, 11, 12
C15.-, C16.-, C17.-, C22. -, C23, C24.-, C25.-, C33, C34.-, C38.4, C45.-, C48.-, C90.00-C90.22, C92.10-C92.32, C92.9-, C92.Z-, C93.10-C93.92, C93.Z-, C94.30-C94.32, C94.80-C94.82	Lung and other severe cancers	9	10, 11, 12
C40.-, C41.-, C46.-, C47.-, C49.-, C56.-, C57.00-C57.4, C58, C70.-, C71.-, C72.-, C74.-, C75.1-C75.3, C77.3, C77.9, C79.2, C79.81, C79.82, C81.-, C82.-, C83.-, C84.-, C85.-, C86.-, C88.2-C88.9, C90.3-, C91.-, C95.10-C95.92, C96.-	Lymphoma and other cancers	10	11, 12
C01, C02.-, C03.-, C04.-, C05.-, C06.-, C07, C08.-, C09.-, C10.-, C11.-, C12, C13.-, C14.-, C18.-, C19, C20, C21.-, C26.-, C30.-, C31.-, C32.-, C37, C38.0-C38.3, C38.8, C39.-, C51.-, C52, C53.-, C57.7-C57.9, C64.-, C65.-, C66.-, C67.-, C68.-	Colorectal, bladder and other cancers	11	12
C43.-, C4A.-, C50.-, C54.-, C55, C60.-, C61, C62.-, C63.-, C69.-, C73, C75.0, C75.4-C75.9, C76.-, C7A.-, C80.1, C80.2, D03.-, D18.02, D32.-, D33.-, D35.2-D35.4, D42.-, D43.-, D44.3-D44.7, D49.6, E34.0, Q85.-	Breast, prostate, and other cancers and tumors	12	
E08.0-, E08.1-, E08.641, E09.0-, E09.1-, E09.641, E10.1-, E10.641, E11.0-, E11.1- , E11.641, E13.0-, E13.1-, E13.641	Diabetes with acute complications	17	18, 19
E08.21-E08.638, E08.649-E08.8, E09.21-E09.638, E09.649-E09.8, E10.21-E10.638, E10.649-E10.8, E11.21-E11.638, E11.649-E11.8, E13.21-E13.638, E13.649-E13.8	Diabetes with chronic complications	18	19
E08.9, E09.9, E10.9, E11.9, E13.9, Z79.4	Diabetes without complication	19	
E40, E41, E42, E43, E44.0, E44.1, E45, E46, E64.0, R64	Protein-calorie malnutrition	21	
E66.01, E66.2, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	Morbid obesity	22	
A39.1, C88.0, D84.1, D89.1, E03.5, E15, E20.0, E20.8, E20.9, E21.-, E22.-, E23.-, E24.-, E25.-, E26.-, E27.-, E31.-, E32.-, E34.4, E70.-, E71.-, E72.-, E74.00-E74.09, E74.20-E74.29, E74.4-E74.9, E75.21, E75.22, E75.240-E75.249, E75.3, E76.-, E77.-, E79.1-E79.9, E80.0-E80.3, E83.110, E85.-, E88.01, E88.4-, E88.89, E89.2, E89.3, E89.6, H49.811-H49.819, N25.1, N25.81	Other significant endocrine and metabolic disorders	23	
I85.-, K70.41, K71.11, K72.01-K72.91, K76.6, K76.7, K76.81	End-stage liver disease	27	28, 29, 80
K70.30-K70.9, K74.3-K74.69	Cirrhosis of liver	28	29
B18.-, K73.-, K75.4	Chronic hepatitis	29	

Source: CMS-HCC Risk Adjustment Model (V24)

ICD-10-CM Codes:

Outpatient and Professional Services Claims

- CMS 1500 (837P) – Allows up to 12 ICD-10-CM codes
- Older software/claims scrubbers only allow *4-update your software*
- CMS 1450 or UB-04 (837I) – Allows up to 20 ICD-10-CM codes
- RHC/FQHCs bill CMS on UB-04 claims

Chronic Diseases- ICD-10-CM Guidelines

Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services:

I. Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s)

J. Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management.

What are some Common HCC *Documentation* Issues?

