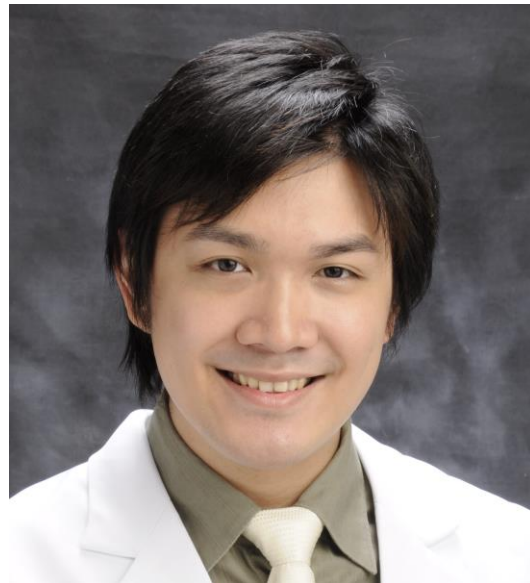


Optimizing SDOH Coding



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USING CODES TO OPTIMIZE SDOH PROCESSES



Why use codes? Interoperability!

Unless SDOH data are captured in a consistent, structured way using standardized terminology, they cannot be easily transmitted.

Standardization is essential to ensuring that information collected from an individual in one setting is meaningful when shared with another entity and in another setting.

- Payors, community agencies, hospitals, other health care providers, etc.

What codes do I use? When do I use them?

CODE CATEGORIES TO KNOW



ICD-10 CM	LOINC	SNOMED CT	HCPCS	'Dummy' Codes
<ul style="list-style-type: none"> Standardized method for capturing diseases, illnesses, injuries and health conditions Also referred to as 'diagnosis codes' For SDOH, fall within code categories Z55-Z65 (sometimes referred to as 'Z codes') 	<ul style="list-style-type: none"> LOINC is a common language (a set of identifiers, names, and codes) for identifying health measurements, observations, and documents 	<ul style="list-style-type: none"> Standardized way to represent clinical phrases captured by the clinician 	<ul style="list-style-type: none"> Standardized coding system describing services, drugs, items and supplies provided or rendered to a patient HCPCS is divided into two subsystems, one of which is CPT codes (also referred to as 'procedure codes') 	<ul style="list-style-type: none"> Codes that are created on an individual basis for the purpose of aiding in tracking and monitoring. Can be useful on an individual level but not useful for interoperability.

MAPPING CODES TO SDOH DATA



PRAPARE® Question	PRAPARE® Response Categories *Yellow highlight = alignment with UDS	ICD-10 CM Z Codes v.10-1-21	LOINC v.2.71	SNOMED CT v.US 3-1-2022
TRANSPORTATION				
Rationale:	Transportation plays a vital role in an individual's life and a critical role in one's ability to sustain a healthy livelihood by determining one's ability to get to and from work, accessing healthy food options, and visiting healthcare providers (Transportation Research Board & IQM, 2005).			
Alignment:	Developed by stakeholders and experts; related to enabling services Crosswalk for UDS Appendix D: Health Center Health Information Technology: Lack of Transportation/Access to Public Transportation = 'Yes' responses on Transportation Question			
Minimum Update Frequency:	At every visit			
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.	Yes, it has kept me from medical app	275.3 Unavailability and inaccessibility of health-care facilities	Question ID: 93030-5 LA30133-5	713458007 Lack of access to transportation (finding) 160695008 Transport too expensive 160696009 Transport distance too great 266934004 Transport problems (finding)
	Yes, it has kept me from non-medica	275.4 Unavailability and inaccessibility of other helping agencies	LA30134-3	419024006 Transport unavailable 307109002 No car 424629004 Transportation barrier impedes ability to use community resources
	No		LA32-8	0; LA6132-0 (Able to independently drive a regular or adapted car, OR uses a regular or handicap-accessible public bus) 1; LA6141-1 (Able to ride in car only when driven by another person OR able to use bus/handicap van only when assisted/accompanied by another person)
	I choose not to answer this question		LA30122-8	
	Question not administered			
Skipped question				



Helpful Resource: [PRAPARE® Data Documentation and Codification File](#)

WHAT IS THE GRAVITY PROJECT?



