



CDI IN BLOOM | **acdis 2023**

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Social Determinants of Health: The Next Level of CDI

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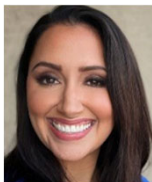
Consulting Director

Vizient Inc.

Tulsa, Oklahoma



Presented By



Rachel Mack, RN, MSN, CCDS, CDIP, CCS, CRC, is consulting director of CDI at Vizient Inc. and lives in Littleton, Colorado. She brings over 10 years of experience in CDI, with more than 15 years in healthcare as a registered nurse. She has built CDI teams from the ground up and helped lead large, medium, and small hospitals in CDI innovation. Prior to joining Vizient, she spent six years as a CDI specialist, educator, and auditor at SCL Health in Colorado. She was also a clinical program manager at Iodine Software for two years. Mack has presented at various ACDIS and AHIMA conferences and webinars and was also the Colorado ACDIS local chapter leader for three years.

Presented By



Connie Ryan, MBA, RN, CDIP, is consulting director for Vizient in Tulsa, Oklahoma. She brings over 20 years of healthcare experience, with 10 years in CDI spanning Level I and II trauma centers, leading academic medical centers, and *U.S. News & World Report* top 20 health systems. Her areas of focus include risk adjustment for claims-based quality measures, all versions of the HCC risk adjustment framework, and social determinants of health in addition to MS-DRG accuracy. Prior to joining Vizient, Ryan was a senior consultant for an established consulting firm, and prior to entering CDI, she served in nursing management and healthcare administration.

3

Learning Outcomes

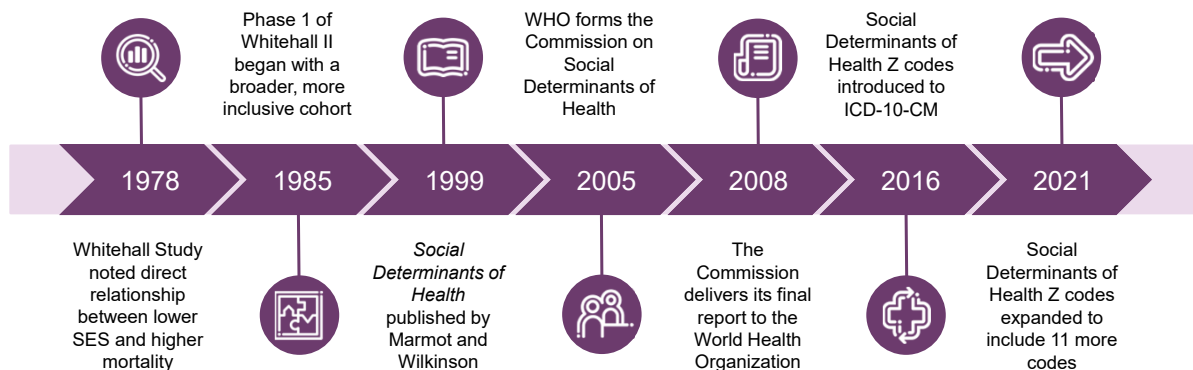
- At the completion of this educational activity, the learner will be able to:
 - Describe the development and utilization of codes for SDOH
 - Describe the impact that SDOH capture can have on communities
 - Interpret ICD-10-CM guidelines for capture of SDOH codes
 - Define challenges in the electronic health record (EHR) environment that can create inconsistencies in coding related to SDOH
 - Propose strategies to successfully optimize and capture SDOH without adding to the administrative load of providers
 - Apply ICD-10-CM guidelines for capture of SDOH codes in a brief case study
 - Predict and estimate potential future changes in coding guidance related to SDOH

4



A Brief History of Social Determinants of Health

Historical Perspective



Defining Social Determinants of Health (SDOH)



- The conditions in the environments where people are born, live, learn, work, play, worship, and age and are grouped into five domains.
 - “In the long run, housing may be more important to health than hospitals. What is our ‘health’ the result of? 20% of the nation’s health is the result of medical care. 5% is the result of biology and genetics. 20% is the result of individual actions. Over 50% is caused by social determinants of health.”—Ratcliff Strother

Healthy People 2030 – Social Determinants of Health.