- Not documenting or coding to the highest specificity-be precise and detailed
- Chronic or coexisting conditions not documented or left out of clinical documentation
- Using “history of” when documenting/coding current stable chronic conditions

Documentation Tips for ICD-10-CM Capture

M — Monitor signs, symptoms, disease progression

E — Evaluate – test results, response to treatment

A — Assess/Address – test, discussion, record review, counseling

T — Treat – medications, therapies, other modalities

M.E.A.T. Documentation

- Per CMS, may only code from problem list if Evaluation and Treatment is shown for each condition that relates to a diagnosis code
- May assign codes from the Past Medical History if pertinent

- Examples of supported documentation from Past Medical History:
  - CHF-symptoms well controlled with Lasix. Continue current medication regimen.
  - Major Depression-Patient continues feeling down despite Zoloft 50 mg daily. Increase to 100 mg daily and monitor.
  - Hypertension-Stable on medications-continue current dosage

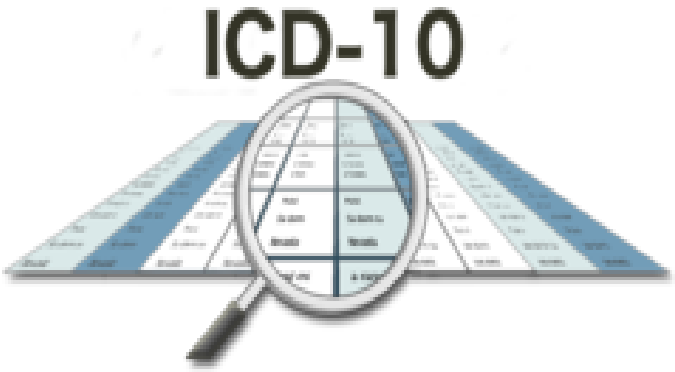
What are some HCC *Documentation* Best Practices?

- All causal relationships should be linked for complications or manifestations of disease processes
- Include all current diagnoses as part of the current medical decision-making process and document them in the note for every visit
- Only document diagnoses as “history of” or “past medical history (PMH)” when they no longer exist and are resolved, i.e., history of a myocardial infarction (MI) or history of a cerebrovascular accident (CVA)

Source: Watson, Monica M. "Documentation and Coding Practices for Risk Adjustment and Hierarchical Condition Categories." Journal of AHIMA 89, no.6 (June 2018): extended online version retrieved August 29, 2019 from https://bok.ahima.org/doc?oid=302516#.XWgz0-jYodU

What are some HCC *Coding Capture* Best Practices?

- Chronic diseases should continue to be coded and reported on an ongoing basis if the patient receives treatment and care for the condition.
- All diagnoses that receive care and management during the encounter should be reported.
- Conditions that are no longer active and/or not being treated should not be reported. This includes problem list diagnoses that have been resolved.
- Report history of and status codes when pertinent and/or influential where there is an impact on current care or treatment.
- Documentation can be found in any section of the patient record for a face-to-face encounter. For instance, a diagnosis does not have to be in the assessment portion of a SOAP (subjective, objective, assessment, and plan) note to be eligible for abstraction and reporting



How can we identify HCC gaps for our patients?

- HCC Gap analysis software-awesome!
- See patients at least once per year- check scheduling software in your EHR
- Prep for visits ahead of time-problem lists review to alert providers of missing diagnosis codes to address
- Perform Medicare Wellness Visits!
- Perform coding audits!

Medicare Wellness Visits

- ✓ Capture all chronic conditions on claim
- ✓ Keep your patient in your practice
- ✓ No cost to your patients

What is a RAF Score?

RAF Score = Risk Adjustment Score

Predictive reimbursement model- estimates a healthcare organization's cost to care for a patient

HCC codes – primary driver

Demographic and program enrollment information also considered (ESRD, Dual Eligible, etc.)

What does the RAF Score do?

Condition	John Smith, Age 85, Male	Jane Smith, Age 65, Female
Age- Gender Component	0.686	0.323
Specified Hearth Arrhythmias	0.268	0.268
Cirrhosis of Liver	0.363	-
Morbid Obesity	-	0.25
Diabetes with Chronic Complications	-	0.302
Total RAF	**1.317**	**1.143**

HCC-RAF Payment Methodology: Prospective

2016 Risk Adjustment Factor (RAF) Score Diagnoses documented/billed during visits in 2016	
Demographic score: 2016	0.442
HCC 18: Diabetes w/retinopathy	0.368
HCC 22: Morbid Obesity	0.365
HCC 40: Rheumatoid arthritis	0.374
HCC 85: Dilated cardiomyopathy	0.368
HCC 111: COPD	0.346
HCC Interaction Score: CHF—COPD	0.259
HCC Interaction Score: Diabetes—CHF	0.182
Total RAF Score	**2.704**

