

MAJOR DEPRESSION

Documentation and coding guide



Disease definitions

- › Major depression:¹ also known as clinical depression is a mood disorder that causes symptoms that represents a loss of interest or pleasure, which impedes daily functioning for a period of up to two weeks that cannot be caused by another cause. According to the *Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5)*, patients must exhibit five of nine symptoms to qualify for an initial diagnosis of major depression.²
- › The diagnosis can have a great impact on other medical co-morbidities, and is associated with: suffering, mortality and an increase in the utilization of health care resources.
- › Older adults at greatest risk for depression include those that are hospitalized, chronically ill and/or are institutionalized within the community.
- › Other disease definitions:
 - Dysthymia - chronic depression that lasts for more than two years, also known as neurotic depression.
 - Psychosis - symptoms suggesting a loss of reality.

Disease prevalence³

- › 7.6% of Americans aged 12 and older have a diagnosis of major depression.
- › 5.7% of Americans aged 60 and older have a diagnosis of major depression.

IMPORTANT: Often older adults are not evaluated for depression because symptoms are felt to be a part of the natural aging process.

General coding and documentation tips

- › According to the *Agency for Healthcare Research and Quality (AHRQ)* guidelines for adult depression, patients that take medications, receive psychotherapy⁴ and/or receive psychiatric consultation should be classified as having a major form of depression.
- › Clinicians must document the specific term of Major Depression. Otherwise, if the term “major” is not applied then the diagnosis reverts to mild depression.
- › Clinicians should qualify a diagnosis of major depression through the careful considerations of:
 - Severity (mild/moderate/severe).
 - Single/recurrent episode(s).
 - Full greater than two months of depressive symptom(s) resolution or partial 1-2 months of depressive symptom(s) remission.
 - If severe, denote if there are psychotic or anxiety symptoms present.
- › Document a diagnostic statement that is compatible with ICD-10-CM nomenclature.
- › Explicitly document treatment plan and follow-up, recall that a treatment plan can be in the form of a medication, referral, diet, monitoring and/or ordering a diagnostic exam.
- › Confirm face-to-face encounter is signed and dated by clinician. Include printed version of clinician’s full name and credentials (e.g., MD, DO, NP, PA).

TIP

To help ensure you are documenting to the highest degree of specificity for appropriate ICD-10 code assignment, go to www.cigna.com/codingeducation.

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Subjective documentation considerations

- › Elderly patients need to be screened on an annual basis for depression. The patient should be asked if over the past two months they have experienced:
 - Down and out.
 - A loss of pleasure,
 - Fatigued or loss of energy.
 - Weight loss or daily appetite change.
 - Problems with concentration.
 - Thoughts of suicide or harm.
- › Risk factors for developing depression include:
 - Genetic or familial history of depression.
 - Psychological or physical stress.
 - African American and Hispanic.
 - Female gender.
 - Reduced socio-economic status.
 - Prior stroke (vascular depression).
- › A complete review of the patient's medications should be performed since benzodiazepines, CNS depressants and pain medications can exacerbate depression.
- › Careful attention to social history should be performed to review if alcohol and/or illicit drug use may be an etiological source for depression.



Objective documentation considerations

- › The United States Preventive Task Force (USPTF) recommends that all patients aged 18 and older be screened for depression [Level - B evidence].⁵
- › The PHQ-9 is an objective assessment tool that can be used to make an initial diagnosis, or used to follow a patient's therapeutic progress of treatment. The exam can be repeated every two weeks:
www.phqscreeners.com/
<https://www.mdcalc.com/phq-9-patient-health-questionnaire-9>
- › Many of the physical findings are associated with a subjective history. However, there are signs, which illustrate the depression, including: flat affect, weight gain/loss (muscle wasting), psychosis, mood swings, irritability, crying spells and withdrawal/disinterest.
- › Clinicians should always assess for signs of suicide. Depressed patients should be provided the **National Suicide Hotline at 1-800-273-TALK (8255)**.

Disclaimers

- › Providers must be diligent about confirming the accuracy of their diagnoses and ensure that their diagnosis and coding practices comply with all applicable legal requirements.
- › Failure to address recurrent diagnosis inaccuracies can, in some cases, result in administrative sanctions and potential financial penalties.
- › Accurate coding and submission activities allow us to provide quality benefits and resources to our customers.

References

- ¹ National Institute of Mental Health. (2016, October). Depression: overview [webpage]. Retrieved from <https://www.nimh.nih.gov/health/topics/depression/index.shtml>
- ² American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- ³ Pratt, L. & Brody, D. (2014). United states Department of Health and Human Services: Depression in the U.S. Household Population, 2009-2012. HCHS Brief, 172. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db172.pdf>
- ⁴ National Guideline Clearinghouse (NGC). Guideline summary: Adult depression in primary care. In: National Guideline Clearinghouse (NGC) [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2016 Mar 01. [cited 2017 Aug 29]. Available: <https://www.guideline.gov>
- ⁵ Siu AL, and the US Preventive Services Task Force (USPSTF). Screening for Depression in Adults US Preventive Services Task Force Recommendation Statement. JAMA. 2016;315(4):380-387. doi:10.1001/jama.2015.18392

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Scoring the PHQ-9 is as follows:

Score	Interpretation
5 to 9	Mild depression symptoms
10 to 14	If ≤ 12 : Mild depression If ≥ 13 : Mild– major depression
15 to 19	Moderate – major depression
Greater than 20	Severe – major depression

IDC-10-CM

ICD-10-CM-CODE	ICD-10-CM Description	Definition/ tip
F32.0	Major depressive disorder, single episode, mild	Major Depressive disorder, single episode
F32.1	Major depressive disorder, single episode, moderate	
F32.2	Major depressive disorder, single episode, severe w/o psychotic features	
F32.3	Major depressive disorder, single episode, severe w/psychotic features	
F32.4	Major depressive disorder, single episode, in partial remission	
F32.5	Major depressive disorder, single episode, in full remission	
F32.9	Major depressive disorder, single episode, unspecified -Depression NOS -Depressive disorder NOS -Major Depression NOS (This is the equivalent of mild depression = ICD9CM code 311)	

IDC-10-CM

ICD-10-CM-CODE	ICD-10-CM Description	Definition/ tip
F33.0	Major depressive disorder, recurrent, mild	Major Depressive disorder, recurrent
F33.1	Major depressive disorder, recurrent, moderate	
F33.2	Major depressive disorder, recurrent, severe w/o psychotic features	
F33.3	Major depressive disorder, recurrent, severe w/ psychotic features	
F33.40	Major depressive disorder, recurrent, in remission, unspecified	
F33.41	Major depressive disorder, recurrent, in partial remission	
F33.42	Major depressive disorder, recurrent, in full remission	
F33.8	Other recurrent depressive disorders	
F33.9	Major depressive disorder, recurrent, unspecified -Monopolar depression NOS	
F41.8	Other specified anxiety disorders -Anxiety depression (mild or not persistent) -Anxiety hysteria -Mixed anxiety and depressive disorder	
F34.1	Dysthymic disorder -Depression neurosis -Depressive personality disorder -Dysthymia -Neurotic depression -Persistent anxiety depression	