7

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The Impact of SDOH on Communities

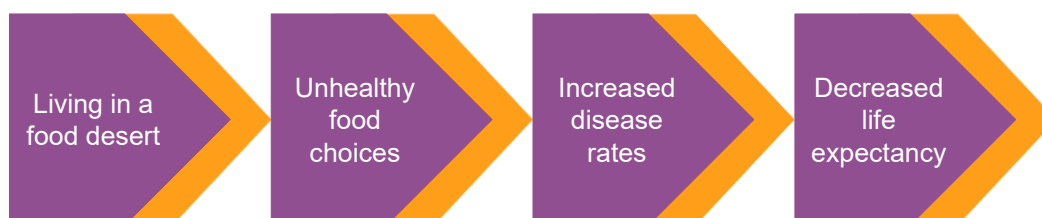
If the World Were 100 People

- Poverty
 - 11 people would live on less than \$1.90 USD per day
- Education and Literacy
 - 86 would be able to read and write; 14 would not
 - Only seven would have a college degree
- Housing
 - 22 people would not have shelter
 - 18 people would not have electricity
- Food
 - One would be dying of starvation
 - 11 would be undernourished
 - Nine people would have no clean, safe water to drink



100 People: A World Portrait. 9

Health Equity



- SDOH contribute to health disparities and inequities
- In addition to negatively impacting people and communities, these disparities eventually increase the burden on the healthcare system
- Where preventative care is lacking, the need for tertiary care increases

10

What Is Unknown Due to Limited SDOH Capture?

- Five most utilized Z codes for Medicare FFS beneficiaries in 2019:
 - Homelessness (Z59.0)
 - Disappearance and death of family member (Z63.4)
 - Problems related to living alone (Z60.2)
 - Problems related to living in a residential institution (Z59.3)
 - Problems in relationship with spouse or partner (Z63.0)
- 21.4% upward change in Z code capture from 2017 to 2019.
 - However, among the 33.1 million continuously enrolled Medicare FFS beneficiaries, there was only 1.31% Z code capture in 2016 (compared to 1.59% in 2019)



Utilization of Z Codes for Social Determinants of Health. 11

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Coding Guidance Surrounding SDOH

Why the Emphasis on SDOH Codes?

- Remember that the overarching goal is directed toward health equity.
- Measurement is the foundation for progress.
- Data collection is the first step toward meaningful action.
- Once vulnerabilities are identified, planning, preparing, and next steps begin.

*If you cannot
measure it,
you cannot
improve it.*

- Lord Kelvin

13

ICD-10 and SDOH Diagnoses

- ICD-10-CM codes Z55-Z65
- Any “clinician” may document SDOH diagnoses
 - **Social**, not medical diagnoses
- Per the *Official Guidelines of Coding and Reporting*, a clinician is defined as a healthcare professional that is permitted to document in a patient’s official medical record
- Can be based on patient self-reporting
 - Must be signed off and incorporated into the medical record by a clinician or provider
- Assign as many codes as necessary to tell the patient’s story
- Only assign SDOH codes when it is clear there is a risk factor
 - Not owning a vehicle would not be considered transportation insecurity if the patient has access and the ability to use public transportation

14

SDOH Coding Categories



- While SDOH are grouped into five separate domains, ICD-10-CM groups them into nine categories.
- Each of these nine categories fits within the environment of where we are born, live, learn, work, play, worship, and age.
- It's not only about places, but also about other people and how we interact with them.

15

SDOH Coding Categories



- | | | | | |
|---|---|--|---|--|
| <ul style="list-style-type: none"> • Incarceration • Exposure to disaster or war • Unwanted pregnancy • Victim of crime • Child custody litigation • Other legal issues | <ul style="list-style-type: none"> • Homelessness • Discord with neighbors • Housing instability (foreclosure) • Food insecurity • Lack of heating | <ul style="list-style-type: none"> • Job change • Threat of job loss • Stressful work schedule • Difficult conditions at work • Sexual harassment | <ul style="list-style-type: none"> • History of abuse • Parental overprotection • Parental hostility or scapegoating • Parent-child conflict • Sibling rivalry | <ul style="list-style-type: none"> • Illiteracy • Low-level literacy • Less than a high school diploma • Failed school examinations • Discord with teachers |
|---|---|--|---|--|

16

Problems Related to Housing and Economic Circumstances

	ICD-10-CM Code	Code Descriptor
Z59 Problems related to housing and economic circumstances Excludes2: <i>problems related to upbringing (Z62.-)</i>	Z59.4	Lack of adequate food Excludes2: deprivation of food (T73.0) effects of hunger (T73.0) inappropriate diet or eating habits (Z72.4) malnutrition (E40-E46)
	Z59.41	Food insecurity
	Z59.48	Other specified lack of adequate food Inadequate food Lack of food
	Z59.5	Extreme poverty
	Z59.6	Low income
	Z59.7	Insufficient social insurance and welfare support

All current SDOH codes provided in the appendix.

