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Social Determinants of Health and ICD-10 CM Z Codes

GASCO Administration and Business of Oncology Meeting

June 10th, 2022

Allison Hirschorn
Associate Director of Coverage and Reimbursement

Topics

- Data and utilization
- Care delivery
- Practice administration
- ICD-10 CM Z Codes
- Connecting Z codes with CPT codes

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Social Determinants of Health: Data and Utilization

Social Determinants of Health (SDOH)

Conditions of an individual's **living**, **learning**, and **working** environments that affect one's health risks and outcomes.

Recognized as **important predictors in clinical care** and positive conditions are associated with **improved patient outcomes** and **reduced costs**.

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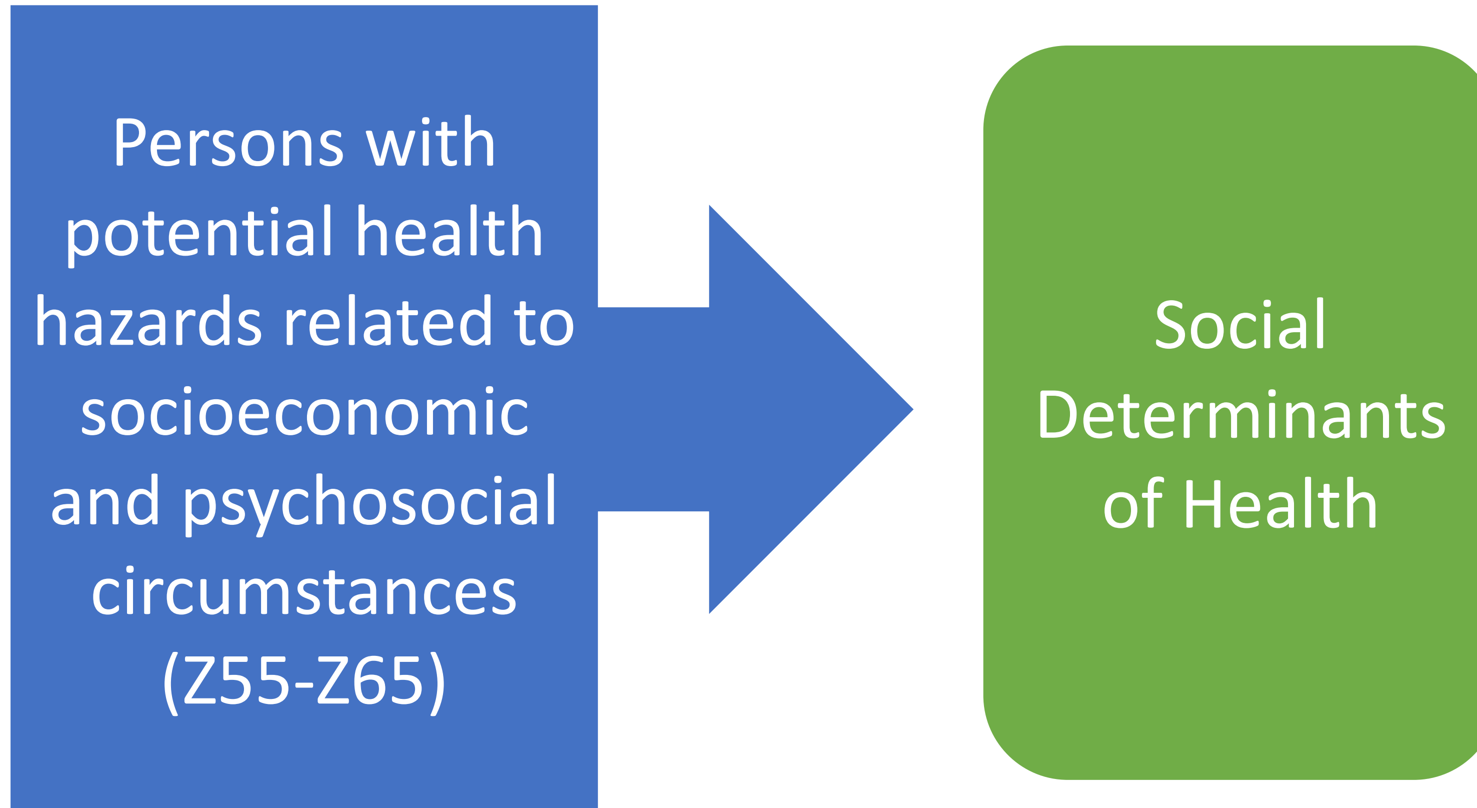
ICD-10 CM Z Codes



