Disease definitions

- Major depression: also known as clinical depression is a mood disorder that causes symptoms that represent 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.
- 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 prevalence

- 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 psychotherapy 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](http://www.cigna.com/codingeducation).
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].
- 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

## MAJOR DEPRESSION

### Scoring the PHQ-9 is as follows:

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 9</td>
<td>Mild depression symptoms</td>
</tr>
</tbody>
</table>
| 10 to 14 | If \( \leq 12 \): Mild depression  
If \( \geq 13 \): Mild – major depression |
| 15 to 19 | Moderate – major depression     |
| Greater than 20 | Severe – major depression |

### IDC-10-CM

<table>
<thead>
<tr>
<th>ICD-10-CM-Code</th>
<th>ICD-10-CM Description</th>
<th>Definition/Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>F32.0</td>
<td>Major depressive disorder, single episode, mild</td>
<td></td>
</tr>
<tr>
<td>F32.1</td>
<td>Major depressive disorder, single episode, moderate</td>
<td></td>
</tr>
<tr>
<td>F32.2</td>
<td>Major depressive disorder, single episode, severe w/o psychotic features</td>
<td></td>
</tr>
<tr>
<td>F32.3</td>
<td>Major depressive disorder, single episode, severe w/psychotic features</td>
<td></td>
</tr>
<tr>
<td>F32.4</td>
<td>Major depressive disorder, single episode, in partial remission</td>
<td></td>
</tr>
<tr>
<td>F32.5</td>
<td>Major depressive disorder, single episode, in full remission</td>
<td></td>
</tr>
</tbody>
</table>
| 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) |                |
| 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  
-Anxiety depression (mild or not persistent)  
-Anxiety hysteria  
-Mixed anxiety and depressive disorder |                |
| F41.8         | Other specified anxiety disorders  
-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 |                |