

Introduction

Hospitals and health systems are working to address the [societal factors that influence health](#), including the social needs of their patients, social determinants of health in their communities and the systemic causes that lead to health inequities. These societal factors include access to food and transportation, housing security, education, violence, social support, health behaviors and employment status.

Robust social needs data 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 non-medical needs
- Aggregate data across patients to determine how to focus a social determinants strategy; and
- Identify population health trends and guide community partnerships.



At the national level, adding social needs data to hospital claims enables system-wide research to gain a better understanding of the health-related social needs of patients and communities around the country. Federal programs could be tailored to meet those needs. Furthermore, as payment moves from volume to value, having claims data connected to social needs can support policy and payment reforms, including appropriate risk-adjustments.

Hospitals can capture data on the social needs of their patient population using the ICD-10-CM codes included in categories Z55-Z65 ("Z codes"), which identify nonmedical 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.

Z codes became available in fiscal year 2016; however, their adoption has been slow. The Centers for Medicare & Medicaid Services reports that health care providers used Z codes for 1.6% of Medicare fee-for-service beneficiaries in 2019. 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.

AHA Advocacy on Equity and Societal Factors that Influence Health

The AHA advocates for policies that enable hospitals to address health equity concerns among their patients and communities. This includes supporting: coordinated collection of race and ethnicity data; increased funding for health equity infrastructure in the Department of Health and Human Services to better address the needs of historically marginalized communities; and encouraging cultural competency training. Through its membership in *Aligning for Health*, AHA supports legislative solutions to address societal factors that influence health, including the Leveraging Integrated Networks in Communities to Address Social Needs Act and the Social Determinants Accelerator Act (SDAA). In December 2020, Congress incorporated provisions related to the development of the SDAA into its appropriations package; the CDC is tasked with issuing \$3 million in grants to state, local, territorial and tribal jurisdictions to support these efforts.

Learn more about how [AHA's Advocacy Agenda](#) works to improve health equity.



Coding Guidance

The AHA offers members tools and resources 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 incorporate them into their processes.

Any clinician can document a patient's social needs. Codes from categories Z55-Z65 can be assigned based on information documented by all clinicians involved in the care of the patient. The AHA Coding Clinic clarified that for the purpose of documenting social information, "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, nonphysician providers, such as 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 college volunteers to conduct social needs screenings and connect patients with appropriate services and resources. In both 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.

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 and visit codingclinicadvisor.com.

What You Can Do

- 1 Hospital leaders should educate key stakeholders, including physicians, nonphysician 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 social needs and identify solutions to improve the health of their patients and communities.
- 2 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.
- 3 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, less than a high school diploma, no general equivalence degree (GED), 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.
Z58 – Problems related to physical environment	Inadequate drinking-water supply, and lack of safe drinking water.
Z59 – Problems related to housing and economic circumstances	Sheltered homelessness, unsheltered homelessness, residing in street, inadequate housing, housing instability, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, inadequate food, lack of adequate food, food insecurity, extreme poverty, low income, and 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, 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, and 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 societal factors that influence health and improve health equity.

Issue Briefs and Guides



[Societal Factors That Influence Health Framework](#)

This framework is designed to guide hospitals' strategies to address the social needs of their patients, social determinants of health in their communities and the systemic causes that lead to health inequities so the entire field can have meaningful conversations around these issues.



[Community Investment for Health](#)

Hospitals and health systems are adopting place-based investment strategies to address housing insecurity and other societal factors that influence health. These tools and resources explore how hospitals can improve individual and community well-being, advance health equity and create more resilient communities.



[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.



[Housing and Health: A Roadmap for the Future](#)

This tool shares strategic considerations for how hospitals and health care systems can tailor a housing strategy to meet community needs and case examples of how hospitals are addressing housing instability.

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](#)



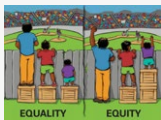
[Transportation and the Role of Hospitals](#)



[Housing and the Role of Hospitals](#)



[Promoting Healthy Behaviors](#)



[Connecting the Dots: Value and Health Equity](#)

This issue brief from AHA's The Value Initiative frames the connection between equity and value and affordability, highlighting how hospitals can improve value by addressing social determinants of health and equity.

Podcasts and Webinars



[Using Z Codes to Address Patient Needs.](#) This podcast discusses the benefits of using Z codes.

[ICD-10-CM Codes for the Social Determinants of Health.](#) This webinar examines why and how hospitals should adopt Z codes as part of their health equity strategies.

Affiliate Groups



[Institute for Diversity and Health Equity](#)

The Institute works closely with health care organizations to advance health equity for all and to expand leadership opportunities for ethnic minorities in health management.



[AHA Community Health Improvement](#)

ACHI provides educational resources and tools, professional development and networking opportunities to help health leaders expand their knowledge and enhance their performance in achieving community health goals.



[AHA Physician Alliance](#)

The AHA Physician Alliance supports physician leaders in improving care for their communities and helps clinical and administrative leadership collaborate effectively. Their [Social Determinants of Health Curriculum for Clinicians](#) helps providers address social determinants via a web-based virtual expedition to train and equip staff with how-to actions and companion resources.



[Trustee Services](#)

AHA Trustee Services serves as the hub for the association's efforts to help governance boards navigate the transforming health care landscape. It offers numerous resources on diversity, equity and inclusion.

Other Resources



[CMS Office of Minority Health: The Infographic](#)

Using Z Codes: The Social Determinants of Health Data Journey to Better Outcomes, outlines steps to collect, report and use Z codes. It also offers directives specific to hospital administrators, coding professionals and providers regarding Z codes.