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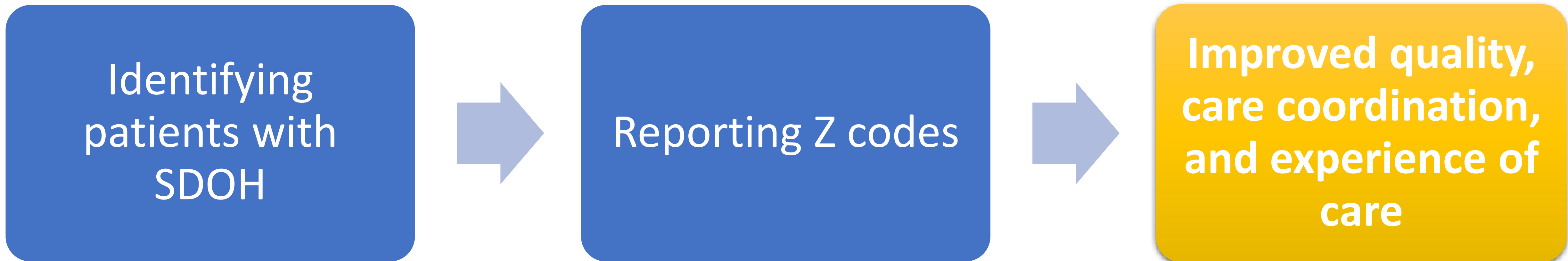
ICD-10 CM Z Codes



Resource: USING Z CODES: The Social Determinants of Health (SDOH) Data Journey to Better Outcomes)

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Social Determinants of Health (SDOH)

Data Collection Challenges

Current Challenges	Potential Solutions
▪ Lack of a standardized EHR-based screening tool. ▪ Lack of and multiplicity of codes. ▪ Lack of awareness among providers and medical coders.	▪ Reducing reliance on clinicians to capture SDOH. ▪ Filling gaps in codes. ▪ Improving provider and medical coder education.

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Z Codes Utilization among Medicare Fee-for-Service (FFS) Beneficiaries in 2019

Among **33.7** million total Medicare FFS beneficiaries in 2019, approximately **1.59%** had claims with Z codes.

CMS Data Highlight
No. 24 September 2021
[Utilization of Z Codes for Social Determinants of Health among Medicare Fee-for-Service Beneficiaries, 2019]

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Z Codes Utilization among Medicare Fee-for-Service (FFS) Beneficiaries in 2019

5 Most Utilized Z codes

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

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Z Codes Utilization among Medicare Fee-for-Service (FFS) Beneficiaries in 2019

Race and Ethnicity Group

Medicare FFS Beneficiaries **with Z Codes- Overall %**

- White **79.5%**
- Black and African American **8.8%**
- Hispanic **5.9%**
- Asian and Pacific Islander **2.7%**
- American Indian and Alaska Native **0.6%**

Rurality	Overall %
Urban	78.3%
Rural	21.7%

Gender	Overall %
Female	54.6%
Male	45.4%

CMS Data Highlight
No. 24 September 2021
Utilization of Z Codes for Social Determinants of Health among Medicare Fee-for-Service Beneficiaries, 2019

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Why is the utilization of these codes low?

Lack of awareness regarding the codes.

Difficulty in determining when and how to report the codes.

Lack of internal processes to incorporate Z codes into the workflow.

Confusion as to who can (or should) document SDOH.

Lack of explicit financial incentives for their use.

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Social Determinants of Health: Care Delivery

SDOH and Quality Initiatives

ASCO/COA Oncology Medical Home

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SDOH and Quality Patient Care

National Comprehensive Cancer Control Program (CDC)

- Train and maintain a culturally competent workforce.
- Promoting equitable access to resources.

Accountable Health Communities Model (CMS)

- Address gaps in clinical care and community services.
- Identify and address health-related social needs.

Healthy People 2030 (HHS)

- Access to high-quality health care services.
- Increase both preventive care *and* cancer screenings.

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Practice Administration

Integration and Implementation of SDOH into Cancer Care

Unique factors that vulnerable populations experience because of social and historical discrimination across multiple levels (individual and health care system levels) must be considered.

