

MPM Provider Quality Newsletter

To access the materials referenced in this newsletter, go to:
www.medpointmanagement.com/provider-resources

- > Click on "Quality Management Information" and then "2021 Quality Newsletters."
- > All materials are listed in one PDF document.
- > Please also note that MedPOINT's Reference Guides are available under "HEDIS Documents."

Access to Care

Our members have the right to receive timely access to care and services from their provider. Per DMHC requirements, providers are to ensure members are offered appointment availability within a specific number of days or hours depending on the situation. Sample access to care standards include emergency situations, specialty appointment availability, primary care physician availability, and other scenarios. A brief overview of established PCP standards is as follows:

- **Emergency** --- Immediately
- **Urgent** --- Within 48 Hours
- **Non-Urgent** --- Within 10 Business Days
- **Adult or Pediatric Health Assessment** --- Within 30 Calendar Days
- **Waiting Time in Physician Office** --- Less than 30 Minutes
- **After Hours Access** --- Answering Service or Service with Option to Page Provider
- **Telephone Triage and Screening** --- Within 30 Minutes

Many health plans are currently conducting their annual Timely Access to Care compliance audit by telephone to assess appointment availability and after-hour access. The audits go through October 2021. Please see the two following documents for more information; The Access to Care Notice is attached and MedPOINT's Access to Care Standards is available on the [MedPOINT website](http://www.medpointmanagement.com) under Quality Management, to make sure you are compliant for all scenarios resources.

Changes to the Colorectal Cancer Screening Measure

Colorectal cancer is the third leading cause of cancer death for both men and women. In 2021 alone, there are 52,980 people projected to die of colorectal cancer. The American Cancer Society and the US Preventative Services Task Force (USPSTF) recommended a change in guidelines and lowered the recommended age for colorectal screenings in adults to start at age 45.

NCQA plans to evaluate this change with their clinical experts and Committee on Performance Measurement but has not changed the HEDIS measure specifications at this time. Should NCQA update the measure based on the new recommendations, MedPOINT will send out a notification describing the change.

For more information regarding the above-mentioned recommendation and changes please visit the USPSTF website at www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening.

SDOH Importance

When assessing a member's health, it is important to identify Social Determinants of Health (SDOH). SDOH are the conditions in the environments where people are born, live, learn, work, age, etc. that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Some areas of life that can be affected by SDOH include safe housing, discrimination, education, jobs, access to nutritious foods, and polluted air/water. When providers apply what they identify about patients' SDOH, not only will individual and population health be

improved, but health equity can advance as well. If you collect SDOH data, make sure to code the proper Z (ICD-10) Code. You can find more information on SDOH and Z Codes by reviewing the two attached documents from Optum and CMS.

What's Coming with Cozeva

MedPOINT Management is pleased with the progress of our Cozeva implementation project and we are on track for the anticipated October 2021 go-live date. In the interim, we suggest that providers with Health Net membership access Cozeva through Health Net since that option is available. In doing so, providers can familiarize themselves with Cozeva, as well as obtain valuable insight into their Quality performance with Health Net. Access can be requested by contacting your assigned Health Net representative or via the web at www.cozeva.com/registerHN.

- **Have Questions?** Please reach out to your Quality Specialist or email the Quality Measures team at qualitymeasures@medpointmanagement.com.

Women's Health Preventive Screening Measures

As a provider, it is vital to educate women on preventive healthcare measures.

Breast Cancer Screening

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death for women in the U.S. Mammogram services completed between October 1, 2019 to December 31, 2021 count towards HEDIS compliance. If you have female patients who are excluded from this measure, make sure to mark the correct measure code exclusions each year.

Cervical Cancer Screening

Routine screenings for cervical cancer have saved the lives of many women. Women who have received an HPV vaccination should continue following screening recommendations for their age groups. A member can self-report results to their provider with the date, month, year, and result for measure compliance. The date of service is used to calculate members' age groups for compliance. Be sure you are following the required dates of completion to the health and well-being of your patients.

