

ICD-10 Coding for Social Determinants of Health (SDoH)

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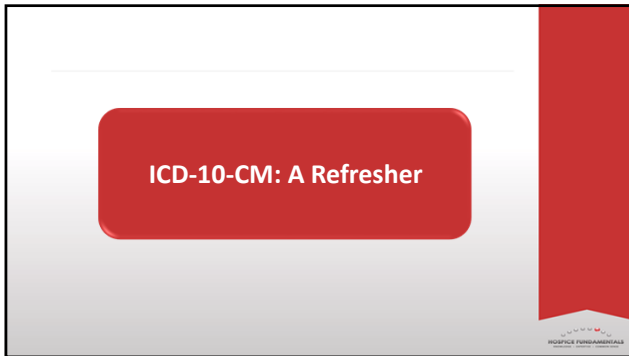
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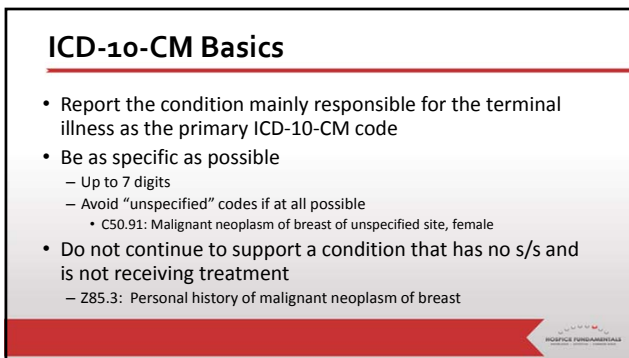
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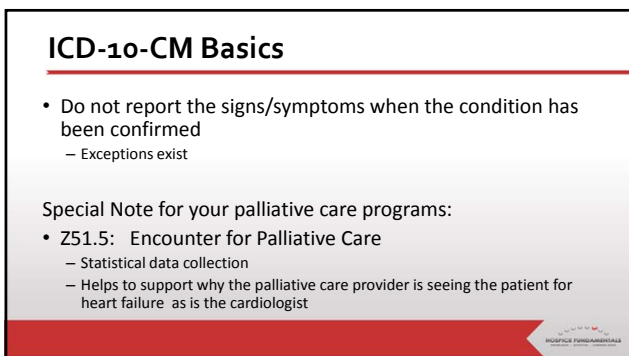
SPECIAL NOTE: Attendees should rely on information from the 2022 ICD-10-CM data and other forthcoming guidance from CMS as well as current code books before implementing any of the material discussed here.

Agenda

- ICD-10-CM
- Social Determinates of Health (SDoH) Defined
- Reporting SDoH ICD-10-CM Codes







Palliative Care Exception: Encounter for Pain Control or Pain Management

When pain is documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor, code **G89.3** (*Neoplasm related pain, acute/chronic*) would be assigned regardless of whether the pain is acute or chronic.

- This code may be assigned as the principal or first-listed code. When the documented reason for the encounter is pain control/pain management, assign **G89.3** as the principal code. The underlying neoplasm should be reported as an additional diagnosis. This is an exception to the rule to not code the signs and symptoms when there is a confirmed diagnosis.

Code **G89.3** may be assigned as an additional diagnosis when the reason for the encounter is management of the neoplasm and documentation also notes pain associated with the neoplasm. It is not necessary to assign an additional code for the site of the pain.



Code First and Use Additional Codes

• G30 Alzheimer's Disease

- Use additional code to identify:
 - Dementia without behavioral disturbance (F02.80) Dementia with behavioral disturbance (F02.81)

• F02 Dementia in other diseases classified elsewhere

Code first the underlying physiological condition, such as Alzheimer's' (G30.-)

- Dementia without behavioral disturbance (F02.80) Dementia with behavioral disturbance (F02.81)



Examples – Dementia (F01-F03.91)

This section includes three categories of dementia **F01** (*vascular dementia*) **F02** (*dementia in other diseases classified elsewhere*) and **F03** (*unspecified dementia*). When assigning codes from either the vascular dementia or dementia in other diseases classified elsewhere category, always code the underlying physiological condition first.