[Social Determinants of Health and Disparities in Cancer Care for Black People in the United States]
Reginald D. Tucker-Seeley
JCO Oncology Practice 2021 17:5, 261-263

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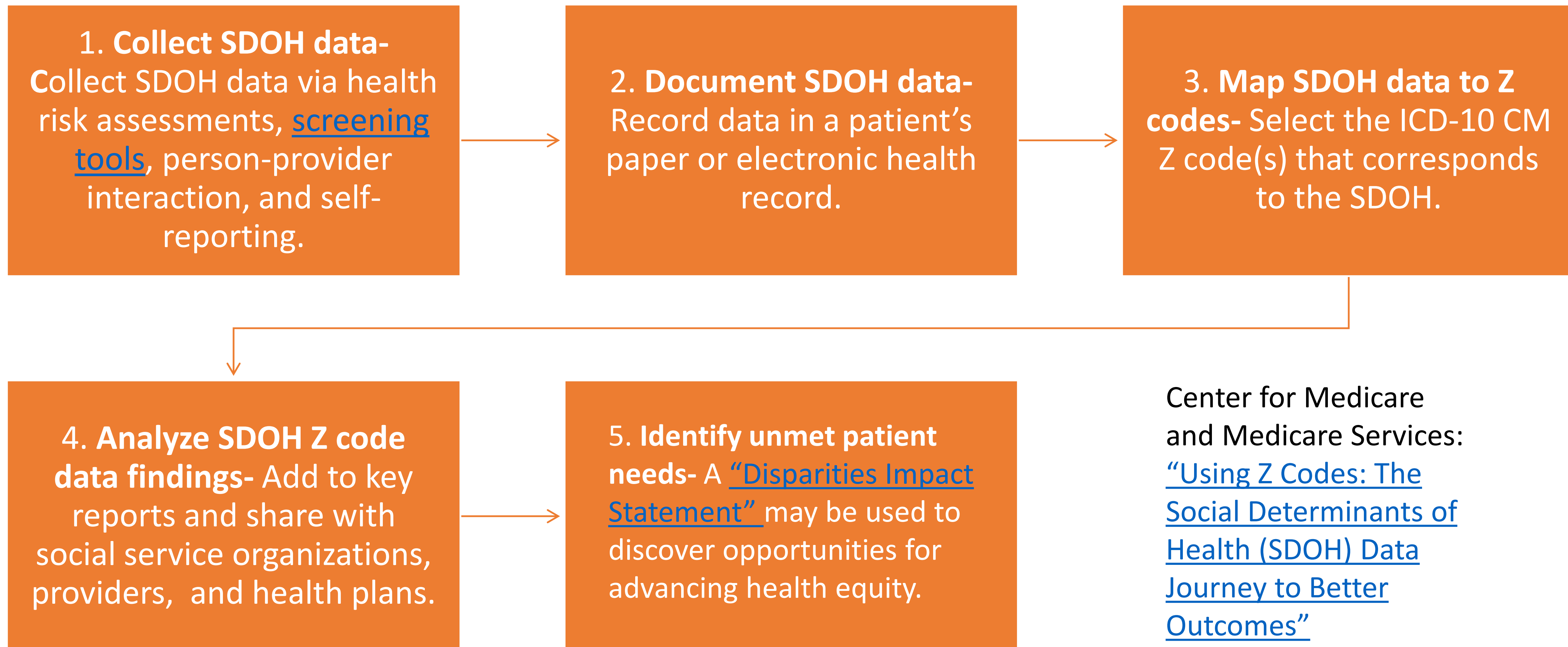
Connecting Z Codes with SDOH



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Achieving Health Equity
Disparities Impact Statement

Using the SDOH and Z code data:

1. **Identify** health disparities, priority populations, and needs.
2. **Define** goals and targets.
3. **Establish** a health equity strategy.
4. **Monitor** and evaluate progress.