2017 Risk Adjustment Factor (RAF) Score Diagnoses documented/billed during visits in 2017	
Demographic score: 2017	0.458
HCC 18: Diabetes w/retinopathy	0.312
HCC 22: Morbid Obesity	0.268
Total RAF Score	**1.038**

Weights of missing diagnoses	**1.055**

Capitated Payment Per Member Per Month (PMPM):

- $800 PMPM x 2.704 RAF = $2,163
- $800 PMPM x 1.055 RAF = $844

–$10,128 Annual

What are Social Determinants of Health?

Economic Stability

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context

SDOH

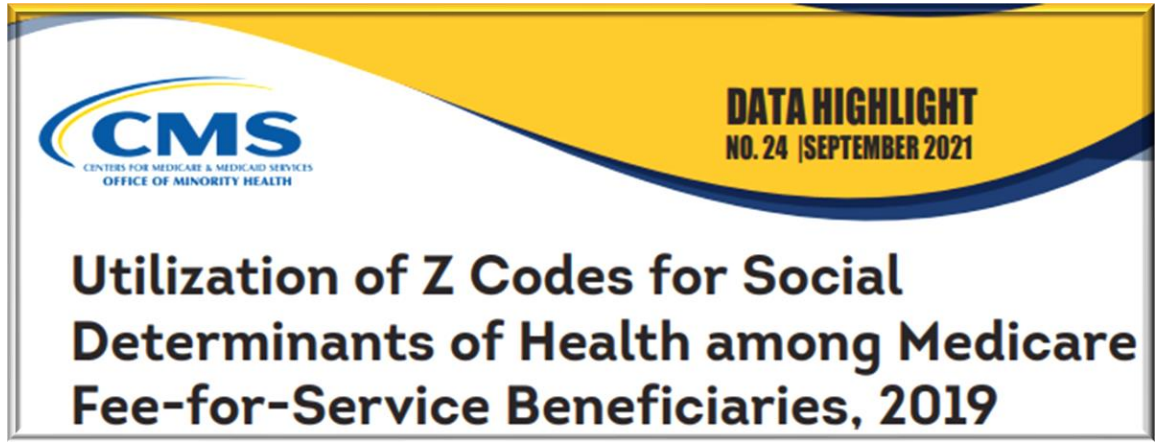
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Social Determinants of Health-SDOH

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

CMS Office of Minority Health Data Highlight



Key Findings:

Among the 33.1 million continuously enrolled Medicare FFS beneficiaries in 2019, **1.59%** had claims with Z codes, as compared to 1.31% in 2016.

The 5 most utilized Z codes were:

1) **Z59.0** Homelessness
2) **Z63.4** Disappearance and death of family member
3) **Z60.2** Problems related to living alone
4) **Z59.3** Problems related to living in a residential institution
5) **Z63.0** Problems in relationship with spouse or partner

Beneficiaries in rural areas were overrepresented (39.7%) among those with a **Z59.3** – Problems related to living in a residential institution claim.

ICD-10-CM Codes and Sub-Codes Related to SDOH

ICD-10-CM Code Category	Problems/Risk Factors Included in Category	Number of Sub-Codes
Z55 – Problems related to education and literacy	Illiteracy, schooling unavailable, underachievement in a school, educational maladjustment and discord with teachers and classmates.	8
Z56 – Problems related to employment and unemployment	Unemployment, change of job, threat of job loss, stressful work schedule, discord with boss and workmates, uncongenial work environment, sexual harassment on the job, and military deployment status	11
Z57 – Occupational exposure to risk factors	Occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents in agriculture, toxic agents in other industries, extreme temperature, and vibration.	11
Z58 – Problems related to physical environment	Inadequate drinking water supply, lack of safe drinking water	1
Z59 – Problems related to housing and economic circumstances	Homelessness, inadequate housing, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, lack of adequate food, extreme poverty, low income, insufficient social insurance and welfare support, housing instability/foreclosure	16