ICD-10-CM Official Guidelines for Coding and Reporting. 17



Challenges for Capturing SDOH and Potential EHR Optimization

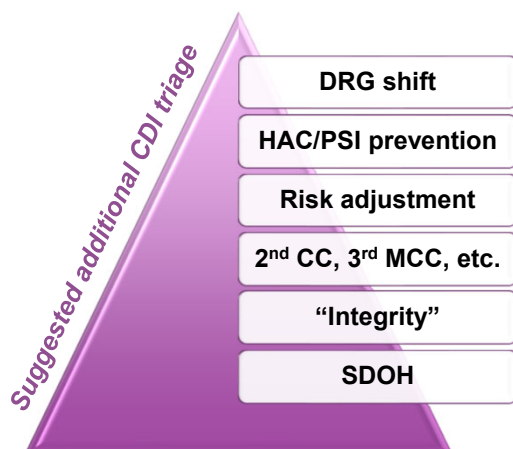
Barriers for Capturing SDOH



- Z code claims are not generally used for payment purposes (i.e., there lacks financial incentive)
- There are currently a limited number of Z codes and sub-codes and thus some social, economic, and environmental determinants may not be captured
- Providers may feel limited in what they can do and/or may require guidance on how best to assist patients with their non-medical needs
 - No medication, therapy, or “fix all” for most SDOH

19

Challenges in Capturing SDOH in the EHR



“Errors in EHRs are common. At least **half** of EHRs may contain an error...overburdened practitioners may import inaccurate medication lists, propagate other erroneous information electronically by copying and pasting older parts of the record, or enter erroneous examination findings. **EHRs may also lack critical information (errors of omission)** because of limited interoperability among health care sites.
-JAMA Network, June 2020”

JAMA Network. 20

Partnership and Expansion of CDI

EHR Optimization:

- IT
- Informatics
- Quality
- Coding
- Physician/provider
 - *Taking the above partnerships to the next level by hearing their concerns about the EHR and best ways to problem-solve*
- Vendor(s)

CDI-Data Analyst position?



21

Automation and Software Intelligence

- Many CDI programs utilize a CDI and/or coding-specific software as part of their daily workflow.
 - Many programs rely on software to prioritize and/or choose patients for them to review, based on inclusion/exclusion criteria.
 - Some CDI software does **not** include a significant number of notes that fall into “*clinicians involved in the care of the patient who are not the patient’s provider.*”
 - Even if they are included, many CDI specialists filter these out for efficiency.



Result: Notes that are not included but have high value for SDOH are overlooked!

22



A Brief Case Study for SDOH

What Could This Look Like?

Nutrition Assessment:

Recommended Malnutrition Diagnosis: Severe Protein-Calorie Malnutrition
In the context of: Chronic illness or injury
Based on: Unintentional Weight Loss; Subcutaneous Fat Loss; Muscle Loss

Nutrition Diagnosis:
Problem: Increased nutrient needs
Related to: Chronic illness
As evidenced by: Depletion of fat/muscle stores; Weight loss; Medical condition

HPI:

I have confirmed and edited as necessary the HPI obtained by [REDACTED] on [REDACTED] and all reflect current status.

* [REDACTED] year old [REDACTED] with past medical history of HFrEF 21%, 3+ TR, moderate pulmonary HTN RVSP 58 [REDACTED], HTN, HLD, iron deficiency anemia, A flutter s/p DCCV on [REDACTED] CKD stage 3 who presents to ED with AMS.*

Intake History:

Nutrition Intake Prior to Admission: Unable to determine (Pt is a poor historian)

Pt unable to provide accurate diet hx at present time. Per I/O from last admission 6 weeks ago pt was consuming 75% meals. Pt lives at home w/ spouse/dtr. Unclear whether pt drinking ONS or taking MVI at home

Anthropometrics:

Height: 195.6 cm (6' 5")
Weight: 57.8 kg (127 lb 6.8 oz)
Dosing Weight: 57.8 kg (127 lb 6.8 oz)
Usual Weight: 69 kg (152 lb 1.9 oz) [REDACTED]
Usual Weight Obtained From: Chart Review
Body mass index is 15.11 kg/m².
Weight change percentage over time: - 11.2 kg (16.2%) x 2 months - severe- partially 2/2 diuresis however cannot r/o loss LBM

Physical Exam:

Subcutaneous fat loss: Severe
Muscle loss: Severe
Potential micronutrient deficiency: No deficiency identified

Potential EHR Solution:

Work with your IT department and physicians to have Note templates that *automatically* pull dietitian problems into the next Progress note (including POA status!).