Source: [CMS Disparities Impact Statement]

Updated March 2021

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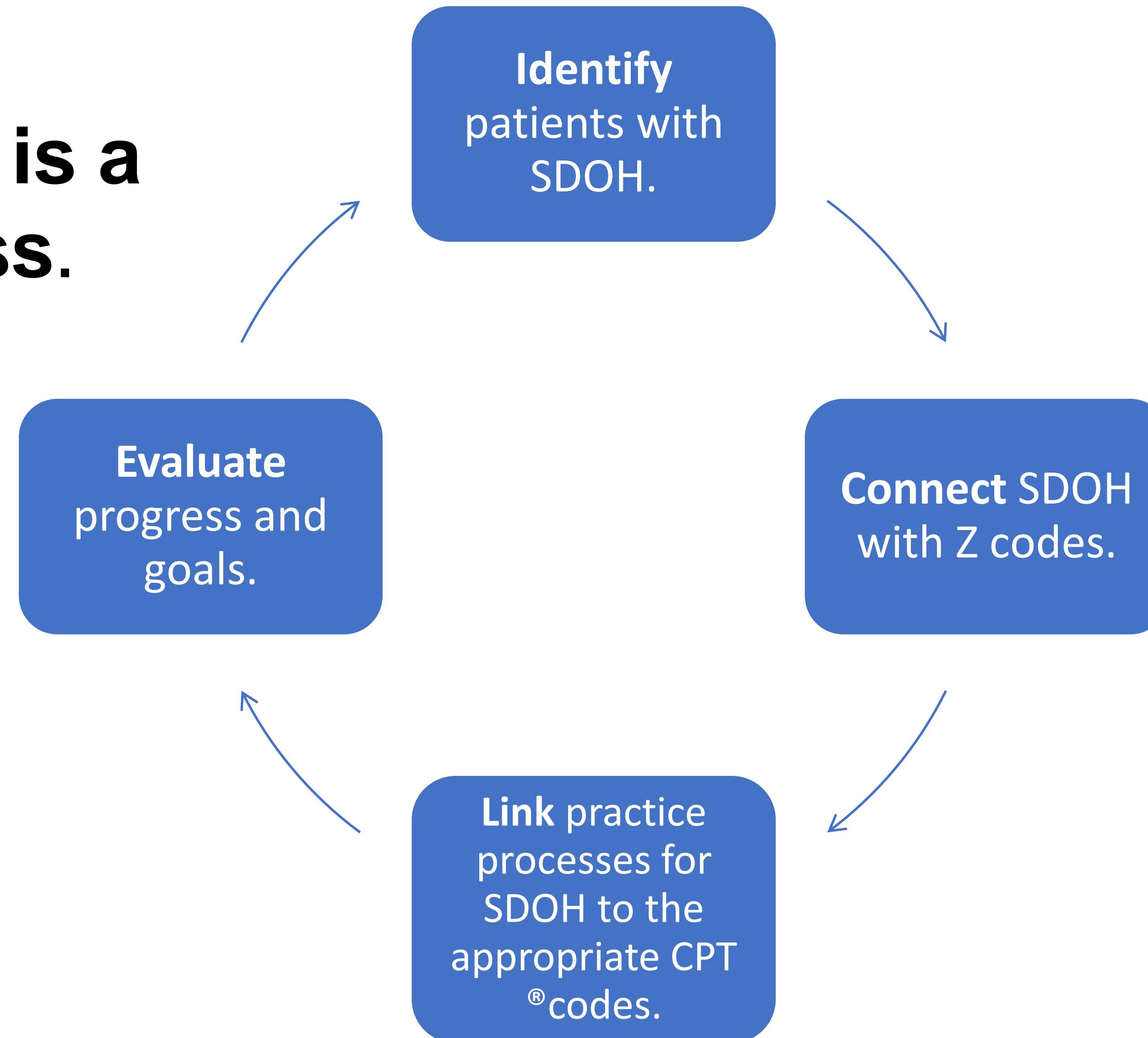
Addressing SDOH is a continuous process.



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Social Determinants of Health: ICD-10 CM Z Codes

ICD-10 CM Z Codes

Category	Category Description
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

Chapter 21- Factors Influencing Health Status and Contact with Health Services

“Persons with potential health hazards related to socioeconomic and psychosocial circumstances (Z55-Z65)”

Source: 2022 ICD-10 CM

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ICD-10 CM Z Codes

Z59 Problems related to housing and economic circumstances

Code	Description
Z59.0	Homelessness
Z59.00	Homelessness, unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate 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
Z59.811	Housing instability, housed, with 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
Z59.9	Problem related to housing and economic circumstances, unspecified

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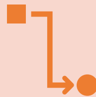
ICD-10 CM Z Codes: Reporting Guidelines

Z55-Z65 identify issues related to a patient's socioeconomic situation and are not procedural in nature.



The Z codes must be accompanied by a procedure code (CPT, HCPCS, ICD-10 PCS).

