

Coding for Social Determinants of Health and G Codes

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Disclosure Rachael Willeford, CHONC

Rachael Willeford is a certified hematology/oncology coder employed by the American Society of Clinical Oncology (ASCO). She has no relevant relationships to disclose. No artificial intelligence was used in the creation of this presentation.

Today's Learning Objectives

- Identify services that address health-related social needs.
- Recognize reporting requirements for patient navigation codes.
- Connect social determinants of health with ICD-10-CM codes.

What are social determinants of health (SDOH)?





Conditions of an individual's **living**, **learning**, and **working** environments that affect one's health risks and outcomes.¹

Recognized as important predictors in clinical care and positive conditions are associated with improved patient outcomes and reduced costs.²



Services Addressing Health-Related Social Needs

New Services in 2024



Community Health Integration (CHI): Address social determinants of health needs that significantly limit the ability to diagnose or treat problems.



Principal Illness Navigation (PIN): Services focused on a serious, high-risk illness by certified or trained auxiliary personnel.



Social Determinants of Health Risk Assessment: Administration of a standardized, evidence-based social determinants of health risk assessment tool.

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Community Health Integration

Problem addressed at evaluation/management (E/M) visit

SDOH significantly limits ability to diagnose/treat problem

Activities are performed by certified/trained auxiliary personnel to address SDOH.

Principal Illness Navigation (PIN)



Services focused on a serious, high-risk illness.



Personnel may include navigator or certified peer specialist.

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Community **Health Integration** and Principal **Illness Navigation Activities**

Communication

Education

Coordination

Facilitation

Navigation

Care Planning

Referring for Services

Community Health Integration

Facilitate access

Principal Illness Navigation

- Facilitate
- Refer



Social Determinants of Health Risk Assessment

Administration of a standardized, evidence-based SDOH assessment tool



Food Difficulties



Housing Difficulties



Transportation Difficulties



Utility Difficulties



Reporting Navigational Codes

Community Health Integration Reimbursement

Service	Reimbursement
 Community Health Integration 60 minutes per calendar month Each additional 30 minutes per calendar month 	G0019: \$80.56 G0022: \$50.26

Reimbursement reflects national amounts for the non-facility setting.⁴ Actual amounts will vary by location. Date of service reporting: Reported per calendar month. No frequency limits.



Principal Illness Navigation Reimbursement

Service	Reimbursement
 Principal Illness Navigation 60 minutes per calendar month Each additional 30 minutes per calendar month 	G0023: \$80.56 G0024: \$50.26

Reimbursement reflects national amounts for the non-facility setting.⁴ Actual amounts will vary by location. Date of service reporting: Reported per calendar month. No frequency limits.



Social Determinants of Health Risk Assessment Reimbursement

Service	Reimbursement
Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment 5-15 minutes, not more often than every 6 months	G0136: \$18.97

Reimbursement reflects national amounts for the non-facility setting.⁴ Actual amounts will vary by location. Date of service reporting: Limited to once every 6 months.



Reporting Restrictions

Community Health Integration





Only **one** clinician per beneficiary per calendar month³

Principal Illness Navigation







More than one clinician per beneficiary <u>if</u> different conditions⁵

Documentation Community Health Integration

- ✓ Initiating visit identifying SDOH needs that significantly limit ability to treat problem and establishing treatment plan.
- ✓ SDOH needs recorded in the patient record.
- ✓ Time spent furnishing services addressing SDOH.
- ✓ Description of activities performed.
- ✓ Consent obtained.

