



MEDICAL
REVENUE CYCLE
SPECIALISTS

Illinois Public Health Association

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Factors of Social Determinants of Health and Capturing SDOH in Medical Record Documentation

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Your Speaker



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Hello, I am Rosalind Harper a very proud member of the American Academy of Professional Coders (AAPC). My certifications include Certified Instructor for Risk Adjustment, (CRC-I) Certified Risk Adjustment (CRC), Certified Documentation Expert Coder (CDEO), and Certified Professional Coder (CPC). These certifications include 13 years of experience in hands-on production coding, documentation improvement, one-on-one provider training for risk adjustment/facility documentation improvement, and HEDIS/Quality assurance.

I am currently with a large PAYER as a Program Performance Manager and Medicare Consultant. Quality measures are a year-long process of assisting the providers in closing the GAPS of Breast Cancer Screenings, Diabetes Mellitus, and Part D just to name a few. Helping medical providers and ancillary staff get to the best of a 4 or 5 STAR rating is the goal. I also guide the staff to proper documentation and coding for their medical records.

My journey has not been the straight from one career to another. It was a process from being deep into a real estate career to moving into healthcare. The healthcare industry has been extremely rewarding and a learning experience that I share with many of my peers and providers. My relationships with providers have flourished and expanded to develop an open dialogue of monthly Q & A, training sessions, and lunch and learn sessions.

My hobbies are sometimes all over the place, with loving my home team sports, to hand dancing to listening to a great book on audio. There is not an opportunity to exercise that I miss or listen to a song to sing, even if I don't know all the lyrics from the 70's, 80' and 90's.

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Program Abstract

Public health service organizations have unique tests and services that are provided to our communities vulnerable and at need populations.

This session will delve into guidelines essential for documenting Social Determinants of Health (SDOH) while providing guidelines for utilizing Z Codes.

Learning Objectives

1. Overview of Social Determinants of Health and the impact to patient care
2. Identify requirements for optimizing SDOH in coding and medical record documentation
3. Appropriate use of Z Codes for accurate ICD-10-CM coding

What are Social Determinants of Health (SDOH)?

Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Centers for Disease Control and Prevention (CDC) has adopted this SDOH definition from the [World Health Organization](#)



CMS SDOH Data Journey

Step 1 Data Collection

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

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

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 by any member of the care team if their documentation is included in the official medical record

Step 4 Use SDOH Z Code Data

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

Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.

Disparities Impact Statement can be used to identify opportunities for advancing health equity.

Step 1 Data Collection

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Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