- **For members 21-29 years of age every 3 years:** Completion dates are 2019, 2020, or 2021.
- **For members 30 and older every 5 years:** Co-testing of members 30 years of age or older with cytology and HPV results allow for 5 years. Completion dates are between 2017-2021.
- **Hysterectomy:** Exclusions such as total hysterectomy, radical hysterectomy, hysterectomy with no cervix are all options. There must be accurate documented and coded for exclusion.

Chlamydia Screening

Chlamydia is one of the most commonly reported sexually transmitted infection in the U.S. For 2021, the chlamydia screening measure includes members ages 16-24 that identify as sexually active. However, providers should be mindful of members that will turn 16 years old in 2021, as these members will age into the denominator. Adding at least one urine chlamydia test per calendar year as part of a well exam, sick visit, or cervical cancer screening is an easy method to screen. Ensuring that members have a chlamydia screening on file prior to refilling birth control will also increase compliance.

- **Have Questions?** Please reach out to your Quality Specialist or email the Quality Measures team at qualitymeasures@medpointmanagement.com.

Resources

Blood Lead Screening of Young Children - See the attached notification from Molina regarding physician obligation to provide requirements for the blood lead screening test and associated monitoring and reporting.

IHA Incentive Program - See the attached flyer from Blue Shield Promise that details how to receive incentive payments for PCPs who conduct an IHA for all new Medi-Cal members within 120 day of enrollment to Promise Health Plan.

Homebound Patients and the COVID-19 Vaccine - See the attached flyer from L.A. Care regarding their partnership with the L.A. County Department of Public Health to expand the COVID-19 vaccine to members who are predominately homebound and unable to travel.

Communication Skills for Talking about COVID Vaccines - Vital Talk released an informational provider resource for talking to patients and families who are experiencing vaccine hesitations.

Optum Social Determinates of Health - Optum's flyer provides a list of Z Codes and their corresponding explanations.

Z Codes Infographic - Be sure to view the attached infographic from CMS regarding the proper steps for finding and using Z Codes, as well as how to use Z Codes to enhance your quality improvement.

QM Bulletin Board

Have a question and need input from other health centers in the MedPOINT network? Post your question at <https://qualitypoint.medpointmanagement.com> and check out the other resources available to you! We are anxious to make this a collaborative quality resource for all of us.

ATTENTION!
IT'S SURVEY TIME!
ACCESS TO CARE

Your participation is required as part of your contract with the IPA.

All Health Plans are conducting their annual Timely Access to Care compliance audit by telephone to assess appointment availability and after-hour access to healthcare providers as required by Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare & Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA). For the Appointment Availability portion of the survey, each health plan has contracted with a third-party survey vendor who will be conducting the audits from **August through October 2021.**

Phone Access Standards

- Answer member calls within 60 seconds, hold time less than 10 minutes
- Return member calls within one business day for **non-urgent issues**

Appointment Availability Portion of the Survey

- Appointment Availability calls will be made during the Practitioner's/Provider's normal operating hours
- Each survey will consist of a telephone script that contains survey questions to corroborate appointment availability/scheduling protocol for various appointment types and Provider types
- **Respondents who refuse to participate in the survey will be scored as non-compliant**

After Hours Portion of the Survey

- After-hour calls will be conducted during early mornings, evenings, weekends, and holidays to meet the requirement for 24/7 coverage
- Each survey will consist of a telephone script that contains survey questions to determine the Practitioner's or on-call Physician's or licensed clinician's after-hours accessibility and timeliness of **call return within 30 minutes**
- **Respondents who refuse to participate in the survey will be scored as non-compliant**

Providers must review their office phone answering protocols and scheduling policies to ensure they are compliant with standards and take the necessary steps to correct any problems/issues immediately.