The Gravity Project seeks to identify data elements and associated value sets to represent SDOH information documented in electronic health records (EHRs) across four clinical activities:

- ✓ Screening
- ✓ Diagnosis
- ✓ Goal setting
- ✓ Intervention activities

The Gravity Project will develop a consensus-based set of recommendations on how best to capture and group these data elements for interoperable electronic exchange and aggregation and collaborate with coding and terminology organizations to address coding gaps identified and apply for new codes (e.g., CPT codes for interventions).



Consensus-driven standards on social determinants of health

WHAT IS THE GRAVITY PROJECT?



Draft USCDI v3 Summary of Data Classes and Data Elements

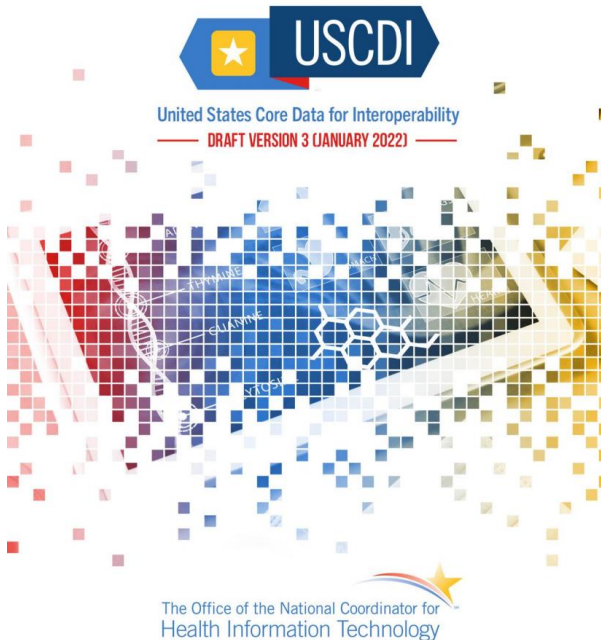
Allergies and Intolerances <ul style="list-style-type: none"> Substance (Medication) Substance (Drug Class) Reaction 	Health Status ✨ <ul style="list-style-type: none"> Health Concerns ➡ Functional Status ✨ Disability Status ✨ Mental Function ✨ Pregnancy Status ✨ Smoking Status ➡ 	Problems <ul style="list-style-type: none"> Problems SDOH Problems/Health Concerns Date of Diagnosis Date of Resolution
Assessment and Plan of Treatment <ul style="list-style-type: none"> Assessment and Plan of Treatment SDOH Assessment 		
Care Team Member(s) <ul style="list-style-type: none"> Care Team Member Name Care Team Member Identifier Care Team Member Role Care Team Member Location Care Team Member Telecom 	Immunizations <ul style="list-style-type: none"> Immunizations 	Procedures <ul style="list-style-type: none"> Procedures SDOH Interventions Reason for Referral ✨
Clinical Notes <ul style="list-style-type: none"> Consultation Note Discharge Summary Note History & Physical Procedure Note Progress Note 	Laboratory <ul style="list-style-type: none"> Tests Values/Results Specimen Type ✨ Result Status ✨ 	Provenance <ul style="list-style-type: none"> Author Organization Author Time Stamp
Clinical Tests <ul style="list-style-type: none"> Clinical Test Clinical Test Result/Report 	Medications <ul style="list-style-type: none"> Medications 	Unique Device Identifier(s) for a Patient's Implantable Device(s) <ul style="list-style-type: none"> Unique Device Identifier(s) for a patient's implantable device(s)
Diagnostic Imaging <ul style="list-style-type: none"> Diagnostic Imaging Test Diagnostic Imaging Report 	Patient Demographics <ul style="list-style-type: none"> First Name Last Name Middle Name (Including middle initial) Suffix Previous Name Date of Birth Date of Death ✨ Race Ethnicity Tribal Affiliation ✨ Sex (Assigned at Birth) Sexual Orientation Gender Identity Preferred Language Current Address Previous Address Phone Number Phone Number Type Email Address Related Person's Name ✨ Related Person's Relationship ✨ Occupation ✨ Occupation Industry ✨ 	Vital Signs <ul style="list-style-type: none"> Systolic blood pressure Diastolic blood pressure Heart Rate Respiratory rate Body temperature Body height Body weight Pulse oximetry Inhaled oxygen concentration BMI Percentile (2 - 20 years) Weight-for-length Percentile (Birth - 36 Months) Head Occipital-frontal Circumference Percentile (Birth-36 Months)
Encounter Information <ul style="list-style-type: none"> Encounter Type Encounter Diagnosis Encounter Time Encounter Location Encounter Disposition 		
Goals <ul style="list-style-type: none"> Patient Goals SDOH Goals 		
Health Insurance Information ✨ <ul style="list-style-type: none"> Coverage Status ✨ Coverage Type ✨ Relationship to Subscriber ✨ Member Identifier ✨ Subscriber Identifier ✨ Group Number ✨ Payer Identifier ✨ 		