<https://www.cms.gov/files/document/zcodes-infographic.pdf>

SDOH Data Collection Within the Revenue Cycle

Based on information from **your data**



Key Performance Indicators

Based on information from **the patient**



Pre-Visit Services

Based on information from **the payer**



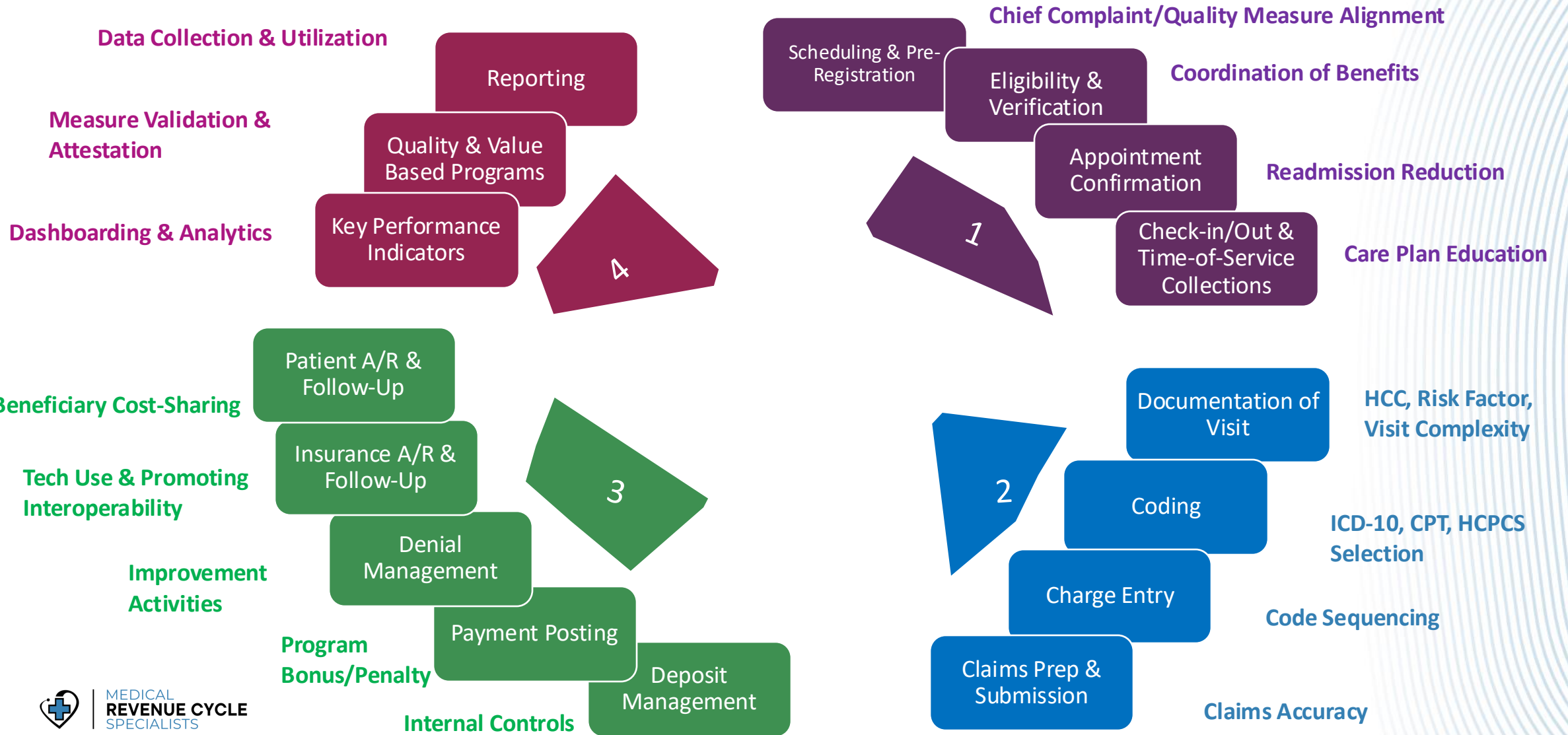
Receipt of Payment

Based on information from **the provider**



Claims Prep

SDOH & Value Based Payment Mapping to RCM



Step 2 Document SDOH Data

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Payer Ratings Impacted by Provider Documentation



Risk Adjustment Factor Scoring & Pricing

Instances in which co-morbidities or multiple conditions are not documented will lower a beneficiaries Risk Adjustment Factor (RAF)

82 year old male	.561
Low Back Pain (no HCC)	0.00
Total Score	.561

82 year old male	.561
Low Back Pain (no HCC)	0.00
CHF	.323
Total Score	.884

82 year old male	.561
Low Back Pain (no HCC)	0.00
CKD stage 5	.237
CHF	.323
Total Score	1.121

Calculating The Risk Score & Projected Expenditures

Individual scores/weights are assigned to patient and then added together to calculate the total risk adjustment factor (RAF) score.

Risk adjustment factor (RAF)	RAF score	Expected Annual Expenditure
Male 75 to 79 years old	1.062	\$9,611
HCC 86, Acute myocardial infarction	0.282	\$2,552
HCC 111, Chronic obstructive pulmonary disease	0.355	\$3,213
HCC 137, Renal failure stage IV	0.230	\$2,082
Totals	1.929	<u>\$17,457</u>

CY 2024 Reimbursable SDOH Services

Social Determinants of Health



Image Credit: providencechc.org

- ❖ SDOH Risk Assessment should last between 5-15 minutes and not be performed more than every 6 months per provider
- ❖ Report HCPCS **G0136** for Medicare beneficiaries. Check commercial payers CPT codes.
- ❖ CMS distinguishes between risk assessment and screening. SDOH risk assessment refers to a review of an individual's SDOH or identified social risk factors that influence the diagnosis and treatment of medical conditions.