Attached you will find MedPOINT Management's Access to Care Standards document and Tips for Success. Please review this material to ensure your staff is aware of the upcoming surveys and the related Access to Care requirements.

If you have any questions about the Appointment Availability and/or After-Hours Timely Access surveys, please contact our Melissa Olaguez, Compliance Auditor, at 818-702-0100 ext. 1260 or MOlaguez@medpointmanagement.com.

Tips for Success

AFTER-HOURS

Third-Party Answering Service Vendors

- **Share** your office policies & procedures with your vendor
- **Review** expectations for survey participation with your vendor- **Refusal will be marked non-compliant!**
- **Self-audit** your vendor routinely to validate instructions are compliant

Interactive Voice Response (IVR) and Voicemail

- **Self-audit** your system routinely to ensure instructions for emergency care are clear AND the caller has the option to reach the on-call provider within 30 minutes.
- **Review** your office policies & procedures with on-call providers

APPOINTMENT AVAILABILITY

Appointment Desk/Reception

- **Share** with your staff expectations for survey participation- **Refusal will be marked non-compliant!**
- **Train** staff often on differences in URGENT and ROUTINE appointment wait times
- **Review** your appointment tracking system for flexibility in schedules and same days appointments

ADDITIONAL INFORMATION

DMHC Timely Access Regulations

<https://www.dmhc.ca.gov/healthcareincalifornia/yourhealthcarerights/timelyaccesstocare.aspx>

Information on Interpreter Services

<https://www.medpointmanagement.com/provider-resources/>

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☐ Orange
- ☒ Sacramento
- ☒ San Diego

LINES OF BUSINESS:

- ☒ Molina Medi-Cal Managed Care
- ☐ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

- ☒ **Medical Group/ IPA/MSO**
 - Primary Care**
 - ☒ IPA/MSO
 - ☒ Directs
- ☒ **Specialists**
 - ☒ Directs
 - ☒ IPA
- ☒ **Hospitals**
 - Ancillary**
 - ☐ CBAS
 - ☐ SNF/LTC
 - ☐ DME
 - ☐ Home Health
 - ☐ Other

FOR QUESTIONS CALL**PROVIDER SERVICES:**

(888) 562-5442, Extension:

Los Angeles/Orange Counties

X123017

Riverside/San Bernardino Counties

X120613

Sacramento County

X125682

San Diego County

X121735

Imperial County

X125682

Blood Lead Screening of Young Children (APL 20-016)

This is an advisory notification to Molina Healthcare of California (MHC) network providers to provide requirements for blood lead screening test and associated monitoring and reporting. This APL supersedes APL 18-017.

This notification is based on an All Plan Letter (APL) 20-016, which can be found in full on the Department of Health Care Services (DHCS) website at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf>.

BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), protecting children from lead exposure is important to lifelong good health. Studies have shown that even low levels of lead in the blood can affect IQ, the ability to pay attention, and academic achievement. Lead exposure can cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. The most important step that can be taken is to prevent lead exposure before it occurs.

While lead paint has historically been the greatest source of lead exposure, children can be exposed to lead from additional sources such as lead smelters, leaded pipes, solder, plumbing fixtures, and consumer products. Lead can also be present in air, food, water, dust, and soil.

Federal law requires states to screen children enrolled in Medicaid for elevated blood lead levels as part of required prevention services offered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Accordingly, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in November 2016 that provides an overview of blood lead screening requirements for children enrolled in Medicaid.

In addition, MHC is required to cover and ensure that network providers provide blood lead screening tests in accordance with the California Code of Regulations (CCR). The CCR imposes specific responsibilities on doctors, nurse practitioners, and physician's assistants conducting periodic health assessments (PHAs) on children between the ages of six months and six years. The California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) issues guidance for all California providers pursuant to the CCR. The CLPPB sets forth required blood lead standards of care, including Blood Lead and Anticipatory Guidance developed by the DHCS related to children enrolled in Medi-Cal.