ICD-10-CM Codes and Sub-Codes Related to SDOH

ICD-10-CM Code Category	Problems/Risk Factors Included in Category	Number of Sub-Codes
Z60 – Problems related to social environment	Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution.	7
Z62 – Problems related to upbringing	Inadequate parental supervision, overprotection, upbringing away from parents, hostility toward child, excessive parental pressure, abuse, parent-child conflict, sibling rivalry	18
Z63 – Other problems related to primary support group, including family circumstances	Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful life events affecting family and household, stress on family due to return of family member from military deployment, alcoholism and drug addiction in family.	12
Z64 – Problems related to certain psychosocial circumstances	Unwanted pregnancy, multiparity, and discord with counselors.	3
Z65 – Problems related to other psychosocial circumstances	Conviction in civil and criminal proceedings without imprisonment, imprisonment and other incarceration, release from prison, other legal circumstances, victim of crime and terrorism, and exposure to disaster, war and other hostilities.	8

ICD-10-CM Z59- Problems related to housing and economic circumstances

Z59 Problems related to housing and economic circumstances

Excludes2: problems related to upbringing (Z62.-)

Z59.0 Homelessness

- **Z59.00 Homelessness unspecified**
- **Z59.01 Sheltered homelessness**
  - Doubled up
  - Living in a shelter such as: motel, scattered site housing, temporary or transitional living situation
- **Z59.02 Unsheltered homelessness**
  - Residing in place not meant for human habitation such as: abandoned buildings, cars, parks, sidewalk
  - Residing on the street

Z59.1 Inadequate housing

- Lack of heating
- Restriction of space
- Technical defects in home preventing adequate care
- Unsatisfactory surroundings

Excludes1: problems related to the natural and physical environment (Z77.1-)

Z59.2 Discord with neighbors, lodgers and landlord

Z59.3 Problems related to living in residential institution

- Boarding-school resident

Excludes1: institutional upbringing (Z62.2)

- **Z59.41 Food insecurity**
- **Z59.48 Other specified lack of adequate food**
  - Inadequate food
  - Lack of food

Z59.5 Extreme poverty

Z59.6 Low income

Z59.7 Insufficient social insurance and welfare support

Z59.8 Other problems related to housing and economic circumstances

- **Z59.81 Housing instability, housed**
  - Foreclosure on home loan
  - Past due on rent or mortgage
  - Unwanted multiple moves in the last 12 months
  - **Z59.811 Housing instability, housed, with risk of homelessness**
    - Imminent risk of homelessness
  - **Z59.812 Housing instability, housed, homelessness in past 12 months**
  - **Z59.819 Housing instability, housed unspecified**
- **Z59.89 Other problems related to housing and economic circumstances**
  - Foreclosure on loan
  - Isolated dwelling
  - Problems with creditors

ICD-10-CM Official Guidelines-2022

Section I. Conventions, general coding guidelines and chapter specific guidelines

B. General Coding Guidelines

14. Documentation by Clinicians Other than the Patient's Provider

- 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
- See Section I.C.21.c.17 for additional information regarding coding social determinants of health.

ICD-10-CM Official Guidelines-2022

Section I. Conventions, general coding guidelines and chapter specific guidelines

C. Chapter Specific Coding Guidelines

17. Social Determinants of Health

- Codes describing social determinants of health (SDOH) should be assigned when this information is documented**. 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**.

ICD-10-CM Official Guidelines-2022

Section I. Conventions, general coding guidelines and chapter specific guidelines

C. Chapter Specific Coding Guidelines

17. Social Determinants of Health (cont.)

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

What are some SDOH *Documentation* Best Practices?