<https://www.healthlawlab.org/wp-content/uploads/2023/11/Review-of-CY-2024-PFS-Final-Rule-CHLPI-11-03-23.pdf>

SDOH Services

- ❖ Community Health Workers, Care Navigators and Peer Support Specialists can perform these services incident-to a Qualified Healthcare Provider (QHP) as auxiliary staff
- ❖ These CPT/HCPCS codes are to be used to pay for these services by non-physician practitioners
- ❖ CMS has not given final guidance on the frequency requirements and limitations for the G0022; which is an add-on code
- ❖ SDOH Services have now been characterized as Care Management services and E/M has been removed from the code descriptor

Social Determinants of Health



Image Credit: providencechc.org

Step 3 Map SDOH Data to Z Codes

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 by any member of the care team if their documentation is included in the official medical record

SDOH Documentation Case Study

A 50-year-old woman with breast cancer is currently receiving chemotherapy and experiencing serious side effects. ***The patient is also caring for her 80-year-old father with dementia, who lives with her.*** The patient is experiencing a significant amount of stress regarding her father's care while undergoing treatment.

1. Since the patient indicated the ***source of her stress is related to the care of her father***, see “problems” in the index of the ICD-10/CM which lists “care of sick or handicapped person in family or household (Z63.6).”
2. Go to chapter 21 in the ICD-10 CM manual- “***Factors influencing health status and contact with health services (Z00-Z99).***”
3. The codes related to SDOH can be found in “***Persons with potential health hazards related to socioeconomic and psychosocial circumstances***” (Z55-Z65).
4. Under **Z63**, it is verified that in this circumstance the most specific code that is appropriate would be “***Z63.6 Dependent relative needing care at home.***”

Z Code Categories for SDOH

This is a list of Z Code (ICD-10-CM Diagnosis code) categories for “**Persons with potential health hazards related to socioeconomic and psychosocial circumstances.**” Always code to the highest level of specificity.

- 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

ICD-10-CM SDOH Browser:

<https://icd10cmtool.cdc.gov/?fy=FY2023&query=z55>

Z Code Reporting Guidelines

- Z55-Z65 identify issues related to a patient's socioeconomic situation and are not procedural in nature. Therefore, they must always be accompanied by a procedure or service code like CPT®, HCPCS, ICD-10 CM.
- Most Z codes will be reported as secondary diagnoses (check payer guidelines)
- Physicians are not the only ones who can document and report SDOH data. This can also be performed by a case manager, social worker, discharge planner, clinical staff, or by the patient themselves.
- Code assignment may be based on medical record documentation from other clinicians involved in the patient's care who are not the patient's provider.

Z Codes Do NOT have RVUs

Relative Value Units (RVUs) are not attributed to ICD-10-CM codes. The importance of utilization of appropriate Z codes is in the full picture description of complexity for this patient population who have barriers to care plan adherence that may increase morbidity.