What Could This Look Like? (cont.)

DIAGNOSES:

Active Problems:

Non-healing ulcer of multiple sites of left lower extremity, with fat layer exposed

(HCC) POA: Yes

Hepatitis C POA: Yes

Severe protein-calorie malnutrition (HCC) POA: Yes

Chronic combined systolic and diastolic congestive heart failure (HCC) POA: Yes

Acute kidney injury superimposed on chronic kidney disease (HCC) POA: Yes

Atrial flutter (HCC) POA: Yes

Metabolic acidosis POA: Yes

Anemia POA: Yes

#Severe Protein Calorie Malnutrition

-in the setting of poor PO intake

-albumin 2.5

-weight loss significant x2 months per family

Plan

-start nutrition supplements, continue RD care

At some facilities, the physician or provider can do one of two things:

1. Type a phrase (i.e., ".diet") and the RD diagnosis is then automatically included in the A&P portion of the note.
2. This phrase has been built into their current templates and automatically appears if an RD has evaluated the patient.

25

SDOH and Vizient Variables: Next Level

Nutrition Assessment:

Recommended Malnutrition Diagnosis: Severe Protein-Calorie Malnutrition **with cachexia and food insecurity**

In the context of: Chronic Illness or Injury

Based on: Unintentional Weight Loss; Subcutaneous Fat Loss; Muscle Loss

Nutrition Diagnosis:

Problem: Increased nutrient needs

Related to: Chronic illness

As evidenced by: Depletion of fat/muscle stores; Weight loss; Medical condition

HPI:

I have confirmed and edited as necessary the HPI obtained by [redacted] on [redacted] and all reflect current status.

"[redacted] year old [redacted] with past medical history of HFrEF 21%, 3+ TR, moderate pulmonary HTN RVSP 58 [redacted], HTN, HLD, iron deficiency anemia, A flutter s/p DCCV on [redacted] CKD stage 3 who presents to ED with AMS."

Intake History:

Nutrition Intake Prior to Admission: Unable to determine (Pt is a poor historian)

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Body mass index is 15.11 kg/m²

Weight change percentage over time: - 11.2 kg (16.2%) x 2 months - severe- partially 2/2 diuresis however cannot r/o loss LBM

Physical Exam:

Subcutaneous fat loss: Severe

Muscle loss: Severe

Potential micronutrient deficiency: No deficiency identified

OR is this an opportunity to educate RDs to document this condition when present **along with any SDOH**? And then have it auto-populate into the next progress note?

Cachexia
query
opportunity?

26

SDOH and Vizient Variables: Next Level

DIAGNOSES:

Active Problems:

Non-healing ulcer of multiple sites of left lower extremity, with fat layer exposed (HCC)

POA: Yes

Hepatitis C POA: Yes

Severe protein-calorie malnutrition with cachexia and food insecurity (HCC) POA: Yes

Chronic combined systolic and diastolic congestive heart failure (HCC) POA: Yes

Acute kidney injury superimposed on chronic kidney disease (HCC) POA: Yes

Atrial flutter (HCC) POA: Yes

Metabolic acidosis POA: Yes

Anemia POA: Yes

#Severe Protein Calorie Malnutrition with cachexia and food insecurity

-in the setting of poor PO intake

-albumin 2.5

-weight loss significant x2 months per family

Plan

-start nutrition supplements

- ✓ MCC
- ✓ Additional CC
- ✓ Vizient variable x 3
- ✓ SDOH
- ✓ Elixhauser
- ✓ CMS Stars

Educate and Partner With Other Specialties

- RN case managers
- Social workers
- Physical and occupational therapists
- Registered dietitians
- Respiratory therapists
- Speech therapists
- Pharmacists





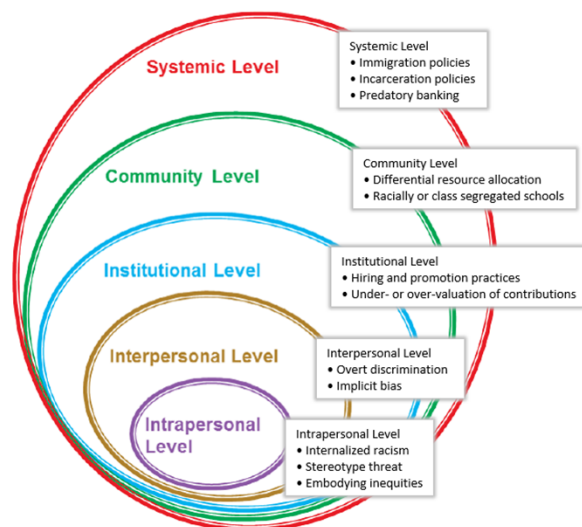
The Future of SDOH

Vizient Vulnerability Index (VVI)