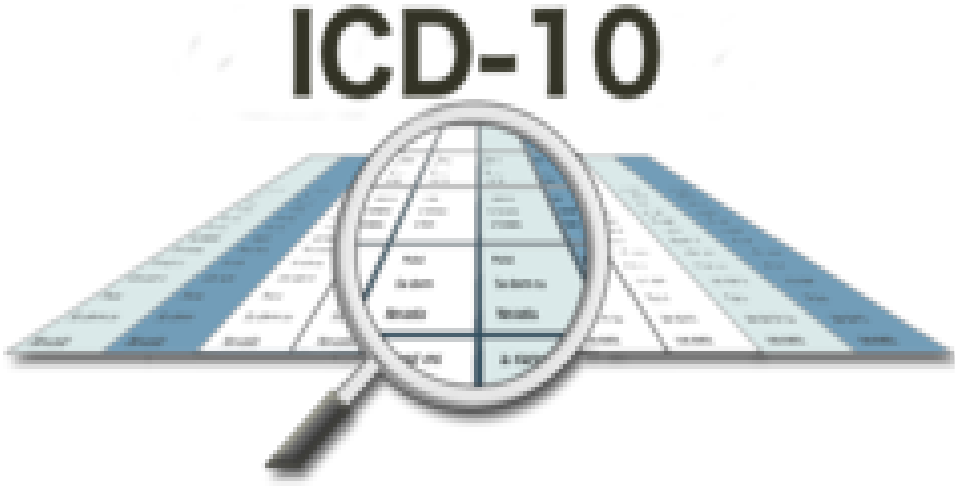
- ✓Educate staff on the need to screen, document and code data on patients' SDOH needs.
- ✓Ask patients about their SDOH needs. Patients may not know to discuss non-medical issues with their provider and may need to be prompted.
- ✓Use SDOH screening tools and/or health risk assessments
- ✓Document SDOH data in the problem list, diagnosis list, patient history or provider notes

Sample SDOH Screening Questions

1. Do you have difficulty understanding the English language?
   ☐ Yes ☐ No
2. Do you ever have a time during the month when you don't have enough food for you or your family?
   ☐ Yes ☐ No
3. Do you have trouble paying for housing or your electric/heating bills?
   ☐ Yes ☐ No
4. Are you and/or your family currently homeless or at risk of becoming homeless?
   ☐ Yes ☐ No
5. Do you need help with transportation for medical appointments, work or getting things needed for daily living?
   ☐ Yes ☐ No
6. Have you or anyone in your family experienced or observed any form of abuse, including physical, emotional, verbal, sexual abuse or neglect?
   ☐ Yes ☐ No
7. Do you or anyone in your family feel unsafe at home, school or work?
   ☐ Yes ☐ No
8. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family)
   ☐ Daily ☐ Weekly ☐ Monthly
9. What is the highest level of schooling that you have completed?
   ☐ Didn't finish High School ☐ High School or GED ☐ College
10. What is your current work situation?
    ☐ Unemployed ☐ Part Time ☐ Full Time ☐ Student ☐ **Disabled** ☐ Retired
11. Have you been unable to get your medication because there wasn't enough money to pay for it?
    ☐ Yes ☐ No

What are some SDOH *Coding Capture* Best Practices?

- ✓Educate coders to look for SDOH data within the problem list, diagnosis list, patient history or provider notes
- ✓Use self-reported data to assign Z codes
- ✓Use information documented in the patient's health care record by any member of the care team
- ✓Z codes are not "optional"



USING Z CODES:

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes

What are Z codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.

Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.[1]

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.[2]

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A Disparities Impact Statement can be used to identify opportunities for advancing health equity.

[USING Z CODES CMS Infographic]

USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives

Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.

Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.

Coding Professionals

Follow the ICD-10-CM coding guidelines.[3]

- Use the CDC National Center for Health Statistics ICD-10-CM Browser tool to search for ICD-10-CM codes and information on code usage.[4]
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z code Categories

- **Z55** – Problems related to education and literacy
- **Z56** – Problems related to employment and unemployment
- **Z57** – Occupational exposure to risk factors
- **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

This list is subject to revisions and additions to improve alignment with SDOH data elements.

[USING Z CODES CMS Infographic]

Review: Requirements for HCC & SDOH Code Assignment

- ✓ All principal and secondary diagnosis codes must be reported to the highest level of specificity.
- ✓ The medical record validates the diagnosis codes that have been reported by the Physician or care team.
- ✓ All diagnoses must be re-documented on *an annual basis* - during a face-to-face encounter with the beneficiary in order to be reported on the claim for HCC assignment.
- ✓ Document and report all social determinates of health data, either self-reported or captured by any member of the care team using Z codes.

Useful References

- AAFP Hierarchical Condition Category Coding
- AHA Value Initiative ICD-10-Code-Social Determinants of Health
- BCBS of Illinois Z Code Flier
- CDC Social Determinants of Health: Know What Affects Health
- CMS SDOH Z Code Infographic
- Utilization of Z Codes for Social Determinants of Health among Medicare Fee-for-Service Beneficiaries, 2019
- HHS Healthy People 2030 Social Determinants of Health
- ICD-10-CM 2022 Official Guidelines for Coding and Reporting
- Medicare Risk Adjustment Eligible CPT/HCPCS Codes

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