

# Major Depressive Disorder

*Navigate your way to comprehensive documentation and coding*



## Highlights

- 📍 The Patient Health Questionnaire ([PHQ-9](#)) incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool, and can objectively determine if the episode is mild, moderate, or severe.
- 📍 You should see patients with depression at least annually to manage the condition and monitor for potential medication side effects.
- 📍 It's important to document a thorough medication reconciliation at every visit.
- 📍 Under ICD-10, only a major depressive disorder that's documented and coded as severe (as opposed to mild or moderate) falls into a Hierarchical Condition Category for risk adjustment.

## Notes

## Diagnosing

### When is it appropriate to diagnose major depressive disorder?

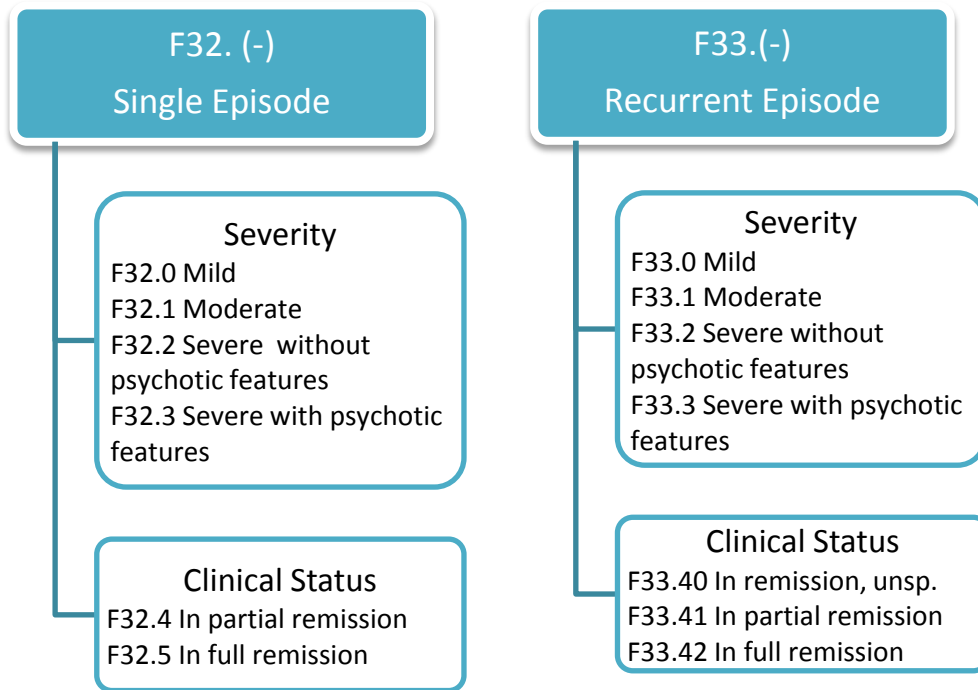
- 📍 At least five of these symptoms must be present for at least two weeks to diagnose major depressive disorder:
  - Depressed mood
  - Loss of interest in most or all activities
  - Insomnia or hypersomnia
  - Change in appetite or weight
  - Psychomotor retardation or agitation
  - Low energy
  - Poor concentration
  - Feeling of worthlessness or guilt
  - Recurrent thoughts of death or suicide ideation

The episode shouldn't be attributed to physiological effects of a substance or another medical condition.

### What if it isn't major depressive disorder?

- 📍 Consider these:
  - Dysthymia, when symptoms are intermittent, more mild, and last more than two years in adults and one year in adolescents and children
  - Unhappiness (R45.2; R45 section has multiple symptoms and signs involving emotional state)
  - Adjustment disorders (F43.2- codes)
  - Reaction to severe stress (also one of the F43 codes)

Major depressive disorder can't be coded with bipolar disorder (F31.-) or manic episode (F30.-).



## Documenting

### ICD-10 requires detailed documentation

- 📍 When documenting major depressive disorder, make sure to indicate:
  - Episode: Single or recurrent
  - Severity: Mild, moderate, severe (with or without psychotic features)
  - Clinic status of the current: In partial or full remission

### Remember 311, depression unspecified

- 📍 Under ICD-10, when the term “depression” is used without supplementary details, the patient would be coded with F32.9, which is major depressive disorder, single episode, unspecified.

### Avoid “suspected”, “probable”

- 📍 Avoid using terms such as “suspected” or “probable.” In an outpatient setting, if depression is suspected but not confirmed, code the symptoms only.

### Medication reconciliation counts

- 📍 A comprehensive medication reconciliation, including documentation of each medication’s
  - indication
  - length of treatment
  - benefits
  - side effects
  - plan for continued treatment
 is sufficient documentation of monitoring, evaluating, assessing or treating (MEAT) of the corresponding condition to support coding it on a claim.

For more information about coding mental health or any other chronic and complex conditions, reach out to our Provider Engagement Team at 877-342-5258 Opt. 4 or email us at [ProviderEngagementTeam@premera.com](mailto:ProviderEngagementTeam@premera.com). Additional resources are available at <https://www.premera.com/wa/provider/commercial-risk-adjustment/>.