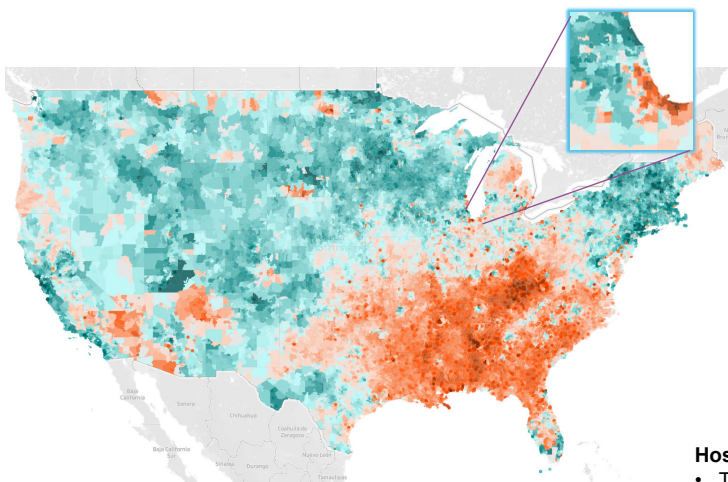
Objective: Measuring community social needs and structural inequities

- Health inequity has its roots in a whole system of issues of different scopes and sources.
- Some of these are within a hospital or payer's control and some are not, but all need to be addressed.
- Improvement will come from addressing sources of health inequities in partnership with the community.

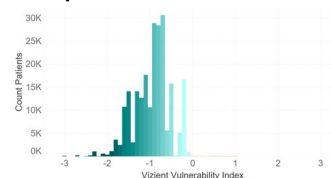
The challenge: Lack of comprehensive measurement across these nested layers is problematic.



Identifies Social Needs Regionally, Locally, and at the Hospital Level



Hospital A



Hospital B



Hospital B has:

- Twice as many patients with chronic complications
- Four times as many patients with ED visits
- Twice as many patients with Medicaid or uninsured

31

Vizient Vulnerability Index: 2022 Updates Include Even More Relevant and Specific Details

<p> Economic</p> <ul style="list-style-type: none"> • Individuals below 200% of poverty rate • Unemployment • Lower median income 	<p> Housing</p> <ul style="list-style-type: none"> • Lower rates of homeownership • Homes with incomplete plumbing • Crowded housing • Low-income households with housing expenses >50% income (HUD data)
<p> Education</p> <ul style="list-style-type: none"> • Adults without college degrees • Lower high school enrollment • Lower preschool enrollment 	<p> Clean environment (EPA)</p> <ul style="list-style-type: none"> • Air pollution (particulate matter, diesel, traffic proximity) • Water pollution (EPA health-related violations) • Hazardous waste and spill risk
<p> Healthcare access</p> <ul style="list-style-type: none"> • Percent uninsured • Provider shortages (Primary care, dental and mental health) • Distance to a hospital 	<p> Social environment</p> <ul style="list-style-type: none"> • Lower rates of voting participation • Single-parent families
<p> Neighborhood resources</p> <ul style="list-style-type: none"> • No park access • Food deserts (USDA data) • Households without broadband subscriptions • Alcohol sales • Opioid dispensing 	<p> Transportation</p> <ul style="list-style-type: none"> • Households with no access to automobile or public transit
	<p> Public safety</p> <ul style="list-style-type: none"> • Violent crime (FBI Uniform Crime Reports) • Gun violence

Patent Pending | Copyright Vizient, Inc. 2022. All rights reserved. | EPA = United States Environmental Protection Agency; HUD = United States Department of Housing and Urban Development; USDA = United States Department of Agriculture.

32

Future of SDOH



- Forums surrounding SDOH
 - “Convening Leading Policymakers with Cross-Sector Practitioners to Identify Opportunities and Advance Policies That Support Stronger Communities, Better Health, and Solutions to Address Health and Social Need.”
- Increase/improve the code set
- Identify (and correct) barriers documentation and querying of these conditions

33

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Thank you. Questions?

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In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.