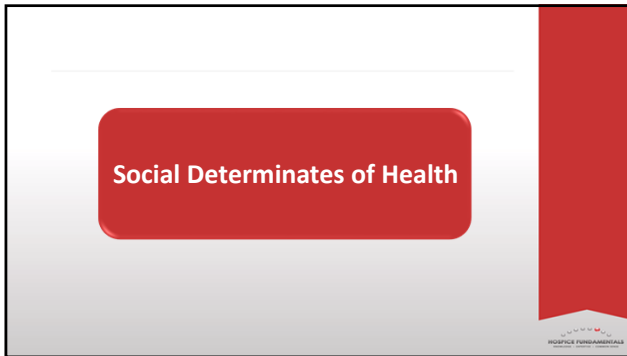
Example 1

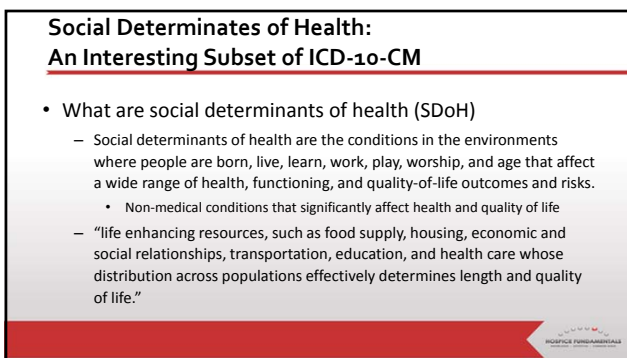
- Patient presents with dementia resulting from prior cerebral infarction due to thrombosis of right middle cerebral artery.
- Assign ICD-10-CM Codes:
 - **I63.391** Cerebral infarction due to thrombosis of right middle cerebral artery
 - **F01.50** Vascular dementia without behavioral disturbance

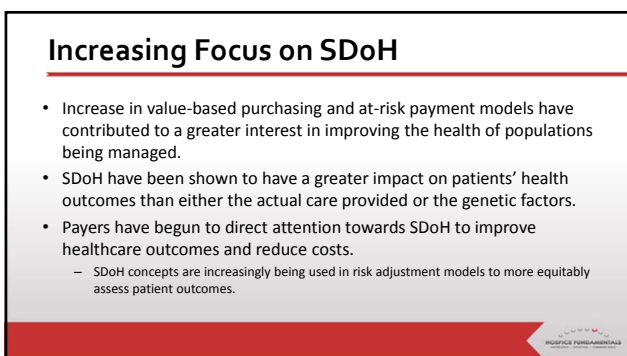
Example 2

- Patient presents with late onset Alzheimer's related dementia
- Assign ICD-10-CM Codes:
 - **G30.1** Alzheimer's disease with late onset
 - **F02.80** Dementia in other diseases classified elsewhere without behavioral disturbance









SDoH – Top 5 Reported ICD-10 Codes*

Code	Description
Z59.0	Homelessness
Z60.2	Problems related to living alone
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance and death of family member
Z65.8	Other specified problems related to psychosocial circumstances

* www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf

SDoH and the Coronavirus

- Regarding the COVID-19 pandemic, the CDC says
 - “For many people in racial and ethnic minority groups, living conditions may contribute to underlying health conditions and make it difficult to follow steps to prevent getting sick with COVID-19 or to seek treatment if they do get sick.”

SDoH – CDC Statistics

- 1 in 4 adults with advanced chronic kidney disease are food insecure
 - Food insecure without hunger
 - Food insecure with moderate hunger
 - Food insecure with severe hunger.
- Reporting food insecurity
 - Z59.4
- Being cognizant of this state may help target interventions to improve the health of people with CKD.

CDC Data on COPD

Indicator Definitions - Chronic Obstructive Pulmonary Disease

On This Page	
Emergency department visit rate for chronic obstructive pulmonary disease at any diagnosis	Morbidity with chronic obstructive pulmonary disease as underlying or contributing cause among adults aged ≥ 45 years
Emergency department visit rate for chronic obstructive pulmonary disease as first-listed diagnosis	Pneumococcal vaccination among adults aged ≥ 65 years with chronic obstructive pulmonary disease
Hospitalization for chronic obstructive pulmonary disease at any diagnosis	Prevalence of activity limitation among adults ≥ 18 with diagnosed chronic obstructive pulmonary disease
Hospitalization for chronic obstructive pulmonary disease as any diagnosis among Medicare-eligible persons aged ≥ 65 years	Prevalence of activity limitation among adults ≥ 65 years with diagnosed chronic obstructive pulmonary disease
Hospitalization for chronic obstructive pulmonary disease as first-listed diagnosis	Prevalence of chronic obstructive pulmonary disease among adults ≥ 18
Hospitalization for chronic obstructive pulmonary disease as first-listed diagnosis among Medicare-eligible persons aged ≥ 65 years	Prevalence of chronic obstructive pulmonary disease among adults ≥ 45 years
Influenza vaccination among non-institutionalized adults aged ≥ 65 years with chronic obstructive pulmonary disease	Prevalence of current smoking among adults ≥ 18 with diagnosed chronic obstructive pulmonary disease
Morbidity with chronic obstructive pulmonary disease as underlying cause among adults aged ≥ 45 years	Prevalence of current smoking among adults ≥ 65 years with diagnosed chronic obstructive pulmonary disease