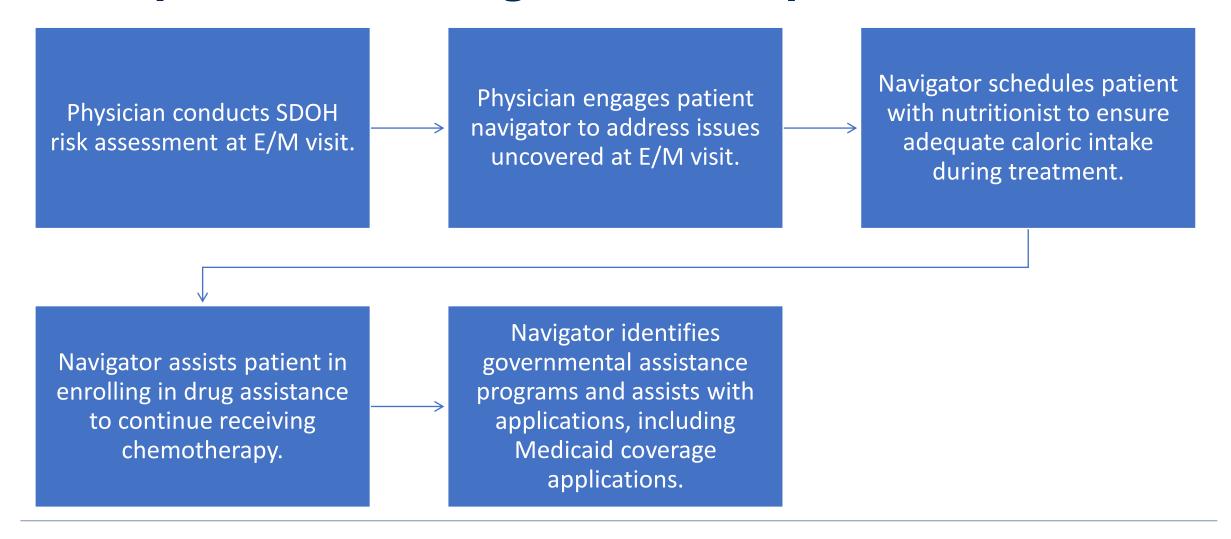
Documentation Principal Illness Navigation

- ✓ Initiating visit identifying medical necessity for navigation services and establishes a treatment plan for problem.
- ✓ Identification of SDOH needs, if present.
- ✓ Time spent in relationship to the serious, high-risk illness.
- ✓ Description of activities performed in relation to the treatment plan.
- ✓ Consent obtained.

Documentation SDOH Risk Assessment

- ✓ Associated E/M visit
- ✓ Identification of SDOH needs

Principal Illness Navigation Example



Reporting Navigation

Office Visit

- E/M (99202-99215)
- G0136 Administration of SDOH Risk Assessment

Patient Navigation during the calendar month

- G0023 Principal Illness Navigation, First 60 minutes
- G0024 Each additional 30 minutes



ICD-10-CM codes for Social Determinants of Health

What are ICD-10-CM Codes?





International Classification of Diseases, 10th Revision, Clinical Modification

Classifies diagnoses and reason for visits in all health care settings.

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How are ICD-10-CM codes connected to SDOH?

Social **Determinants of** Health

Persons with potential health hazards related to socioeconomic and psychosocial circumstances (255-265)⁷

Impact of Identifying Patients with SDOH

Identifying patients with SDOH

Reporting Z codes

Reporting Z and experience of care

Z Code Utilization

Among 33.1 million total Medicare Fee-For-Service beneficiaries in 2019, approximately 1.59% had claims with Z codes.²

ICD-10-CM Z Codes for SDOH

Category	Category Description		
Z55	Problems related to education and literacy		
Z56	Problems related to employment and unemployment Occupational exposure to risk factors		
Z57			
Z58	Problems related to physical environment		
Z 59	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)⁷

