Social Determinants of Health Documentation Best Practices



Social determinants of health (SDOH)

SDoH are known non-medical elements that affect a person's health outcomes. They're conditions in the environments where people are born, live, learn, work, worship and patient age. SDoH represents an estimated 1.7 trillion dollars of avoidable healthcare costs.

Key social determinants Of health ⁱ		
Economic status and stability	Education	Health and healthcare
Poverty	High school graduation	Healthcare access
Employment	Enrollment in higher education	Primary care access
Food insecurity	Language, Literacy	Health literacy
Housing stability	Early childhood literacy	
Neighborhood and built environment	Social and community context	
Access to healthy food	Social cohesion	
Housing quality	Civic participation	
Crime, Violence	Discrimination	
Environmental conditions	Incarceration	

SDoH diagnosis codes

Codes for SDoH should be assigned when documented by a CMS accepted provider in a valid encounter note. Patient self-reported conditions may be used, as well as information from social workers, community health workers, case managers or nurses if it's signed off by and incorporated into the medical record by a CMS accepted provider in a valid encounter note.

ICD-10 Code Category		
Z25	Problems related to education and literacy	
Z56	Problems related to employment and unemployment	
Z57	Occupational exposure to risk factors	
Z58	Problems related to physical environment	
Z59	Problems related to housing and economic circumstances	
Z 60	Problems related to social environment	
Z 62	Problems related to upbringing	
Z 63	Other problems related to primary support group, including family circumstances	
Z64	Problems related to certain psychosocial circumstances	
Z65	Problems related to other psychosocial circumstances	

Documentation requirements

To ensure accurate coding of SDoH, the documentation must clearly indicate:

- That the encounter note was signed by an approved provider type.
- Identify the approved screening tool that was used.
- If any affirmative responses came from the screening, review that the corresponding SDoH diagnosis was added and evaluated in the note.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

• Per CMS guidelines, licensed professional counselors (LPC) are not an acceptable provider type, however licensed clinical social workers (LCSW) are valid.

Documentation examples Adult SDoH

HPI: Patient is a 50-year-old male here for routine healthcare maintenance. Patient discussed that he's currently without housing due to losing his job and has no family nearby to provide support. He's only been eating one meal a day from the neighborhood soup kitchen and has been pill splitting the last month due to his inability to pay for a new prescription.

PE: Vitals normal; PE normal; ROS negative

A: Z00.00 Encounter for general adult medical examination

Z59.00 Homelessness, unspecified

Z56.0 Unemployment, unspecified

Z59.41 Food insecurity

Z91.120 Patient's intentional underdosing of medication regimen due to financial hardship

P: Patient has no medical concerns at this time. Referred to social work and case management to help with housing, food insecurity and financial help with medications.

Pediatric SDoH

HPI: Patient is a 12-year-old male here for routine well-child exam visiting with his mother. No general concerns except for a runny nose the last 2 weeks. SDoH screening revealed they don't have a steady place to live since being evicted 2 months ago. Mom has no trouble paying for medications, getting transport to medical appointments and is currently employed. They're on the waiting list to rent an apartment in a low-income housing development. A unit is expected to be available in a month.

PE: Vitals normal; PE normal; ROS negative except for runny nose;

A: Z00.129 Encounter for routine child health examination without abnormal findings

Z59.01 Sheltered Homelessness

Patient has no medical concerns at this time. Growth parameters are noted and appropriate for his age. Development assessed and is appropriate for his age. Immunizations are up to date and documented. The patient was counseled regarding nutrition and physical activity. Referred mother to social work and case management to help with housing, adding them to the list for other low-income options in case the first falls through.

¹ How Health Plans Can Use SDoH Data to Succeed in Value-Based Care (spectramedix.com)