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Appendix

Problems Related to Education and Literacy

	ICD-10-CM Code	Code Descriptor
Z55 Problems related to education and literacy Excludes1: <i>disorders of psychological development (F80-F89)</i>	Z55.0	Illiteracy and low-level literacy
	Z55.1	Schooling unavailable and unattainable
	Z55.2	Failed school examinations
	Z55.3	Underachievement in school
	Z55.4	Educational maladjustment and discord with teachers and classmates
	Z55.5	Less than a high school diploma <i>No general equivalency degree</i>
	Z55.8	Other problems related to education and literacy <i>Problems related to inadequate teaching</i>
	Z55.9	Problems related to education and literacy, unspecified <i>Academic problems NOS</i>

ICD-10-CM Valid October 1, 2022 through September 30, 2023

37

Problems Related to Employment and Unemployment

	ICD-10-CM Code	Code Descriptor
Z56 Problems related to employment and unemployment Excludes2: <i>occupational exposure to risk factors (Z57.-) problems related to housing and economic circumstances (Z59.-)</i>	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 <i>Difficult conditions at work</i>
	Z56.6	Other physical and mental strain related to work
	Z56.8	Other problems related to employment
	Z56.81	Sexual harassment on the job
	Z56.82	Military deployment status <i>Individual (civilian or military) currently deployed in theater or in support of military war, peacekeeping and humanitarian operations</i>
	Z56.89	Other problems related to employment
	Z56.9	Unspecified problems related to employment <i>Occupational problems NOS</i>

ICD-10-CM Valid October 1, 2022 through September 30, 2023

38

Occupational Exposure to Risk Factors

ICD-10-CM Code		Code Descriptor
Z57 Occupational exposure to risk factors	Z57.0	Occupational exposure to noise
	Z57.1	Occupational exposure to radiation
	Z57.2	Occupational exposure to dust
	Z57.3	Occupational exposure to other air contaminants
	Z57.31	Occupational exposure to environmental tobacco smoke <i>Excludes2: exposure to environmental tobacco smoke (Z77.22)</i>
	Z57.39	Occupational exposure to other air contaminants
	Z57.4	Occupational exposure to toxic agents in agriculture <i>Occupational exposure to solids, liquids, gases or vapors in agriculture</i>
	Z57.5	Occupational exposure to toxic agents in other industries <i>Occupational exposure to solids, liquids, gases or vapors in other industries</i>
	Z57.6	Occupational exposure to extreme temperature
	Z57.7	Occupational exposure to vibration
	Z57.8	Occupational exposure to other risk factors
	Z57.9	Occupational exposure to unspecified risk factor

ICD-10-CM Valid October 1, 2022 through September 30, 2023

39

Problems Related to Physical Environment

ICD-10-CM Code		Code Descriptor
Z58 Problems related to physical environment <i>Excludes2: occupational exposure (Z57.-)</i>	Z58.6	Inadequate drinking-water supply <i>Lack of safe drinking water</i> <i>Excludes2: deprivation of water (T73.1)</i>

ICD-10-CM Valid October 1, 2022 through September 30, 2023

40

Problems Related to Housing and Economic Circumstances

ICD-10-CM Code		Code Descriptor
Z59 Problems related to housing and economic circumstances Excludes2: <i>problems related to upbringing (Z62.-)</i>	Z59.0	Homelessness
	Z59.00	Homelessness unspecified
	Z59.01	Sheltered homelessness <i>Doubled up</i> <i>Living in a shelter such as: motel, scattered site housing, temporary or transitional living situation</i>
	Z59.02	Unsheltered homelessness <i>Residing in place not meant for human habitation such as: abandoned buildings, cars, parks, sidewalk</i> <i>Residing on the street</i>
	Z59.1	Inadequate housing <i>Lack of heating</i> <i>Restriction of space</i> <i>Technical defects in home preventing adequate care</i> <i>Unsatisfactory surroundings</i> Excludes1: <i>problems related to the natural and physical environment (Z77.1-)</i>
	Z59.2	Discord with neighbors, lodgers and landlord
	Z59.3	Problems related to living in residential institution <i>Boarding-school resident</i> Excludes1: <i>institutional upbringing (Z62.2)</i>

ICD-10-CM Valid October 1, 2022 through September 30, 2023

41

Problems Related to Housing and Economic Circumstances

ICD-10-CM Code		Code Descriptor
Z59 Problems related to housing and economic circumstances Excludes2: <i>problems related to upbringing (Z62.-)</i>	Z59.4	Lack of adequate food Excludes2: <i>deprivation of food (T73.0)</i> <i>effects of hunger (T73.0)</i> <i>inappropriate diet or eating habits (Z72.4)</i> <i>malnutrition (E40-E46)</i>
	Z59.41	Food insecurity
	Z59.48	Other specified lack of adequate food <i>Inadequate food</i> <i>Lack of food</i>
	Z59.5	Extreme poverty
	Z59.6	Low income
	Z59.7	Insufficient social insurance and welfare support