99213 – L 3 Estab. Visit
CF = \$33.88
Work RVU = 1.3

First Coast MAC

99213 = \$90.82
GPCI WRVU = 1.0
GPCI PRVU = 1.0
GPCI MRVU = 1.0

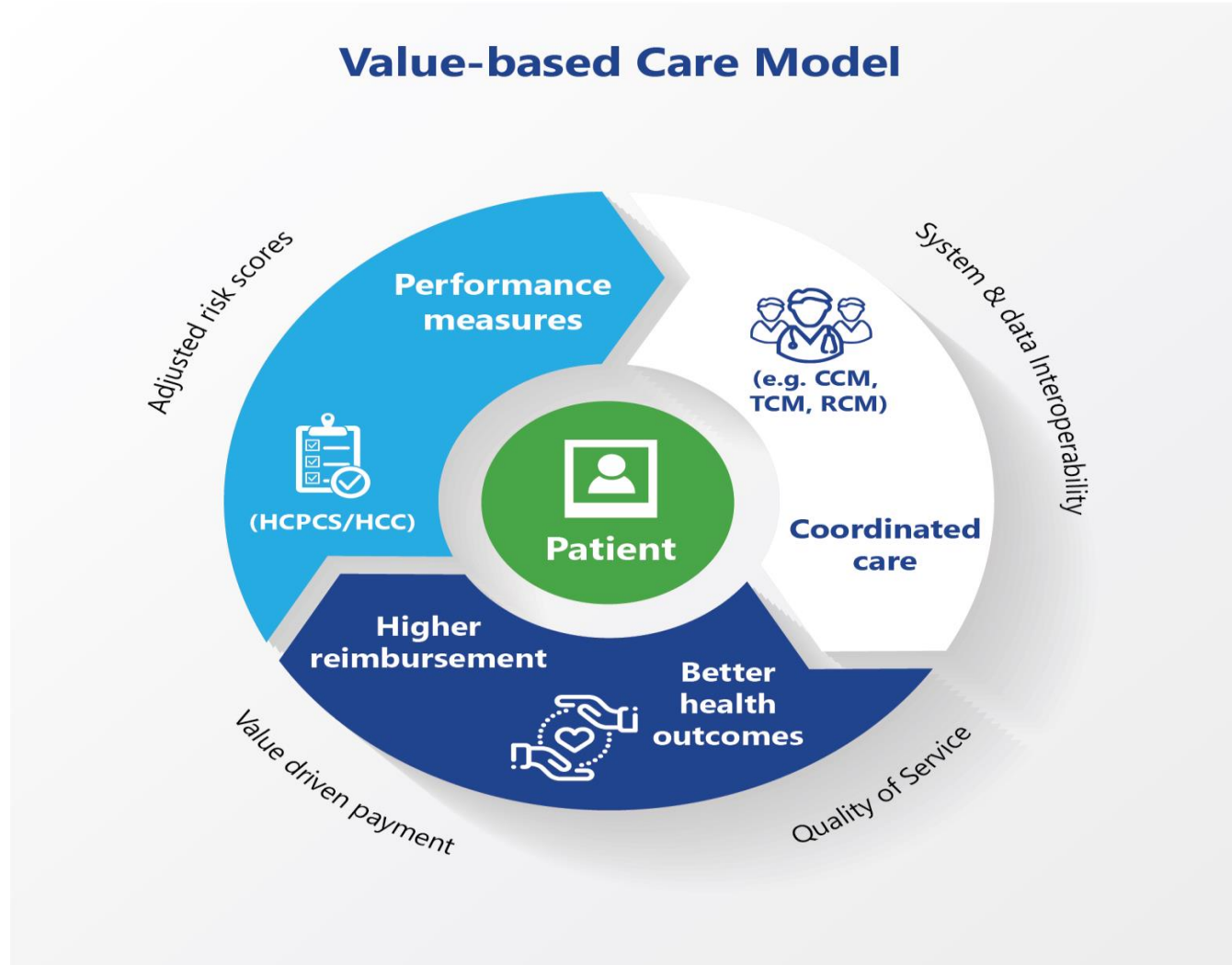
Novitas JL MAC

99213 = \$103.35
GPCI WRVU = 1.056
GPCI PRVU = 1.214
GPCI MRVU = 1.231



SDOH Documentation Driving Participation in Value Based Payment Programs

Value Based Payment Model





The Quality Payment Program

The Quality Payment Program policy will:

- Reform Medicare Part B payments for more than 600,000 clinicians
- Improve care across the entire health care delivery system