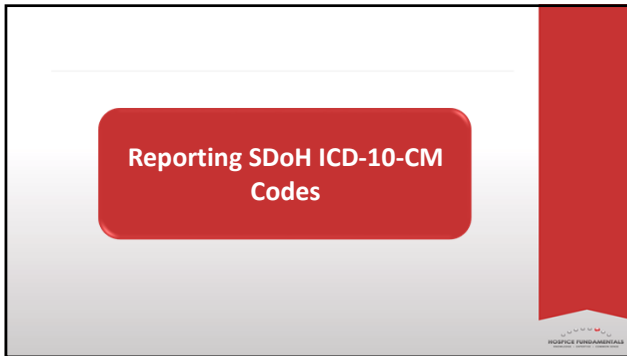
CDC Data on Asthma

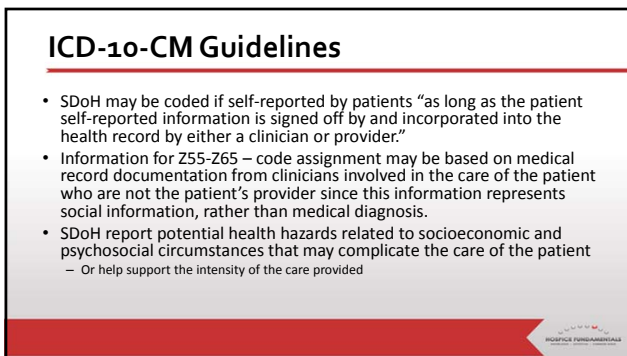
Indicator Definitions - Asthma

On This Page	
Asthma mortality rate	Influenza vaccination among non-institutionalized adults aged 18-64 years with asthma
Asthma prevalence among women aged 18-64 years	Pneumococcal vaccination among non-institutionalized adults aged ≥ 65 years with asthma
Current asthma prevalence	Pneumococcal vaccination among non-institutionalized adults aged 18-64 years with asthma
Emergency department visit rate for asthma	Risk-based asthma mortality rate (mortality from asthma among persons with asthma)
Hospitalizations for asthma	Risk-based emergency department visit rate for asthma (emergency department visits for asthma per persons with asthma)
Influenza vaccination among non-institutionalized adults aged ≥ 65 years with asthma	Risk-based hospital discharge rate for asthma (hospitalizations for asthma per persons with asthma)

SDoH and Public Health

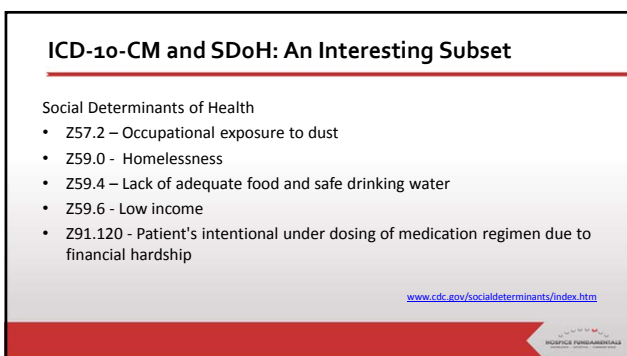
- CDC state specific data
- Where do they get the information?





ICD-10-CM Guidelines

- SDoH may be coded if self-reported by patients “as long as the patient self-reported information is signed off by and incorporated into the health record by either a clinician or provider.”
- Information for Z55-Z65 – 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 diagnosis.
- SDoH report potential health hazards related to socioeconomic and psychosocial circumstances that may complicate the care of the patient
 - Or help support the intensity of the care provided



ICD-10-CM and SDoH: An Interesting Subset

Social Determinants of Health

- Z57.2 – Occupational exposure to dust
- Z59.0 - Homelessness
- Z59.4 – Lack of adequate food and safe drinking water
- Z59.6 - Low income
- Z91.120 - Patient's intentional under dosing of medication regimen due to financial hardship

www.cdc.gov/socialdeterminants/index.htm

Z55-Z65 Guidelines

- Only report as secondary diagnoses
- Some of the only codes allowed to be reported based on documentation from clinicians involved in the care of the patient who are not the patient's provider.
 - Social information rather than medical diagnoses

Adopting Internal Guidelines

- What documentation would justify the assignment of an SDoH-related code?
 - “Tent city” resident or “Lives in vehicle” would justify reporting Z59.0/homelessness
 - “Patient furloughed, “underemployed,” “reports reduction in work hours” supports Z56.6/other physical and mental strain related to work.
- Palliative Care/Part B: Require SDoH-related ICD-10 codes be reported in the 1st four diagnosis field to ensure they are captured by the payer.