ICD-10-CM Valid October 1, 2022 through September 30, 2023

42

Problems Related to Housing and Economic Circumstances

ICD-10-CM Code		Code Descriptor
Z59 Problems related to housing and economic circumstances Excludes2: <i>problems related to upbringing (Z62.-)</i>	Z59.8	Other problems related to housing and economic circumstances
	Z59.81	Housing instability, housed Foreclosure on home loan Past due on rent or mortgage Unwanted multiple moves in the last 12 months
	Z59.811	Housing instability, housed, with risk of homelessness Imminent risk of homelessness
	Z59.812	Housing instability, housed, homelessness in past 12 months
	Z59.819	Housing instability, housed unspecified
	Z59.82	Transportation insecurity Excessive transportation time Inaccessible transportation Inadequate transportation Lack of transportation Unaffordable transportation Unreliable transportation Unsafe transportation

ICD-10-CM Valid October 1, 2022 through September 30, 2023

43

Problems Related to Housing and Economic Circumstances

ICD-10-CM Code		Code Descriptor
Z59 Problems related to housing and economic circumstances Excludes2: <i>problems related to upbringing (Z62.-)</i>	Z59.86	Financial insecurity Bankruptcy Burdensome debt Economic strain Financial strain Money problems Running out of money Unable to make ends meet Excludes2: extreme poverty (Z59.5) low income (Z59.6) material hardship, not elsewhere classified (Z59.87)
	Z59.87	Material hardship Material deprivation Unable to obtain adequate childcare Unable to obtain adequate clothing Unable to obtain adequate utilities Unable to obtain basic needs Excludes2: extreme poverty (Z59.5) financial insecurity, not elsewhere classified (Z59.86) low income (Z59.6)
	Z59.89	Other problems related to housing and economic circumstances Foreclosure on loan Isolated dwelling Problems with creditors
	Z59.9	Problem related to housing and economic circumstances, unspecified

ICD-10-CM Valid October 1, 2022 through September 30, 2023

44

Problems Related to Social Environment

ICD-10-CM Code		Code Descriptor
Z60 Problems related to social environment	Z60.2	Problems related to living alone
	Z60.3	Acculturation difficulty <i>Problem with migration</i> <i>Problem with social transplantation</i>
	Z60.4	Social exclusion and rejection <i>Exclusion and rejection on the basis of personal characteristics, such as unusual physical appearance, illness or behavior.</i> <i>Excludes1: target of adverse discrimination such as for racial or religious reasons (Z60.5)</i>
	Z60.5	Target of (perceived) adverse discrimination and persecution <i>Excludes1: social exclusion and rejection (Z60.4)</i>
	Z60.8	Other problems related to social environment
	Z60.9	Problem related to social environment, unspecified

ICD-10-CM Valid October 1, 2022 through September 30, 2023

45

Inadequate Parental Supervision and Control

ICD-10-CM Code		Code Descriptor
Z62.0 Inadequate parental supervision and control	Z62.1	Parental overprotection
	Z62.2	Upbringing away from parents <i>Excludes1: problems with boarding school (Z59.3)</i>
	Z62.21	Child in welfare custody <i>Child in care of non-parental family member</i> <i>Child in foster care</i> <i>Excludes2: problem for parent due to child in welfare custody (Z63.5)</i>
	Z62.22	Institutional upbringing <i>Child living in orphanage or group home</i>
	Z62.29	Other upbringing away from parents
	Z62.3	Hostility towards and scapegoating of child
	Z62.6	Inappropriate (excessive) parental pressure
	Z62.8	Other specified problems related to upbringing
	Z62.810	Personal history of physical and sexual abuse in childhood <i>Excludes1: current child physical abuse (T74.12, T76.12) current child sexual abuse (T74.22, T76.22)</i>
	Z62.811	Personal history of psychological abuse in childhood <i>Excludes1: current child psychological abuse (T74.32, T76.32)</i>

