Major Depressive Disorder

A PREMERA DOCUMENTATION AND CODING SERIES FOR PROVIDERS

Overview

According to the World Health Organization, 280 million people worldwide suffer from depression and this disorder represents a leading cause of disability throughout the world[i]. Yet, the essential medical record detail describing a patient's current depression severity and status is often lacking. Even if a Patient Health Questionnaire-9 (PHQ-9) is available in the record, a medical coder cannot infer the severity and can only code what is documented, resulting in potentially inaccurate representation of the patient's disease state.

Documentation

You should always document signs and symptoms of major depressive disorder, including details of the most recent episode, in the patient's medical record to support the diagnosis.

Include the required information below when you document major depressive disorder. If major depressive disorder is the confirmed diagnosis, avoid using indefinite terms, such as "suspected" or "probable."

- Episode: Single episode or recurrent
- Severity: Mild, moderate, severe (with or without psychotic features)
- Clinical status: In partial or full remission

If the patient does not have major depressive disorder:

- Consider documenting one of the following conditions instead of major depressive disorder: dysthymia, unhappiness, adjustment disorder, or reaction to severe stress. These conditions are, in general, transient and less severe than major depressive disorders.

> Check out Premera's interactive, quick and easy-to-use *Documentation and Coding Web Training* series for clinicians at https://www.premera.com/wa/provider/reference/coding-resources/

Coding

Below is an example of proper coding for major depressive disorder:

Episode	Single Episode F32.(-)	Recurrent Episode F33.(-)
Severity	F32.0 Mild F32.1 Moderate F32.2 Severe without psychotic features	F33.0 Mild F33.1 Moderate F33.2 Severe without psychotic features F33.3 Severe with psychotic features
Clinical Status	F32.4 In partial remission F32.5 In full remission	F33.40 In remission, unspecified F33.41 In partial remission F33.42 In full remission

Helpful Tips

It is important to document thorough medication reconciliation at every visit. A comprehensive medication reconciliation includes documentation of each medication's:

- Indication
- Length of treatment
- Benefits
- Side effects
- Plan for continued treatment

You should see patients with major depressive disorder within 12 weeks of starting a newly prescribed antidepressant medication and again at 6 months if the patient remains on the medication to manage the condition. Always monitor for potential medication side effects.

The Patient Health Questionnaire-9 (PHQ-9) incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-reporting tool. This tool is objective and can help you determine if a patient's episode is mild, moderate, or severe.

For more information about documentation and coding of major depressive disorder and any other chronic or complex condition, email your provider clinical consultant at ProviderClinicalConsulting@Premera.com.

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[i] World Health Organization www.who.int