POLICY

MHC will ensure that our network providers (i.e. physicians, nurse practitioners, and physician's assistants) who perform PHAs on child members between the

ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and industry guidelines for health care providers issued by CLPPB, including any future updates or amendments to these laws and guidelines:

1. Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age. This anticipatory guidance must be provided to the parent or guardian at each PHA, starting at 6 months of age and continuing until 72 months of age.
2. Order or perform blood lead screening tests on all child members in accordance with the following:
 - a) At 12 months and at 24 months of age.
 - b) When the network provider performing a PHA becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
 - c) When the network provider performing a PHA becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
 - d) At any time, a change in circumstances has, in the professional judgement of the network provider, put the child member at risk.
 - e) If requested by the parent or guardian.
3. Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines.

Network providers are not required to perform a blood lead screening test if either of the following applies:

1. In the professional judgment of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning.
2. If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

MHC will ensure that network provider document the reason(s) for not performing the blood lead screening test in the child member's medical record. In cases where consent has been withheld, MHC will ensure that network provider document this in the child member's medical record by obtaining a signed statement of voluntary refusal. If the network provider is unable to obtain a signed statement of voluntary refusal because the party that withheld consent declines to sign or is unable to sign (e.g., when services are provided via telehealth modality), the network provider must document the reason for the not obtaining a signed statement in the child's medical record. DHCS will consider these documented efforts that are noted in the child's medical record as evidence of compliance with blood lead screening test requirements.

Current CLPPB-issued guidelines include minimum standards of care a network provider must follow when conducting blood lead screening tests, interpreting blood lead levels, and determining appropriate follow-up. MHC will ensure their network providers follow these CLPPB-issued guidelines. According to current CLPPB guidelines, blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling methods; however, the venous method is preferred because it is more accurate and less prone to contamination. All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method. While the minimum requirements for appropriate follow-up activities, including referral, case management and reporting, are set forth in the CLPPB guidelines, a provider may determine additional services that fall within the EPSDT benefit are medically necessary. MCPs must ensure that members under the age of 21 receive all medically necessary care as required under EPSDT.

In addition to ensuring network providers meet requirements for testing, follow-up care, and

documentation, as described above, starting no later than January 1, 2021, MHC is required to identify, on at least a quarterly basis (i.e. January – March, April – June, July – September, October – December), all child members between the ages of six months to six years (i.e. 72 months) who have no record of receiving a blood lead screening test required by Title 17 CCR section 37100. MHC will identify the age at which the required blood lead screenings were missed, including children without any record of a completed blood lead screening at each age. MHC will notify the network provider who are responsible for the care of an identified child member of the regulatory requirements to test that child and provide the required written or oral anticipatory guidance to the parent/guardian of that child member. MHC will also maintain records, for a period of no less than 10 years, of all child members identified quarterly as having no record of receiving a required blood lead screening test and provide those records to DHCS, at least annually as well as upon request, for auditing and compliance purposes.

REPORTING REQUIREMENTS

According to the November 2016 CMS informational bulletin, there is concern that not all blood lead screening tests are coded correctly to be included in Medicaid screening data. MCPs must educate network providers, including laboratories, about appropriate Common Procedure Terminology coding to ensure accurate reporting of all blood lead screening tests.

In order to comply with Health Insurance Portability and Accountability Act requirements, MHC will utilize the CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P/837-I), to report confidential screening/billing to DHCS.

DHCS currently utilizes encounter data submitted through national standard file formats (837-P/837-I) for tracking the administration of blood lead screening. MHC is required to submit complete, accurate, reasonable, and timely encounter data consistent with the MCP contract and APLs 14-019 and 17-005. Additionally, MHC will ensure that blood lead screening encounters are identified using the appropriate indicators, as outlined in the most recent DHCS Companion Guide for X12 Standard File Format, which can be obtained by emailing the Encounter Data mailbox at: MMCDEncounterData@dhcs.ca.gov.