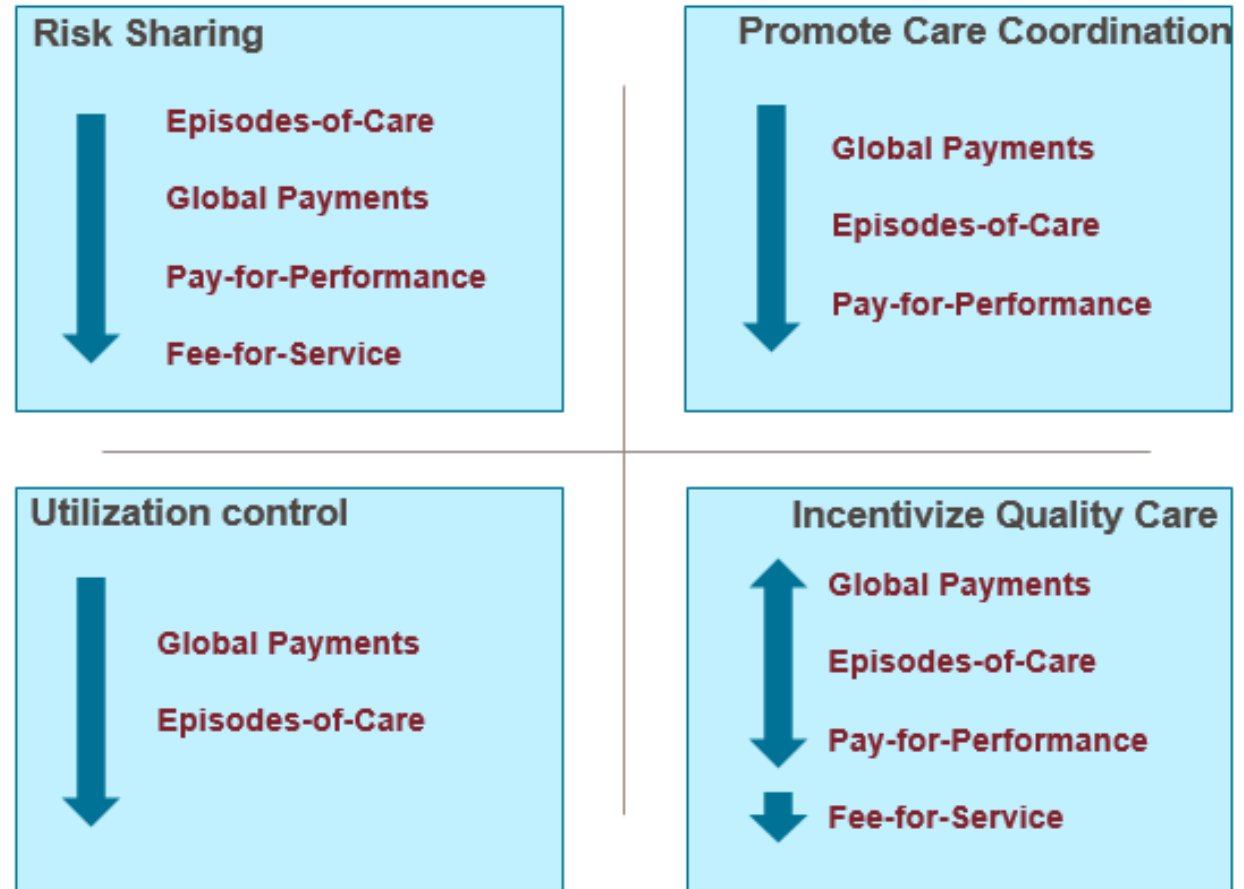
Clinicians have two tracks to choose from:

 <p>The Merit-based Incentive Payment System (MIPS)</p> <p><i>If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.</i></p>	<p>OR</p>	 <p>Advanced Alternate Payment Models (APMs)</p> <p><i>If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.</i></p>
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Value Based Payment Model & Risk Adjustment Overlap

- Risk Sharing
- Promote Care Coordination
- Utilization Control
- Incentivize Quality Care



How can Healthcare Providers Can Avoid Risk?