ICD-10-CM Valid October 1, 2022 through September 30, 2023

46

Inadequate Parental Supervision and Control

ICD-10-CM Code		Code Descriptor
Z62.0 Inadequate parental supervision and control	Z62.812	Personal history of neglect in childhood <i>Excludes1: current child neglect (T74.02, T76.02)</i>
	Z62.813	Personal history of forced labor or sexual exploitation in childhood
	Z62.819	Personal history of unspecified abuse in childhood <i>Excludes1: current child abuse NOS (T74.92, T76.92)</i>
	Z62.82	Parent-child conflict
	Z62.820	Parent-biological child conflict <i>Parent-child problem NOS</i>
	Z62.821	Parent-adopted child conflict
	Z62.822	Parent-foster child conflict
	Z62.89	Other specified problems related to upbringing
	Z62.890	Parent-child estrangement NEC
	Z62.891	Sibling rivalry
	Z62.898	Other specified problems related to upbringing
	Z62.9	Problem related to upbringing, unspecified

ICD-10-CM Valid October 1, 2022 through September 30, 2023

47

Other Problems Related to Primary Support Group

ICD-10-CM Code		Code Descriptor
Z63 Other problems related to primary support group, including family circumstances Excludes2: <i>maltreatment syndrome (T74.-, T76) parent-child problems (Z62.-) problems related to negative life events in childhood (Z62.-) problems related to upbringing (Z62.-)</i>	Z63.0	Problems in relationship with spouse or partner <i>Relationship distress with spouse or intimate partner</i> Excludes1: <i>counseling for spousal or partner abuse problems (Z69.1) counseling related to sexual attitude, behavior, and orientation (Z70.-)</i>
	Z63.1	Problems in relationship with in-laws
	Z63.3	Absence of family member Excludes1: <i>absence of family member due to disappearance and death (Z63.4) absence of family member due to separation and divorce (Z63.5)</i>
	Z63.31	Absence of family member due to military deployment <i>Individual or family affected by other family member being on military deployment</i> Excludes1: <i>family disruption due to return of family member from military deployment (Z63.71)</i>
	Z63.32	Other absence of family member
	Z63.4	Disappearance and death of family member <i>Assumed death of family member</i> <i>Bereavement</i>
	Z63.5	Disruption of family by separation and divorce <i>Marital estrangement</i>
	Z63.6	Dependent relative needing care at home
	Z63.7	Other stressful life events affecting family and household

ICD-10-CM Valid October 1, 2022 through September 30, 2023

48

Other Problems Related to Primary Support Group

ICD-10-CM Code		Code Descriptor
Z63 Other problems related to primary support group, including family circumstances Excludes2: maltreatment syndrome (T74.-, T76) parent-child problems (Z62.-) problems related to negative life events in childhood (Z62.-) problems related to upbringing (Z62.-)	Z63.71	Stress on family due to return of family member from military deployment <i>Individual or family affected by family member having returned from military deployment (current or past conflict)</i>
	Z63.72	Alcoholism and drug addiction in family
	Z63.79	Other stressful life events affecting family and household <i>Anxiety (normal) about sick person in family</i> <i>Health problems within family</i> <i>Ill or disturbed family member</i> <i>Isolated family</i>
	Z63.8	Other specified problems related to primary support group <i>Family discord NOS</i> <i>Family estrangement NOS</i> <i>High expressed emotional level within family</i> <i>Inadequate family support NOS</i> <i>Inadequate or distorted communication within family</i>
	Z63.9	Problem related to primary support group, unspecified <i>Relationship disorder NOS</i>

ICD-10-CM Valid October 1, 2022 through September 30, 2023

49

Problems Related to Certain Psychosocial Circumstances

ICD-10-CM Code		Code Descriptor
Z64 Problems related to certain psychosocial circumstances	Z64.0	Problems related to unwanted pregnancy
	Z64.1	Problems related to multiparity
	Z64.4	Discord with counselors <i>Discord with probation officer</i> <i>Discord with social worker</i>

ICD-10-CM Valid October 1, 2022 through September 30, 2023

50

Problems Related to Other Psychosocial Circumstances

	ICD-10-CM Code	Code Descriptor
Z65 Problems related to other psychosocial circumstances	Z65.0	Conviction in civil and criminal proceedings without imprisonment
	Z65.1	Imprisonment and other incarceration
	Z65.2	Problems related to release from prison
	Z65.3	Problems related to other legal circumstances <i>Arrest</i> <i>Child custody or support proceedings</i> <i>Litigation</i> <i>Prosecution</i>
	Z65.4	Victim of crime and terrorism <i>Victim of torture</i>
	Z65.5	Exposure to disaster, war and other hostilities <i>Excludes1:</i> target of perceived discrimination or persecution (Z60.5)
	Z65.8	Other specified problems related to psychosocial circumstances <i>Religious or spiritual problem</i>
	Z65.9	Problem related to unspecified psychosocial circumstances

ICD-10-CM Valid October 1, 2022 through September 30, 2023

51