The Z codes do not have to be the principal or first-listed diagnosis (primary reason for the visit).

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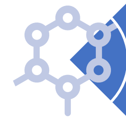
ICD-10 CM Z Codes: Reporting Guidelines

Who can document SDOH and their corresponding Z code(s)?


Case Manager

Social Worker

Discharge Planner

Clinical Staff

Patient (self-reporting or screening tool)

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NCCN Distress Thermometer

Patient Self-Reporting SDOH

Source: NCCN Guidelines Version 1.2022- Distress Management

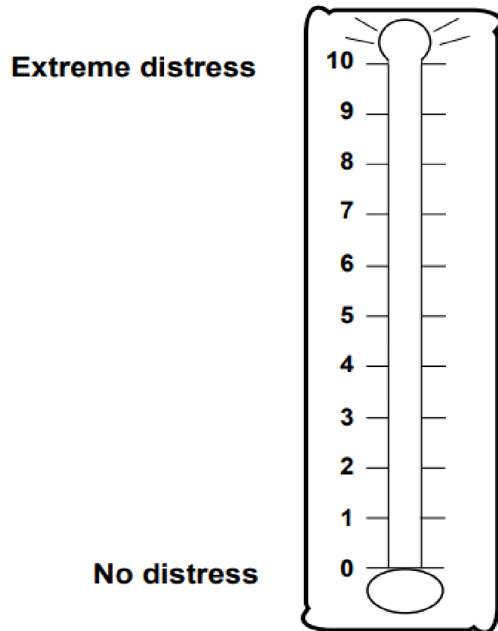
NCCN Guidelines Version 1.2022
Distress Management

NCCN Guidelines Index
Table of Contents
Discussion

NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.



PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns
- ❑ Pain
- ❑ Sleep
- ❑ Fatigue
- ❑ Tobacco use
- ❑ Substance use
- ❑ Memory or concentration
- ❑ Sexual health
- ❑ Changes in eating
- ❑ Loss or change of physical abilities

Emotional Concerns
- ❑ Worry or anxiety
- ❑ Sadness or depression
- ❑ Loss of interest or enjoyment
- ❑ Grief or loss
- ❑ Fear
- ❑ Loneliness
- ❑ Anger
- ❑ Changes in appearance
- ❑ Feelings of worthlessness or being a burden

SDOH → **Social Concerns**
- ❑ Relationship with spouse or partner
- ❑ Relationship with children
- ❑ Relationship with family members
- ❑ Relationship with friends or coworkers
- ❑ Communication with health care team
- ❑ Ability to have children

SDOH → **Practical Concerns**
- ❑ Taking care of myself
- ❑ Taking care of others
- ❑ Work
- ❑ School
- ❑ Housing
- ❑ Finances
- ❑ Insurance
- ❑ Transportation
- ❑ Child care
- ❑ Having enough food
- ❑ Access to medicine
- ❑ Treatment decisions

Spiritual or Religious Concerns
- ❑ Sense of meaning or purpose
- ❑ Changes in faith or beliefs
- ❑ Death, dying or afterlife
- ❑ Conflict between beliefs and cancer treatments
- ❑ Relationship with the sacred
- ❑ Ritual or dietary needs

Other Concerns:

SDOH ____________

____

____

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

DIS-A

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Connecting SDOH to Z Codes Example

1. The patient indicates on the "NCCN Distress Thermometer" they are experiencing significant stress regarding medical expenses (they do not have medical insurance) and covering rent. They are also currently unemployed.

2. Go to chapter 21 in the ICD-10 CM manual and then "**Persons with potential health hazards related to socioeconomic and psychosocial circumstances" (Z55-Z65).**

3. Under the headings **Z59- "Problems related to housing and economic circumstances**" and **Z56-** "**Problems related to employment and unemployment"** select the codes that most accurately describe the patient's indicated SDOH.

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Connecting SDOH to Z Codes

NCCN Distress Thermometer: Practical Concerns	ICD-10 CM Z Codes: Persons with potential health hazards related to socioeconomic and psychosocial circumstances
✓Insurance ✓Housing ✓Work	Z59.81 Housing instability, housed Z59.7 Insufficient social insurance and welfare support Z56.0 Unemployment, unspecified

Don't forget!

- Code to the highest level of specificity.
- Include other relevant diagnoses in the claim and medical record.
- The Z code must be accompanied by a HCPCS, CPT, or ICD-PCS code.