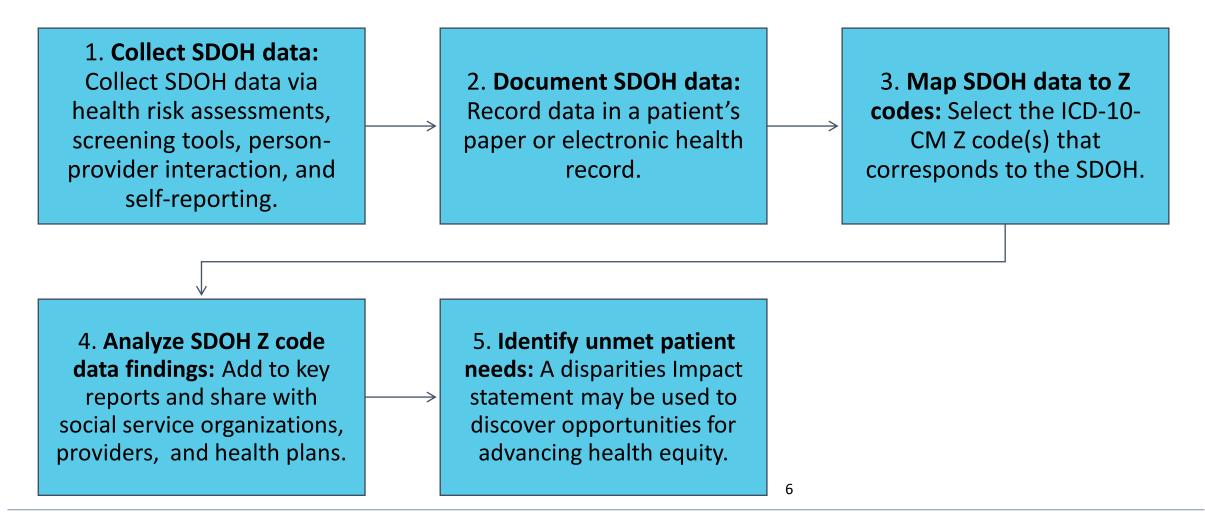
ICD-10-CM Z Codes

Z59 Problems related to housing and economic circumstance

Z59.00 Z59.01	Homelessness, unspecified Sheltered homelessness	Z59.48	Other specified lack of adequate food
Z59.02	Unsheltered homelessness	Z59.5	Extreme poverty
Z59.10	Inadequate housing	Z59.6	Low income
Z59.11	Inadequate housing	Z59.7	Insufficient social insurance
	temperature		and welfare support
Z59.12	Inadequate housing utilities	Z59.81	Housing instability, housed
Z59.19	Other inadequate housing	Z59.811	Housing instability, housed,
Z59.2	Discord with neighbors		with risk of homelessness
Z59.3	Problems related to living in	Z59.812	Housing instability, housed,
	residential institution		homelessness in past 12
Z59.4	Lack of adequate food		months
Z59.41	Food insecurity		

Z59.819	Housing instability, housed unspecified
Z59.82	Transportation insecurity
Z59.86	Financial insecurity
Z59.87	Material hardship
Z59.89	Other problems related to
	housing and economic
	circumstances
Z59.9	Problem related to housing
	and economic circumstances,
	unspecified

Connecting SDOH with Z Codes



Connecting SDOH to Z codes Example

The patient indicates that they are experiencing significant stress regarding medical expenses, covering rent, and unemployment.

Connecting SDOH to Z Codes Example

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

ICD-10-CM Considerations

- Code to the highest level of specificity.
- Documentation may be from clinicians involved in care that are not the patient's provider.
- The SDOH Z codes may be the principal or first-listed diagnosis.
- Include other relevant diagnoses on the claim and in the medical record.⁷

Key Takeaways

- Services that address health-related social needs were created to increase access to patient navigation.
- Patient navigational services may be reimbursed with the CMS created G codes for services that address health-related social needs.
- 3. SDOH needs may be indicated by linking ICD-10-CM Z codes to performed services.



Resources

References

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 National Center for Health Statistics. December 29, 2023. Accessed June 24, 2024. ftp://ftp.cdc.gov-pub/Health-Statistics/NCHS/Publications/ICD10CM/2024-Update/



ASCO Resources

Care Management and Patient Navigation Services Comparison

Coding and Reporting Social Determinants of Health

Social Determinants of Health and Cancer Care: An ASCO Policy Statement | JCO Oncology Practice

Navigating a Path to Equity in Cancer Care: The Role of Patient Navigation | American Society of Clinical Oncology Educational Book (ascopubs.org)

From ASCO to Z Codes: What ASCO Members Must Know About Coding for Social Determinants of Health (ascopubs.org)

Social Determinants of Health and Disparities in Cancer Care for Black People in the United States | JCO Oncology Practice (ascopubs.org)

Health Disparities in Young Adults: A Direct Comparison of Distress and Unmet Needs Across Cancer Centers | JCO Clinical Cancer Informatics