California law requires laboratories performing blood lead analysis on blood specimens drawn in California to electronically report all results to CLPPB. This reporting must include specified patient demographic information, the ordering physician, and analysis data on each test performed. MHC will ensure that network providers are reporting blood lead screening test results to CLPPB, as required.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions to the left.

Initial Health Assessments for New Medi-Cal Members

Provider Incentive Program

Initial Health Assessments

At Blue Shield Promise Health Plan (Blue Shield Promise), we are committed to providing high-quality care for our members and supportive services for the providers who deliver that care. That is why we are incentivizing our contracted provider network for performing Initial Health Assessments (IHAs) of **new Medi-Cal enrollees** to Promise Health Plan starting in Q2 of 2021. Our IHA provider incentive program rewards Blue Shield Promise network providers for ensuring that every member who requires an IHA receives the care they need.

The Department of Healthcare Services (DHCS) requires **primary care providers** to conduct an IHA for all new Medi-Cal members within 120 days of enrollment to Promise Health Plan. **The IHA can be completed by a primary care physician (PCP), nurse practitioner (NP), obstetrician/gynecologist (OB/GYN), certified nurse midwife (CNM), or physician assistant (PA).**

The IHA includes a comprehensive history, complete physical and mental exam, prevention and treatment planning and completion of age-appropriate Individual Health Education Behavioral Assessment (IHEBA). The DHCS-sponsored and approved IHEBA used is the Staying Healthy Assessment (SHA). Please note, providers must document all exceptions from the IHA and SHA requirements and all member contact and outreach attempts, including appointment scheduling or the member's refusal to schedule an appointment in the member's medical record.

Payment Methodology

Amount	Initial Health Assessment Completion
\$50	A \$50 payment will be made for every IHA completion demonstrated in Blue Shield Promise data systems via encounter data with a date of service within 120 days of the member's enrollment at Promise Health Plan.
\$25	A \$25 payment will be made for every IHA completion demonstrated in Blue Shield Promise data systems via encounter data with a date of service greater than 121 days of the member's enrollment at Promise Health Plan.

Please note, evidence of timely completion of IHA and SHA is also determined during the facility site review and medical record review periodic audits conducted by Blue Shield of California Promise Health Plan Clinical Access Programs Department.

Prov_21_043

Payment Timeline – Measurement Year 2021

Quarter	Definition	Payment Date
Q2 2021	All IHA completions demonstrated via encounter data received between 4/1/21 – 6/30/21	On or before July 31 st , 2021
Q3 2021	All IHA completions demonstrated via encounter data received between 7/1/21 – 9/30/21	On or before October 31 st , 2021
Q4 2021	All IHA completions demonstrated via encounter data received between 10/1/21 – 12/31/21	On or before January 31 st , 2022

Encounter Data: The following procedure and diagnosis codes, when completed by the approved clinicians noted above, will be accepted as proof of an IHA via Blue Shield Promise data systems.

CPT Code	PAIR WITH CPT/ICD10 CODE	General Service Description
59400, 59510, 59610, 59618, Z1032, Z6500		Obstetrical Services
99202 - 99205	Z00.8, Z00.129, Z00.00, Z00.01	New Patient Office Visit
99211 - 99215	Z00.8, Z00.129, Z00.00, Z00.01	Established Patient Office Visit
99304 - 99306		Nursing Facility Services
99324 - 99328		Domicil/Rest Home Services
99341 - 99345		Home Visit Services
99381 - 99387	Z00.00, Z00.01, Z00.110, Z00.121, Z00.129	New Patient Preventive/Well Care Services
99391 - 99397	Z00.00, Z00.01, Z00.110, Z00.121, Z00.129	Established Patient Preventive/Well Care Services
99460, 99461, 99463		Initial Newborn Care
99221-99223	Include office visit 99202-99215 within 30 days of discharge	New or Established Patient Initial Hospital Inpatient Services
99421 - 99423		Telehealth Visit Services (Virtual/Digital)
99441 - 99443		Telehealth Visit Services (Audio Only)
G0468		FQHC Visit; Includes Initial Preventive Physical Exam or Annual Wellness Visit