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Social Determinants of Health: Connecting Z codes and CPT® Codes

CPT ® Codes for Addressing SDOH

Evaluation and Management Services

Prolonged Evaluation and Management Services

Care Management Services

- Chronic care management
- Complex chronic care management
- Principal care management

Transitional Care Management Services

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CPT Codes and Services
Addressing SDOH

Evaluation and Management Services
CPT® codes 99202-99215 (office/outpatient); 99221-99223, 99231-99239 (hospital/inpatient)

Evaluating, assessing, and managing a new or established patient on a single date of service.

MDM
- A Z code may justify and support medical decision making and medical necessity.
- Moderate risk of morbidity from additional diagnostic testing or treatment
  - Diagnosis or treatment significantly limited by social determinants of health

Time
- Face to face and non face to face activities can account for work associated with addressing SDOH.
  - Obtaining and/or reviewing separately obtained history
  - Counseling and educating the patient/family/caregiver
  - Referring and communicating with other health care professionals (when not separately reported)
  - Care coordination (not separately reported)

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CPT Codes and Services
Addressing SDOH

Prolonged Evaluation and Management Services
HCPCS and CPT® codes: G2212 or 99417 (15- minute, same day), 99358 and 99359 (1+ hour, different day), 99415 and 99416 (1+ hours, clinical staff)

Time in addition to a primary E/M service.

- Z code may support the additional time needed (in addition to the primary E/M) working with patients who have a SDOH.
- G2212/99417 and 99358/99359 includes non face to face activities.

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CPT Codes and Services
Addressing SDOH

Care Management Services
CPT ® codes 99490, 99439, 99491, 99437 (chronic care mgmt.); 99487-99489 (complex chronic care mgmt.); 99426,99427, 99424, 99425 (principal care mgmt).

Management and support services for patients with a single high-risk condition or multiple conditions over a calendar month.

- Addressing a patient's SDOH may be part of the care plan required as part of a care management service in addition to work performed by the physician/QHP or clinical staff.
- Includes communication and coordination with home- and community-based clinical service providers. Also accounts for non face to face communication with the patient/family/caregiver.

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CPT Codes and Services
Addressing SDOH

Transitional Care Management Services
CPT ® codes 99495 and 99496

Management of patients discharged or transitioned from a hospital/facility setting to home/community setting over 29 days.

- A Z code will indicate whether a patient may require attention to psychosocial needs and ADL support.
- Services include both face to face and non face to face activities.
- Activities may consist of coordination of care with community service agencies, follow ups, and referrals.

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CPT Code Comparison

Evaluation and Management Services	Care Management Services	Transitional Care Management Services
▪ May be reported based on time or medical decision making. ▪ **Date of service** activities only. ▪ Time includes **face to face and non face to face activities**.	▪ **Time based** CPT codes. ▪ Accounts for time over a **calendar month** (not date of service). ▪ Time includes **face to face and non face to face activities**. ▪ May only be reported by **one provider per beneficiary** per calendar month (exception may be made for PCM services).	▪ **Time based** CPT codes. ▪ Accounts for time over **29 days**. ▪ Time includes **face to face and non face to face activities**. ▪ May only be reported by **one provider per beneficiary**.

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For full CPT code descriptions and guidelines refer to the AMA CPT® Professional Edition 2022.

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Resources

American Society of Clinical Oncology

Health Equity

ASCO has developed a wide range of resources to help its members and the larger cancer community better understand and address health equity issues in cancer research and care.

Centers for Medicare and Medicaid Services

Equity Initiatives

The CMS Office of Minority Health has designed several initiatives to eliminate disparities in health care quality and access, so that all CMS beneficiaries can achieve their highest level of health.

National Comprehensive Cancer Network (NCCN)

NCCN Guidelines Version 1.2022- Distress Management

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Resources

[National Comprehensive Cancer Control Program (CDC)]

CDC's National Comprehensive Cancer Control Program (NCCCP) has provided the funding, guidance, and technical assistance that programs use to design and implement impactful, strategic, and sustainable plans to prevent and control cancer

[Accountable Health Communities Model (CMS)]

The Accountable Health Communities Model addresses a critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral, and community navigation services will impact health care costs and reduce health care utilization.

[Healthy People 2030 (HHS)]

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.

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Questions and Discussion

Questions regarding Z codes or any other billing/coding questions may be sent to ASCO staff at practice@asco.org.

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