Reasons for Reporting SDoH

- American Academy of Pediatrics' Bright Futures Guidelines
 - Prioritizes SDoH at the very top of Health Supervision visits at ever age, outlining the specific items that are most important at each stage of life.
- For adolescents, poverty correlates with high rates of
 - Infant mortality
 - Developmental delays
 - Asthma
 - Ear infections
 - Obesity
 - Child abuse and neglect

If you knew the child lived in poverty, might you look closer for signs of asthma, otitis media? Or even as a reason or contributing factor for delayed speech?

Reasons for Reporting SDoH

- Reporting these codes can better paint a picture of the patient to the plan of the complexity of the patient population you serve
 - Showing the complexity helps to support why this patient may need to be seen at a higher frequency than others (based on the primary dx).
- May show why you appear “more expensive” from a cost and quality perspective
 - To the payer
 - To your ACO or other shared savings program
- Basic public health data

Palliative Care: SDoH and Office/Clinic Visits

- A measure of “complexity” in determining office visit CPT® codes (99202-99205, 99212-99215) starting 2021 is “social determinants of health.”
 - When the SDoH significantly limits a patient’s diagnosis or treatment
 - Moderate risk in the Patient Management element

SDoH and 99212-99215

- Level based on complexity of MDM
 - 2:3 Elements must be met or exceeded for the level chosen
 1. Number/Complexity of the Problems Addressed
 2. Amount and/or Complexity of Data to be Reviewed and Analyzed
 3. Risk of Complications and/or Morbidity or Mortality of Patient Management

Element 1

Number/Complexity of Problems Addressed

High	<input type="checkbox"/> 1+ Chronic illnesses w/ severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 Acute or chronic illness or injury that poses a threat to life or bodily function
Moderate	<input type="checkbox"/> 1+ Chronic illness w/ exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2+ Stable chronic illnesses <input type="checkbox"/> 1 Undiagnosed new problem w/ uncertain prognosis <input type="checkbox"/> 1 Acute illness w/ systemic symptoms <input type="checkbox"/> 1 Acute complicated injury
Low	<input type="checkbox"/> 2+ Self-limited or minor problems <input type="checkbox"/> 1 Stable chronic illness <input type="checkbox"/> 1 Acute uncomplicated illness or injury
Minimal	<input type="checkbox"/> 1 Self-limited or minor problem

Element #3

Impact of circumstances that prevent the patient from having the diagnostic test, or having it done timely.

Circumstances that compound and/or negatively impact the recommended treatment. (Cannot afford the prescription?) (Lack of adequate housing [homeless?]) to bathe/stay clean)

Risk of Complications and/or Morbidity or Mortality of Patient Management

High	<input type="checkbox"/> High risk of morbidity from additional diagnostic testing or treatment <i>Examples</i> <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision regarding elective major surgery w/ identified patient or procedure risk factors <input type="checkbox"/> Decision regarding emergency major surgery <input type="checkbox"/> Decision regarding hospitalization <input type="checkbox"/> Decision not to resuscitate or to de-escalate care because of poor prognosis
Moderate	<input type="checkbox"/> Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples</i> <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision regarding minor surgery with identified patient or procedure risk factors <input type="checkbox"/> Decision regarding elective major surgery without identified patient or procedure <input type="checkbox"/> Diagnosis or treatment significantly limited by social determinants of health
Low	<input type="checkbox"/> Low risk of morbidity from additional testing or treatment
Minimal	<input type="checkbox"/> Minimal risk of morbidity from additional diagnostic testing or treatment

Final Words on SDoH

- Substandard housing such as water leaks, poor ventilation, dirty carpets and pest infestation can lead to an increase in mold, mites and other allergens associated with poor health.
 - Homeowners who are behind in their mortgage payments are also more likely to lack a sufficient supply of food and to go without prescribed medications, compared to those who do not fall behind on payments. (HealthAffairs.org)
- Not being able to afford treatment, follow instructions, etc. may assist in E/M coding. Reporting these factors provides important information on the scope of the problem for all of us.

Final Words on SDoH


- SDoH can have a significant impact on patient outcomes, so identifying and addressing them is key, especially as more payers move to value-based payment systems.
- ICD-10 "Z" codes can be used to document SDoH and give hospices accurate data on the needs of their patient population.
- Reporting SDoH provides important public health information
 - What resources are needed and where
 - What type of funding is needed

References

- NHPCO's Palliative Care Playbook
 - <https://www.nhpc.org/palliativecare/palliative-care-playbook/>
- ICD-10 Online Resource
 - <https://www.icd10data.com/>

Questions?

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