

Introduction

Hospitals and health systems are working to address their patients' social needs and the broader social determinants of health in the communities they serve. This includes societal and environmental conditions such as food, housing, transportation, education, violence, social support, health behaviors and employment.

Robust data related to patients' social needs is critical to hospitals' efforts to improve the health of their patients and communities. And, employing a standardized approach to screening for, documenting and coding social needs will enable hospitals to:

- Track the social needs that impact their patients, allowing for personalized care that addresses patients' medical and social needs;
- Aggregate data across patients to determine how to focus a social determinants strategy; and
- Identify population health trends and guide community partnerships.

One tool available to hospitals to capture data on the social needs of their patient population is the ICD-10-CM codes included in categories Z55-Z65 ("Z codes"), which identify non-medical factors that may influence a patient's health status. Existing Z codes identify issues related to a patient's socioeconomic situation, including education and literacy, employment, housing, lack of adequate food or water or occupational exposure to risk factors like dust, radiation, or toxic agents.

Despite the availability and utility of these ICD-10-CM codes, hospitals have not widely adopted the use of Z codes. Adoption has been limited due to a lack of clarity on who can document a patient's social needs, absence of operational processes for documenting and coding social needs, and unfamiliarity with Z codes. In addition, coders may need encouragement and support from hospital leaders to collect these codes that were once perceived as a lower priority.



Updated Guidance

The AHA is working to increase utilization of Z codes. The AHA Coding Clinic has provided further clarification on the appropriate documentation and use of Z codes to enable hospitals to adopt their use into their processes.

Any clinician can document a patient's social needs. The initial ICD-10-CM Official Guidelines for Coding and Reporting indicated that coding professionals could only report codes that were supported by physician documentation. As a result, many hospitals were unable to report social needs because they are routinely documented by non-physician providers, such as case managers, discharge planners, social workers and nurses. In early 2018, the AHA Coding Clinic published advice clarifying that codes from categories Z55-Z65 can be assigned based on information documented by all clinicians involved in the care of the patient. That advice was approved by the ICD-10-CM Cooperating Parties and effective Feb. 18, 2018.



While this change promoted more widespread use of these Z codes, the ICD-10-CM Official Guidelines for Coding and Reporting did not include a definition for “clinician.” As a result, effective Oct 1, 2019, the AHA Coding Clinic published additional advice providing this definition for the purpose of documenting social (vs. medical) information. Here, “clinicians” can include anyone deemed to meet the requirements, set by regulation or internal hospital policy, to document in the patient’s official medical record. This means that in many cases coding professionals can utilize documentation of social needs from clinicians including, but not limited to, social workers, community health workers, case managers, nurses or other providers.

For example, *Sharp Grossmont Hospital’s Care Transitions Intervention Program* deploys a multidisciplinary care team to conduct comprehensive risk assessments that screen patients for clinical and social risks. That care team includes nurses, case managers and social workers. And *Baylor Scott & White Health’s Community Advocate Program* trains volunteers from the local colleges to conduct social needs screenings and connect patients with appropriate services and resources. In both of these examples, provided these individuals were deemed appropriate to document this information in the patient’s medical record, that documentation would support the use of a Z code.

Patient self-reported social needs. Hospitals often utilize patient self-report tools to identify social needs. If the patient self-reported information is signed-off and incorporated into the medical record by a clinician, that information can support the use of a Z code by coding professionals. For example, *IHA/Trinity Health* developed a self-report screening tool in English, Spanish and Arabic that is integrated with the electronic health record, enabling the health system to track responses, refer patients to community resources and follow up after their visit. Because that information is incorporated into the electronic health record, that information can support the use of a Z code. This change also is effective Oct. 1, 2019.

Additional Information on Coding

For more information on coding guidelines, contact Nelly Leon-Chisen, RHIA, AHA director of coding and classification, at nleon@aha.org.

What You Can Do

- ➔ Hospitals should educate key stakeholders, including physicians, non-physician health care providers, and coding professionals of the important need to screen, document and code data on patients’ social needs. Utilizing Z codes will allow hospitals and health systems to better track patient needs and identify solutions to improve the health of their communities.
- ➔ As coding professionals review a patient’s medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes included in categories Z55-Z65, listed in Table 1.
- ➔ Hospital leaders can prioritize the importance of documenting and coding patients’ social needs and allow coders extra time to integrate coding for social determinants into their processes.

Table 1 ICD-10-CM Code Categories

ICD-10-CM Code Category	Problems/Risk Factors Included in Category
Z55 – Problems related to education and literacy	Illiteracy, schooling unavailable, underachievement in a school, educational maladjustment and discord with teachers and classmates.
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.
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.
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 and safe drinking water, extreme poverty, low income, insufficient social insurance and welfare support.
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.
Z62 – Problems related to upbringing	Inadequate parental supervision and control, parental overprotection, upbringing away from parents, child in welfare custody, institutional upbringing, hostility towards and scapegoating of child, inappropriate excessive parental pressure, personal history of abuse in childhood, personal history of neglect in childhood, Z62.819 Personal history of unspecified abuse in childhood, Parent-child conflict, and sibling rivalry.
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.
Z64 – Problems related to certain psychosocial circumstances	Unwanted pregnancy, multiparity, and discord with counselors.
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.

The AHA offers a range of tools and resources for hospitals, health systems and clinicians that address the social determinants of health and social needs.



Using Z Codes to Address Patient Needs. This podcast features a discussion between Priya Bathija, vice president of The Value Initiative, and Nelly Leon-Chisen, AHA director of coding and classification, about the benefits of using Z codes.



Improving Value by Addressing the Social Determinants of Health. This podcast features highlights from a presentation at the Association for Community Health Improvement's 2019 national conference about how hospitals are driving value by screening for social needs.



Screening for Social Needs: Guiding Care Teams to Engage Patients. This tool helps hospitals and health systems facilitate sensitive conversations with patients about their nonmedical needs that may be a barrier to good health. It includes strategic considerations for implementing a screening program, tips for tailoring screenings to hospitals' unique communities, case examples and a list of national organizations that can help connect patients with local resources.



Addressing Social Determinants of Health Presentation. This adaptable presentation deck gives you the tools and talking points to start the social determinants of health discussion in your hospital and community.



Social Determinants of Health Guides. AHA is producing a series of guides on how hospitals can address various social determinants of health. Below are the topics covered to date:

- [Food Insecurity and the Role of Hospitals](#)
- [Housing and the Role of Hospitals](#)
- [Transportation and the Role of Hospitals](#)



Social Determinants of Health Curriculum for Clinicians. To help clinicians address social determinants, the AHA's Physician Alliance created a web-based virtual expedition to train and equip staff with how-to actions and companion resources. Modules include an overview of social determinants, introduction to upstream quality improvement, and a focus on addressing food and housing insecurity as well as transportation.



The Value Initiative Issue Brief 3: Connecting the Dots: Value and Health Equity. This issue brief frames the connection between equity and value and affordability, highlighting how hospitals are improving value by addressing social determinants of health and equity.