

Depression Coding Quick Reference Guide



Risk Stratification refers to the alignment of patients with the right clinical initiatives, according to their clinical complexity. Accurately and completely documenting and communicating a patient's chronic diagnoses drives such care coordination and high-quality clinical care. Diagnosis coding and documentation should always capture the complete picture of a patient's health status at the highest level of specificity appropriate for the patient.

Clinical Information and Documentation Tips

Major Depression is common and frequently recurrent. Most patients with depression have unipolar depression. It is important to assess a patient for history of bipolar depression symptoms before making a formal diagnosis and choosing a treatment plan. Major Depression should be categorized as single episode or recurrent. Recurrent depression is the correct diagnosis if a patient has had any previous episodes of depression. Depression should then be described as mild, moderate or severe. They can be assessed using clinical judgement or using a tool like the PHQ9.

Questions to ask before choosing a code:

- ✓ Is this unipolar Major Depressive Disorder, or is this Bipolar Disorder?
- ✓ Is this the first episode of depression (single) or is it recurrent?
- ✓ Is this active depression or is it in full or partial remission?

Reminders + Tips:

- If a patient has anxiety and depression, those should each be coded separately.
- If the patient has a personality disorder, that should also be coded separately.
- When screening for depression, use a PHQ2. If that is positive, it should be followed by a PHQ9.
- Per coding guidelines, if a patient with Depression has ever had a manic or hypomanic episode, the diagnosis code should reflect: Bipolar Disorder, current episode depressed

This information is a tool for addressing common billing and coding issues, which are explained more fully in the CPT® Manual and the official, CMS-approved ICD-10 guidelines. You should not rely exclusively on this information. Providers bear full responsibility for their own billing and coding, as well as compliance with all applicable Federal and state laws and regulations.

Best Documentation Practices

Subjective

In the subjective section of the office note, document the presence or absence of any current symptoms related to major depressive disorder.

Objective

- The objective section should include any current associated physical exam findings (such as “flat affect,” weight loss or gain, etc.).
- Include results of related diagnostic testing.

Assessment

Specificity: Describe each final diagnosis clearly, concisely and to the highest level of specificity. Use all applicable descriptors, including the following:

- Episode – single or recurrent
- Severity – mild, moderate, severe
- Presence or absence of psychosis/psychotic features
- Remission status – partial or full

Abbreviations: Limit, or avoid altogether, the use of abbreviations. While MDD is a commonly accepted medical abbreviation for major depressive disorder, this abbreviation also can be used to represent manic depressive disorder, which classifies to a different diagnosis code. The meaning of an abbreviation can often be determined based on context, but is not always true.

Best practice: is to document major depression or major depressive disorder by spelling out the diagnosis in full with all applicable descriptors.

Current versus historical:

- Do not use the descriptor “history of” to describe current major depression that is still present, active and ongoing. In diagnosis coding, the phrase “history of” means the condition is historical and no longer exists as a current problem.
- Do not document major depression as if it is current when the condition is truly historical and no longer exists as a current problem.
- Major depression that is in remission but still has impact on patient care, treatment and management should be included in the final assessment or impression with the current status noted as “in remission.” Specify whether remission is partial or full.

Terms of Uncertainty:

- For a confirmed diagnosis of major depressive disorder or major depression, do not use descriptors that imply uncertainty (such as “probable,” “apparently,” “likely” or “consistent with”).
- Do not document *suspected* major depressive disorder or major depression as if the diagnosis were confirmed. Document the signs and symptoms in the absence of a confirmed diagnosis.

Plan

Document a specific and concise treatment plan for major depression, including date of next appointment.

- Clearly link the depression diagnosis to any medications that are being used to treat it.
- Document to whom or where referrals are made or from whom consultation advice is requested.

Diagnostic Tools

ICD-10-CM classifies major depressive disorder to the following categories:

- F32.* Major depressive disorder, single episode
- F33.* Major depressive disorder, recurrent

“Chronic depression” and “depression” without further description both code to F32.A, Depression, unspecified.

It is critical that physicians and other health care providers document depression as specifically as possible to help ensure accurate diagnosis code assignment. Not doing so could result in many patients being erroneously classified as having a major depressive disorder when that is not the case. For example:

- Situational depression (such as depression due to the death of a loved one) codes to F43.21, Adjustment disorder with depressed mood.
- Nervous or neurotic depression codes to F34.1, Dysthymic disorder.

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Common ICD-10 Diagnosis Codes

| Non-Specific Depression (single episode) | ICD-10 | v24 | v28 |
|---|---------------|------------|------------|
| Major Depressive Disorder, single episode, unspecified | F32.9 | – | – |
| Depression, unspecified | F32.A | – | – |
| Other specified depressive episodes | F32.89 | – | – |
| Depression (single episode) | ICD-10 | v24 | v28 |
| Major Depressive Disorder, single episode, mild | F32.0 | 59 | – |
| Major Depressive Disorder, single episode, moderate | F32.1 | 59 | 155 |
| Major Depressive Disorder, single episode, severe without psychotic features | F32.2 | 59 | 155 |
| Major Depressive Disorder, single episode, severe with psychotic features | F32.3 | 59 | 152 |
| Major Depressive Disorder, single episode, in partial remission | F32.4 | 59 | – |
| Major Depressive Disorder, single episode, in full remission | F32.5 | 59 | – |
| Depression (recurrent episode) | ICD-10 | v24 | v28 |
| Major Depressive Disorder, recurrent, mild | F33.0 | 59 | – |
| Major Depressive Disorder, recurrent, moderate | F33.1 | 59 | 155 |
| Major Depressive Disorder, recurrent episode, severe without psychotic features | F33.2 | 59 | 155 |
| Major Depressive Disorder, recurrent episode, severe with psychotic features | F33.3 | 59 | 152 |
| Major Depressive Disorder, recurrent episode, in remission, unspecified | F33.40 | 59 | – |
| Major Depressive Disorder, recurrent episode, in partial remission | F33.41 | 59 | – |
| Major Depressive Disorder, recurrent episode, in full remission | F33.42 | 59 | – |
| Major Depressive Disorder, recurrent episode, unspecified | F33.9 | 59 | – |