#### **MAJOR DEPRESSION ICD-10 CODES**

# **F32 Depressive Episode**

**F32.0** - Major depressive disorder, single episode, mild.

**F32.1\***- Major depressive disorder, single episode, moderate.

**F32.2\***- Major depressive disorder, single episode, severe without psychotic features.

**F32.3**\*- Major depressive disorder, single episode, severe with psychotic features.

**F32.4** - Major depressive disorder, single episode, in partial remission.

**F32.5** - Major depressive disorder, single episode, in full remission.

**F32.81** - Premenstrual dysphoric disorder

**F32.89** - Other specified depressive episodes.

**F32.9** - Major depressive disorder, single episode, unspecified.

**F32.A** - Depression, unspecified.

# F33 Major Depressive Disorder, Recurrent

**F33.0** - Major depressive disorder, recurrent, mild.

**F33.1**\*- Major depressive disorder, recurrent, moderate.

**F33.2\***- Major depressive disorder, recurrent severe without psychotic features.

**F33.3\***- Major depressive disorder, recurrent, severe with psychotic symptoms.

**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.

\*Code Risk Adjusts in V28 model.

#### **PHO-9 SCORING**

0 - 4 = None to minimal depression

5 - 9 = Mild depression

10 - 14 = Moderate depression

15 - 19 = Moderately severe depression

20 - 27 = Severe depression

## **SCREENING CODES**

Z13.30 Encounter for screening examination for mental health and behavioral disorders, unspecified
Z13.31 Encounter for screening for depression
Z13.39 Encounter for screening examination for other mental health and behavioral disorders
G0444 Behavioral Health Screening (include HCPCS codes detailing screening results)

- G8431 **positive** depression screening/followup plan documented
- G8510 **negative** depression screening

### **CODING TIP!**

Patients being actively treated for depression (such as currently on antidepressive medication or receiving counseling or therapy) but have **no active symptoms** of a current depressive state should be documented and coded in remission status. **Do not** report as "history of" if the patient is under active treatment.

#### **SOURCES**

- Clinical Depression (Major Depressive Disorder): Symptoms – Cleaveland Clinic
- 2. <u>Depression (major depressive disorder):</u> Diagnosis and treatment - Mayo Clinic
- 3. <u>Depression (major depressive disorder):</u> <u>Symptoms and causes – Mayo Clinic</u>



# MAJOR DEPRESSION DIAGNOSIS POCKET GUIDE

# DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-5) DIAGNOSTIC CRITERIA

Five (or more) of the following symptoms should been present during the same 2-week period and represent a change from previous function:

Depressed mood most of the day, nearly every day.

Diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.

Insomnia or hypersomnia nearly every day.

Psychomotor agitation or retardation nearly every day.

Fatigue or loss of energy nearly every day.

Feelings of worthlessness or excessive or inappropriate guilt nearly every day.

Diminished ability to think or concentrate, or indecisiveness nearly every day.

Recurrent thoughts of death, suicidal ideation without a specific plan, or a plan for committing suicide, or an attempt.

#### **DETERMINING SEVERITY**

To select the appropriate code for the condition, providers should notate the exact diagnosis description with the severity clearly documented in the record. Severity is based on the number of symptoms, the severity of those symptoms, and the degree of functional incapacity:

#### Mild

Few of the diagnostic symptoms of those required to make the diagnosis are present. The symptoms are distressing but manageable, and result in minor impairment in social or occupational function.

#### Moderate

Four or more of the symptoms are present and the patient is likely to have great difficulty in continuing with ordinary activities.

#### Severe

Numerous diagnostic symptoms are present. The intensity of the symptoms is seriously distressing and unmanageable, and the symptoms interfere with social and occupational functioning.

#### **Recurrent Episode**

For an episode to be considered recurrent, there must be an interval of at least two consecutive months between separate episodes in which criteria are not met for a major depressive episode.

#### In Partial Remission

Symptoms of the previous major depressive episode are present, but full criteria are not met, or there is a period lasting less than two months without any significant symptoms of a major depressive episode following the end of such episode.

#### In Full Remission

During a period of 2 months no significant signs or symptoms of the disturbance were present.

#### SUPPORTING DOCUMENTATION

To properly support the diagnosis of major depression on a claim, the following information should be detailed in the encounter:

## **Episode Type/Frequency**

- Single episode first occurrence of MDD symptoms
- Recurrent episode all subsequent episodes are considered "recurrent"

#### Severity

Mild, moderate, severe; with or without psychotic features

#### **Symptoms**

Note the presence or absence of psychotic symptoms or features

Notate any changes in PHQ 2 or PHQ 9 score and link to the diagnosis in the A&P.

# Remission Status (if applicable)

Clinical status of the current episode:

- Full remission a period of 2 months or more when no symptoms of the disorder are present
- Partial remission If some symptoms are present, but not enough to meet the criteria for a full-fledged mood episode. This is also used for a period of time under 2 months where there are no symptoms of the disorder.

#### **Treatment Plan**

Document associated medications, orders/referrals, treatment plan, counceling, and follow up recommendations.