Key: ✨ New Data Class or Element ➡ Data Element Reclassified

US Core Data for Interoperability (USCDI) version 2 and onwards

- Supported by the 21st Century Cures Act which also requires specialty content to be certified
- USCDI creates a framework for annual updates to expand the data classes

USCDI establishes a minimum set of data classes that are required to be interoperable nationwide



WHAT IS THE GRAVITY PROJECT?



SAMPLE

Value Set Members

Expanded Code List

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Code	Descriptor	Code System	Version	Code System OID
156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	CPT	2021	2.16.840.1.113883.6.12
9781	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	CPT	2021	2.16.840.1.113883.6.12
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	CPT	2021	2.16.840.1.113883.6.12
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	CPT	2021	2.16.840.1.113883.6.12
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	CPT	2021	2.16.840.1.113883.6.12
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	CPT	2021	2.16.840.1.113883.6.12
S5170	Home delivered meals, including preparation; per meal	HCPCS Level II	2022	2.16.840.1.113883.6.285
S9470	Nutritional counseling, dietitian visit	HCPCS Level II	2022	2.16.840.1.113883.6.285

32911000	Homeless (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96
759.00	Homelessness unspecified	ICD10CM	2022	2.16.840.1.113883.6.90
1156191002	Housing instability (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96
1156195006	Housing instability due to being behind on payments for place of residence (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96
1156193004	Housing instability due to frequent change in place of residence (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96
1156192009	Housing instability due to imminent risk of homelessness (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96
1156196007	Housing instability due to threat of eviction (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96
1156194005	Housing instability following recent homelessness (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96
Z59.819	Housing instability, housed unspecified	ICD10CM	2022	2.16.840.1.113883.6.90
Z59.812	Housing instability, housed, homelessness in past 12 months	ICD10CM	2022	2.16.840.1.113883.6.90
Z59.811	Housing instability, housed, with risk of homelessness	ICD10CM	2022	2.16.840.1.113883.6.90
105531004	Housing unsatisfactory (finding)	SNOMEDCT	2021-09	2.16.840.1.113883.6.96

WHAT DOES THE GRAVITY PROJECT MEAN FOR MY HEALTH CENTER?



The Gravity Project team expects for a standardized code set (including CPT codes for SDOH interventions) to be shared with health centers nationally toward the end of 2023.

- The team is also working with EHR vendors to aid in the implementation of the code set.

In the meantime, health centers can incorporate SDOH ICD-10 codes, LOINC Codes, and SNOMED Codes into workflows and prepare SDOH intervention documentation for new CPT codes to be available.



Consensus-driven standards on social determinants of health



Helpful Resource: Stay up to date on The Gravity Project through the [Gravity Project Confluence Page](#)