Specific ICD-10-CM for Food Insecurity and Its Sequelae

BACKGROUND:

There is broad national consensus that assessing the social determinants of health (SDH) is a key facet of improving both individual and population health outcomes. This is represented first in the policy aims of government programs such as Healthy People 2020 (Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, 2010) and the Center for Medicaid and Medicare Services Accountable Health Communities Project (Alley, Asomugha, Conway, & Sanghavi, 2016; Center for Medicare and Medicaid Innovation, 2017).

Within the social determinants, food insecurity is an established concept of concern. The United State Department of Agriculture publishes a yearly report on the state of food insecurity (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2017). Professional organizations such as the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP) and the Academy of Nutrition and Dietetics have policy statements on the need for social determinant and food insecurity screening and assessment (American Academy of Family Physicians, 2012; American Academy of Pediatrics, 2015; Holben & Marshall, 2017). To aid clinicians in practice, both the AAFP and the AAP have toolkits with specific steps for SDH and food insecurity screening and assessment (American Academy of Family Physicians, 2018; American Academy of Pediatrics & Food Research and Action Center, 2017)

CURRENT ICD-10-CM TABULAR LIST:

Although ICD-10-CM has a code for food and water insufficiency (Z59.4: Lack of adequate food and drinking water), the concepts are joined, which makes tracking of each individual issue impossible. In addition, Z59.4 does not specifically represent the social and economic conditions that are inherent in the United States Department of Agriculture 2017 conceptual and operational definition of food insecurity. Lastly, there is no code to represent when patients with prescribed dietary needs are unable to follow a dietary regimen because of cost.

As we work toward more sensitive and specific screening and assessment for the social determinants of health in clinical practice, specific language for the mature concept of food insecurity is a necessary step.

PROPOSAL:

What we request, to aid patient and population care and study, is to divide Z59.4 into food and water concepts, add a specific Z59 code for the concern of food insecurity, and add a further code in the Z91 series to represent lack of compliance to dietary regimen due to financial hardship, a sequela of food insecurity.



PROPOSED TABULAR MODIFICATIONS:

Z59.4 Add 5th digit Lack of adequate food and safe drinking water

Z59.4x Inadequate food Z59.4x Food insecurity

Z59.4x Inadequate drinking water supply

Z91.1 Patient's noncompliance with medical treatment and regimen

Z91.11 Add 6th digit Patient's noncompliance with dietary regimen

Z91.110 Patient's noncompliance with dietary regimen due to

financial hardship

Z71.8 Other specified counseling

Add Z71.8x Counseling for socioeconomic factors

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Center for Promotion of Child Development Through Primary Care

Children's HealthWatch

Colorado Prevention Alliance

Community Servings, Inc

Connecticut State Medical Society

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Feeding America

Food is Medicine Coalition

Food Research and Action Center (FRAC)

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The Root Cause Coalition

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South Boston Community Health Center

The South End Community Health Center

St Louis University College for Public Health and Social Justice/PHASE Program at SSM Health Cardinal Glennon Children's Hospital

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