Explore Social Determinants of Health

Why Social Factors Matter

CAH Conference 2025

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Social Determinants of Health

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Key Definitions

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Health Equity

- All patients have a fair and just opportunity to attain the highest level of health with ongoing societal efforts to overcome economic, social and other obstacles to health and healthcare; and eliminate preventable health disparities

Social Determinants of Health

- Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health functioning and quality of life outcomes and risks

Population Health

- Health outcomes of a group of individuals, including the distribution of outcomes within the group

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Quick Poll

Is your organization presently performing SDOH screenings on a regular basis?

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SDOH Reporting

- According to Medicare and Medicaid Services data from 2016 to 2017, "[…] SDoH-related Z-codes were captured in only 1.9% of hospital discharges," yet, "30% of patients in a primary care setting screened positive for at least one social risk factor. Thus, we recognize that socially determined barriers to health exist, but we lack the data and processes to identify, target and address them," Dr. Schulte said

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SDOH Reporting

- **Inpatient Quality Reporting (IQR)**
  - Critical Access Hospitals are not held to the IQR program requirements but meeting the Hospital IQR Program eCQM requirement also satisfies the eCQM electronic reporting requirement for the Medicare PI Program

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20% Clinical care

- History of care
- Access of care
- Quality of care

30% Behaviors

- Tobacco
- Diet & exercise
- Alcohol & drug use
- Sexual activity

40% Social & economic

- Education
- Employment
- Family & social support
- Community Safety

10% Environment

- Air & water quality
- Housing & transit

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The Cycle

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Organization Impact

What is the mix of your patient population?

Do you have patients in a risk area?

Is there low income housing?

Is there strong public transportation?

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Financial Impact

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- Can impact the 'level of service' for E/M services
- Can be reimbursed for obtaining SDOH assessment

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Coding Impact

Evaluation & Management Services

Moderate risk of morbidity from additional diagnostic testing or treatment
• Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • **Diagnosis or treatment significantly limited by social determinants of health**

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Documentation Requirements

- SDOH should be captured in the provider documentation and the **impact** it has on healthcare treatment or management of the condition

Due to the patient's homelessness, it is difficult for them to have access to fresh water and dry bandages to maintain proper care of the diabetic foot ulcer

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Charge Capture

- **G0136** Admin of a standardized, evidence-based social determinants of health risk assessment tool; 5-15 minutes
- **96160** Admin of a patient focused health risk assessment instrument with score and documentation per standardized instrument

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Assessments

- **Rural Health Clinics**
  - Bundled into the All Inclusive Rate
- **Hospital Outpatient Department….?**

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SDOH Risk Assessment (G0136)

- Administration of a standardized, evidence-based SDOH risk assessment tool; 5-15 minutes, not more often than once every 6 months
  - NOT routine screening; administer when practitioner has a reason to believe unmet SDOH needs may be impacting ability to diagnose/treat patient
    - Medical necessity
    - Documentation of reasons
  - Permissible tools
  - Identified needs must be documented in the medical record
  - May be furnished by auxiliary staff
    - Requires direct (not general) supervision
  - Included on Medicare Telehealth services list
    - Must be audio visual

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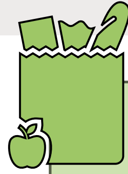
Equity Requirements and Z Codes

Housing

- Z59.0 Homelessness
  - Z59.01 Sheltered
  - Z59.01 Unsheltered
- Z59.12 Inadequate housing facilities
- Z59.2 Discord with neighbors, lodgers, landlord
- Z59.89 Other problems related to housing
- Z59.9 Problems related to housing circumstances
- Z60.2 Problems living alone



Food Insecurity

- Z59.4 Lack of adequate food and safe drinking water
- Z59.41 Food insecurity

Transportation

- Z59.64 Unable to pay for transportation for medical appointments or prescriptions
- Z59.82 Transportation insecurity

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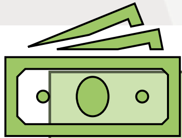
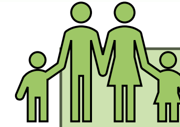
Equity Requirements and Z Codes



Financial Needs

Z57.4 Occupational exposure to toxic agents in agriculture
Z57.4 Occupational exposure to toxic agents in other industries
Z59.5 Extreme poverty
Z59.6 Low income
Z59.61 Unable to pay for prescriptions
Z59.62 Unable to pay for utilities
Z59.63 Unable to pay for medical care
Z59.7 Insufficient social insurance and welfare support



