

Integrating Social Determinants of Health Into Clinical Practice

Support care teams in recognizing and responding to social needs that shape health outcomes

Social Determinants of Health (SDOH) influence up to **80% of health outcomes**. By identifying and documenting these factors, physicians and other providers can deliver more personalized care, reduce disparities and support value-based care initiatives.

Recognize the impact of SDOH

SDOH are non-medical factors that shape health outcomes. Key factors include:

- Economic stability (e.g., income, employment).
- Education access and literacy.
- Housing and environmental safety (e.g., homelessness, unsafe conditions).
- Food security.
- Social support and experiences of discrimination.
- Access to transportation and health care services.

Know when to screen for SDOH

Incorporate screening during:

- Annual wellness visits (AWV).
- Chronic care management.
- Behavioral health assessments.
- Hospital discharge planning.
- Any encounter where social needs may impact care.

Where to document SDOH

Use your electronic health record's designated fields for SDOH, such as:

- Problem list.
- Encounter notes.
- Diagnosis codes.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers
- Behavioral Health Providers

PROVIDER SERVICES

**CalViva Health Medi-Cal
(including ECM and CS providers) –**
888-893-1569

Behavioral health providers –
844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

Ensure documentation includes:

- Screening tool used.
- Source of information (e.g., patient, caregiver, social worker, nurse).
- Provider sign-off.
- Clear linkage to health impact (e.g., asthma exacerbated by poor housing).

Take action – a five-step approach

- 1 **Screen** using tools like [PRAPARE®](#) or [AHC-HRSN](#).
- 2 **Document** findings in the medical record.
- 3 **Code** using ICD-10-CM Z codes (Z55–Z65) to reflect SDOH factors.
- 4 **Refer** to social services or care coordination teams.
- 5 **Follow up** assessing impact and adjust care plans.

Use the right codes for SDOH

Use ICD-10-CM Z codes to document SDOH-related issues. These codes are not primary diagnoses, but they support care planning and reimbursement.

Common Z code categories:

- **Z55** – Problems related to education and literacy.
- **Z56** – Employment and unemployment issues.
- **Z57** – Occupational exposure to risk factors.
- **Z58** – Physical environment concerns.
- **Z59** – Housing and economic circumstances (e.g., Z59.0 for homelessness).
- **Z60–Z65** – Social environment, upbringing, psychosocial circumstances.

Use HCPCS code G0136

G0136 supports reimbursement for a standardized SDOH risk assessment (5–15 minutes).¹

- Billable when performed during eligible visits (e.g., AWWs, behavioral health or evaluation and management services).
- Use only when social barriers impact clinical decision making.
- Clearly document relevance and rationale in the medical record.

Top provider resources for SDOH

- Centers for Medicare & Medicaid Services (CMS): [Improving SDOH Data Collection with ICD-10-CM Z Codes](#).
- American Academy of Family Physicians: [Screening for Social Determinants of Health in Daily Practice](#).

Need help or have questions?

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569. Behavioral Health providers can call at 844-966-0298.

¹ American Academy of Professional Coders: CMS finalizes G0136 for conducting an SDOH risk assessment and assigned it a payment value.