Avoid unspecified
diagnosis codes

Validate illness severity
and risk of mortality

Follow Medical Decision
Making Guidelines

Append Z codes as
secondary diagnosis
codes

Conclusion and Q & A

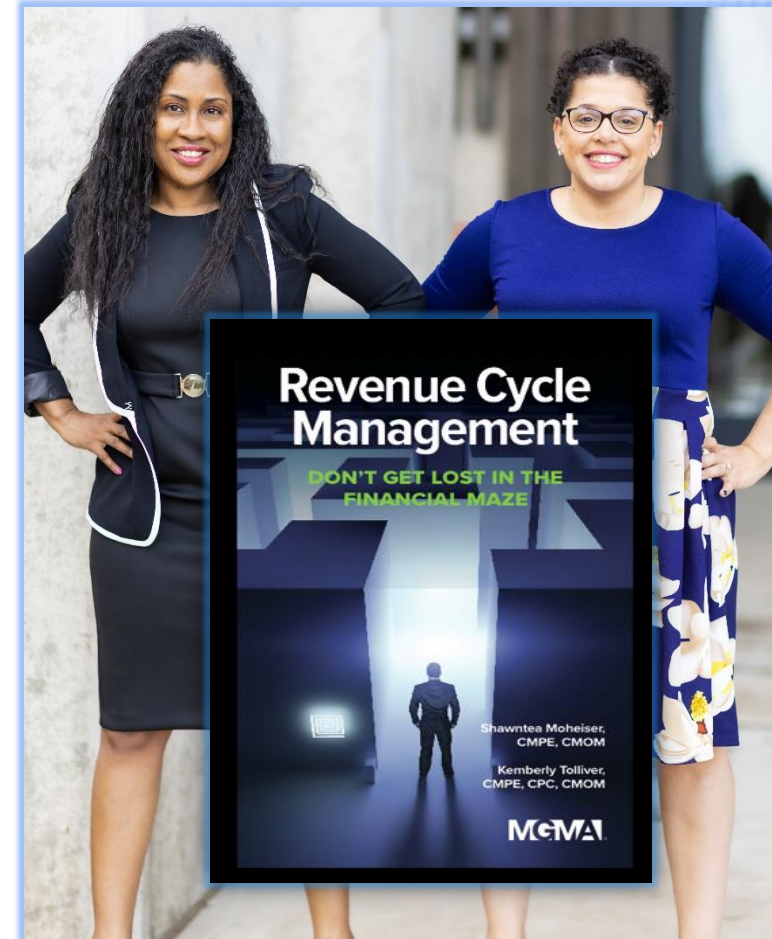
- Capture SDoH data**
- Map SDOH impacts to your Revenue Cycle**
- Employ clinical documentation improvement (CDI) and patient querying to paint an accurate picture of complexity**
- Track Value Base Payment Program Performance**

Resource Alert

Co-Authors of MGMA's Revenue Cycle Management *Don't Get Lost in the Financial Maze*

Co-Hosts of the
"Slice of
Healthcare"
Podcast:

REVDIVE
with Taya & Kem





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Thank You & Let's Stay Connected



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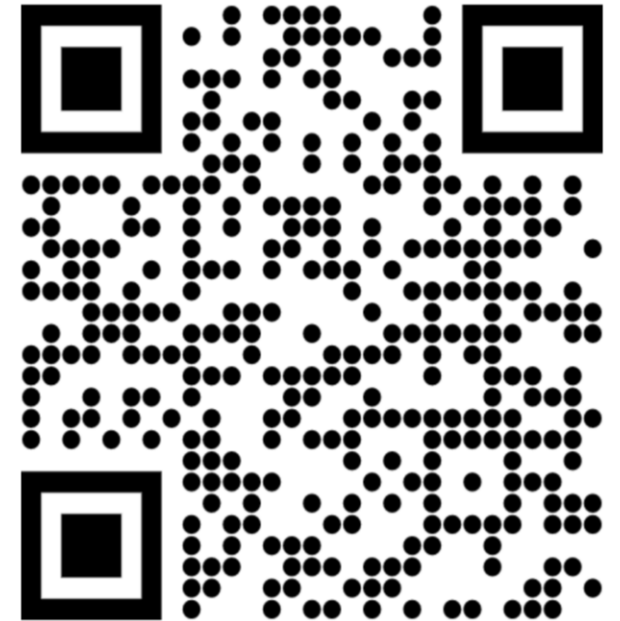


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