Interpersonal Safety

Z55.5 Less than high school diploma
Z55.6 Problems related to health literacy
Z55.8 Problems with academics
Z56.0 Unemployment
Z56.1 Problem with adjustment to job change
Z56.82 Military deployment
Z59.67 Unable to pay for childcare
Z60.3 Problem with acculturation
Z60.4 Social exclusion and rejection
Z60.9 Problems related to social environment
Z62.810 History of physical abuse
Z62.811 History of psychologic abuse
Z63.0 Problems in relationship with spouse/partner
Z63.72 Alcoholism and drug addiction in family
Z65.1 Imprisonment and other incarceration

ICD-10-CM Guidelines

Factors for Influencing Health Status and Contact with Health Services

Social Determinants of Health

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 Z6Ø.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.

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Quick Poll

- **What is the biggest challenge in providing SDOH related services?**
  - Inadequate reimbursement
  - Workflow adaptation
  - Engaging patients
  - Securing trained staff
  - Providing general supervision

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Opportunities

- **Multiple opportunities to increase Z Code Use:**
  - Reduce reliance on providers to collect and document SDOH by utilizing other clinicians
  - Identify optimal workflow to collect, document, and code SDOH data
  - Increase education and support for providers
  - Support ongoing efforts to standardize data elements
  - Use SDOH data to support quality improvement initiatives, care coordination, and referral tracking

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Reporting SDOH as a Secondary Diagnosis

- **SDOH codes are not considered a ‘condition’**
  - Can be captured by coders without assessment from the provider when documented appropriately by clinical staff
    - In order to be captured by medical decision making complexity, does need to be addressed by the provider

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SDOH Reporting

Flora Johnson
45 years

CURRENT HISTORY:
Type II Diabetes

REASON FOR VISIT:
Cough due to seasonal allergy

Documentation Note:

Flora comes in today for allergy symptoms that she has been experiencing for the past two days. She currently has good control of her DM II by continuing to eat healthy and exercise several times a week. Flora is stressed and voices her concern about possibly loosing her job due to talk of recent cutbacks. Flora has started rationing her Metformin in an effort to stay on top of her finances. Wants to discuss other options.

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SDOH Reporting

ROUTINE DOCUMENTATION	
E11.9	Types II Diabetes
J30.1	Allergic rhinitis due to pollen

VS

DOCUMENTATION WITH SDOH CODES	
E11.8	Types II Diabetes
J30.1	Allergic rhinitis due to pollen
T38.3X6A	Intentional underdosing
Z91.120	Intentional underdosing due to financial hardship
Z56.2	Threat of job loss
Z59.89	Other problems related to economic circumstances

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Reporting SDOH as a Secondary Diagnosis

- **Social Determinants of Health *RISK ADJUST***

2024 CMS-HCC v28		
Z59.xx	Homelessness	HCC 189
Z59.1x	Inadequate Housing	HCC 189
Z59.81	Housing instability, housed but at risk	HCC 189
Z89.511	Personal history of homelessness	HCC 189
Z59.812	History of inadequate housing	HCC 189

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Why don’t we get what we need?

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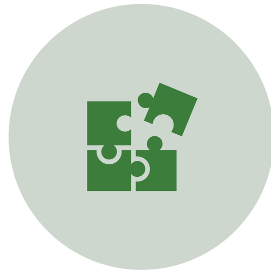
Burnout, time, documentation…

DON’T HAVE TIME



OVERWORKED

DON’T KNOW HOW TO ASK

UNCOMFORTABLE CONVERSATIONS

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Patient Barriers

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- May not wish to reveal financial status or housing situation
- May fear they face social stigma
- May feel quality of care they receive will suffer

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STRATEGY

How

- **Incorporated into normal workflow**
- **BUY IN**
  - Top down
    - Why does it matter?
    - What is the impact?
  - Incremental approach
- **Awareness and understanding**

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Screening Tools

- **National Associated of Community Health Centers**
  - Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences tool (PRAPARE)
- **American Academy of Family Physicians**
  - The Every ONE Project
- **Centers for Medicare and Medicaid**
  - Health-Related Social Needs Screening Tool (AHC-HRSN)

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Questions?

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