



Homelessness

This Tip for Coders serves as a reminder of the importance of capturing homelessness whenever documented. This data is vital to supporting a health care system's ability to meet the needs of patients experiencing homelessness and to plan appropriately.¹ Data is reliable and valid for use only when it is captured consistently by all coders.

Homelessness coding direction

It is mandatory to assign Z59.0 *Homelessness* as a diagnosis type (3)/other problem whenever documented.

Documentation of homelessness is not limited to physician documentation. Of note, per the changes to version 2022 of the *Canadian Coding Standards*, homelessness may be documented at any point during the patient's episode of care. The intent is to assign a code for homelessness when it is noted on routine review of the record, not to conduct an exhaustive search of all ancillary documentation for reference to homelessness.

Examples of experiences of homelessness

Homelessness encompasses a wide range of physical living situations. While this is not an exhaustive list, homelessness can be described as

- Unsheltered: Living on the streets or in places not intended for human habitation (e.g., sidewalks, parks, cars)
- Emergency sheltered: Staying in overnight shelters
- Provisionally accommodated: Staying in temporary accommodations (e.g., motel, rooming house, friend's/family member's home, temporary housing for immigrants and refugees during settlement)²

When you're uncertain of the documentation, seek clarification from your facility or jurisdiction.





Tip for Coders

Assess your understanding

Use the information above and refer to the coding standard *Homelessness* to answer the following true or false questions.

1. A patient's address is noted as "no fixed address." Your registration department has confirmed that "no fixed address" is used to indicate that a patient is experiencing homelessness. Z59.0 *Homelessness* is assigned as a diagnosis type (3)/other problem.
 - a. True
 - b. False
2. A patient is admitted to hospital. The physician notes that the patient is living on the street. Once the patient is medically stable, the physician designates them as alternate level of care (ALC) due to homelessness. Z59.0 *Homelessness* is assigned as a diagnosis type (3).
 - a. True
 - b. False
3. A patient is admitted to hospital in labour. The social worker notes that the patient is currently experiencing homelessness as they have just arrived in Canada as a refugee and are living in a government-funded hotel while awaiting permanent housing. Z59.0 *Homelessness* is assigned as a diagnosis type (3).
 - a. True
 - b. False

Correct answers

1. a) True. Documentation describing homelessness is not limited to physician documentation. "No fixed address" in the demographic field is used to determine that the patient is experiencing homelessness.
2. b) False. The physician has described the patient as being ALC due to homelessness. Z59.0 *Homelessness* is included on this abstract as the ALC Z-code associated with service 99 — Alternate level of care (ALC) and diagnosis type (W), (X) or (Y). The requirement to document homelessness is satisfied and Z59.0 is not repeated as a diagnosis type (3).
3. a) True. The documentation describes the patient as experiencing homelessness.

See also the coding standard *Homelessness* and the job aid *Alternate Level of Care Diagnosis List: Clarification of Use*.



References

1. Canadian Institute for Health Information. [Better quality hospital data for identifying patients experiencing homelessness](#). Accessed November 16, 2023.
2. Canadian Observatory on Homelessness. [Canadian Definition of Homelessness](#). 2012.

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