Resources

Blue Shield Promise will support providers in completing IHAs for new Medi-Cal enrollees in two ways:

1. Blue Shield Promise will provide a new member enrollment report to providers monthly. This report can be accessed via the provider portal known as Provider Connection: [click here](#).
2. Blue Shield Promise will contact new members via phone and letter to assist in scheduling a timely IHA. We encourage providers to also contact new members.

For additional support, please see the following resources:

- Blue Shield Promise Website: [click here](#)
- Blue Shield Promise Provider Relations: (800) 468-9935
- Blue Shield Promise Provider Incentives: providerincentives@blueshieldca.com

Homebound Patients Can Now Get the COVID-19 Vaccine at Home



Dear Participating Physician Groups,

L.A. Care Health Plan (L.A. Care) is pleased to announce that in an effort to expand COVID-19 vaccine access for those who are predominately homebound and unable to travel, we have partnered with L.A. County Department of Public Health (DPH) and other plans to work with a select number of approved home health vendors to help provide COVID-19 vaccine. This partnership will facilitate COVID-19 vaccines to this vulnerable patient population as well as their caregivers and household members.

This letter is to inform you about this exciting initiative and note that we have prepared communications for the primary care physicians (PCPs) who have been identified as having one or more assigned patients in their panel who may benefit from this service. This program is in place for members in which L.A. Care Health Plan is financially at risk for Home Health services. Dual and Full Risk Participating Physician Groups are encouraged to provide a similar program.

Patient Contact

The identified patient will get a call from L.A. Care letting them know that a home health provider will contact them for an appointment. ***If the patient agrees to receive a vaccination at home, the home health provider assigned to the case may contact the member's PCP office to issue the doctor's order for the vaccine.*** We are using the Johnson & Johnson vaccine for this effort, so only one (1) appointment is needed. However, if the patient requests another vaccine brand, alternate arrangements can be made to meet the patient's need.

Immediate COVID-19 adverse vaccine reactions

The home health provider deployed to vaccinate the patient will wait 15 minutes after administering the vaccine to ensure that there are no immediate adverse reactions. Patients are advised to call their primary care physician (PCP) if they have any adverse reactions after the agency nurse has left.

Inquiries

Should you or any providers have inquiries about this initiative, please contact your assigned Account Manager via email. We appreciate your attention and cooperation on this matter.

Sincerely,
Alexander Li, M.D.
Deputy Chief Medical Officer

PL1082 0621



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Social Determinants of Health (SDOH)

Social determinants of health such as housing, food security, and transportation can have an immense impact on the physical and mental health of patients. Capturing SDOH data can help to improve patient outcomes which may assist patients with barriers related to housing and transportation, social support, health literacy, nutritional support and financial assistance.

By addressing these determinants, providers can identify patients who may need assistance with additional resources potentially available through their health plan and/or local community. It is vital that these determinants are accurately documented and coded, when applicable, to assist in identifying patients who may qualify for needed resources.

Please note that these codes are for supplemental reporting purposes and should not be used as primary diagnosis codes. Additionally, the list of determinants and their diagnosis codes below is not all-inclusive, please consult the ICD-10-CM code book for additional applicable codes.

Problems related to housing and economic circumstances

Example Question: Describe your current living and financial situation. Do you have transportation to attend appointments and other necessary activities?

Document and code if applicable:

Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating, restriction of space, technical defects in home preventing adequate care, unsatisfactory surroundings)
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institution (boarding-school resident)
Z59.4	Lack of adequate food and safe drinking water
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (isolated dwelling, foreclosure on loan, problems with creditors)
Z59.9	Problems related to housing and economic circumstances, unspecified
Z75.3	Unavailability and inaccessibility of health care facilities

Problems related to education and literacy

Example Question: Do you experience language barriers?

Document and code if applicable:

Z55.0	Illiteracy and low-level literacy
Z55.1	Schooling unavailable and unattainable
Z55.8	Other problems related to education and literacy
Z55.9	Problems related to education and literacy, unspecified

Problems Related to Employment and Unemployment

Example Question: Do you need/want help finding or keeping work or a job?

Document and code if applicable:

Z56.0	Unemployment, unspecified
Z56.1	Change of job
Z56.2	Threat of job loss
Z56.3	Stressful work schedule
Z56.4	Discord with boss and workmates
Z56.5	Uncongenial work environment (difficult conditions at work)
Z56.6	Other physical and mental strain related to work
Z56.81	Sexual harassment on the job
Z56.89	Other problems related to employment
Z56.9	Unspecified problems related to employment

Problems Related to Social Environment & Lifestyle

Example Question: Do you have family and/or community support with day-to day activities such as preparing meals, shopping, bathing, managing finances, etc.? Do you feel lonely or isolated? In the last month how many times have you consumed alcoholic drinks or used tobacco products? How often have you felt down, depressed, or hopeless? Are you able to exercise regularly?

Document and code if applicable:

Z60.0	Problems of adjustment to life-cycle transitions (empty nest syndrome, phase of life problem, problem with adjustment to retirement)
Z60.2	Problems related to living alone
Z60.3	Acculturation difficulty
Z60.4	Social exclusion and rejection
Z60.5	Target of (perceived) adverse discrimination and persecution
Z60.8	Other problems related to social environment
Z60.9	Problems related to social environment, unspecified
Z72.0	Tobacco use
Z72.3	Lack of Physical Exercise
Z72.4	Inappropriate diet and eating habits
Z72.6	Gambling and betting
Z72.811	Adult antisocial behavior
Z72.820	Sleep Deprivation
Z72.821	Inadequate sleep hygiene
Z72.89	Other problems related to lifestyle (self-damaging behavior)

Other Problems related to Primary support group, including family circumstances

Example Question: Do you feel safe at home? Do you feel regularly under stress at home?

Document and code if applicable:

Z63.0	Problems in relationship with spouse or partner
Z63.1	Problems in relationship with in-laws
Z63.32	Other absence of family member
Z63.4	Disappearance and death of family member (bereavement)
Z63.5	Disruption of family by separation and divorce
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household
Z63.8	Other specified problems related to primary support Group
Z63.9	Problems related to primary support group (relationship disorder)
Z65.9	Problem related to unspecified psychosocial circumstances



11000 Optum Circle, Eden Prairie, MN 55344

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal.

The following references were used in creating this document:

Optum 360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.

National Association of Community Health Centers. <https://www.nachc.org>. Accessed September 1, 2020.

CMS & AHCM screening tool example. <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>. Accessed September 1, 2020.

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USING Z CODES:

The Social Determinants of Health (SDOH) Data Journey to Better Outcomes

What are
Z
codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.



Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- 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

Data are recorded in a person's paper or electronic health record (EHR).

- 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

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.¹

- 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 in an individual's health care record by any member of the care team.²

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- 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

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.



USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives



Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.



Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.



Coding Professionals

Follow the ICD-10-CM coding guidelines.³

- Use the CDC National Center for Health Statistics [ICD-10-CM Browser](#) tool to search for ICD-10-CM codes and information on code usage.⁴
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z code Categories

- Z55** – Problems related to education and literacy
- Z56** – Problems related to employment and unemployment
- Z57** – Occupational exposure to risk factors
- 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

This list is subject to revisions and additions to improve alignment with SDOH data elements.

³ cms.gov/medicare/icd-10/2021-icd-10-cm

⁴ cdc.gov/nchs/icd/icd10cm.htm