



Focus on

Major Depressive Disorder

January is Mental Wellness Month

Facts about Major Depression

- Suicide rates are almost twice as high in the elderly, with the rate highest for white men over 85 years of age.
- Older adults who commit suicide have seen a clinician within the previous month.
- Treatment of depression can have beneficial effects on health outcomes in the elderly. Accordingly, the Centers for Medicare & Medicaid Services (CMS) will reimburse for annual depression screening (G0444).^{1,2}

Major Depressive Disorder

According to the American Psychiatric Association, major depressive disorder can be seen in patients who have suffered a depressive episode lasting at least two weeks, as manifested by at least five of the following symptoms: depressed mood, loss of interest or pleasure in most or all activities, insomnia or hypersomnia, change in appetite or weight, psychomotor retardation or agitation, low energy, poor concentration, thoughts of worthlessness or guilt, and recurrent thoughts about death or suicidal ideation.

ICD-9-CM Coding: Major Depressive Disorder ⁴	
First Three Digits	
296.xx	Episodic mood disorders category
Fourth Digit:	Indicates the description of the current episode
296.2x	Single depressive episode
Fifth Digit:	Indicates the severity of the condition
296.x0	Unspecified
296.x1	Mild
296.x2	Moderate
296.x3	Severe without psychotic features
296.x4	Severe with psychotic features

ICD-10-CM Coding: Major Depressive Disorder:	
First Three Digits	
F32.x	Major depressive disorder, single episode
Fourth Digit:	Indicates the severity of the condition
F32.0	Mild
F32.1	Moderate
F32.2	Severe without psychotic features
F32.3	Severe with psychotic features
F32.8	Other
F32.9	Unspecified

Recurrent Major Depression

Major depression is highly recurrent, with recurrent episodes occurring in 50% or more of patients.

ICD-9-CM Coding:³

- **296.3x** Recurrent depressive episode, unspecified

ICD-10-CM Coding:⁵

- **F33.9** Recurrent depressive episode, unspecified

Chronic Major Depression

An episode persisting for at least two years is deemed chronic.

Remission and Recovery from Major Depression

Whether or not a patient is being treated for depression (i.e., counseling and/or medication), remission can be defined as a level of depressive symptoms basically indistinguishable from that in someone who has never been depressed. When reporting history of major depressive disorder, instead of coding V11.1 (i.e., Personal history of affective disorders), consider using a code from the mental disorders chapter *with the fifth digit for in remission*.³

ICD-9-CM Coding: Major Depressive Disorder³

296.x5	In partial remission
296.x6	In full remission

ICD-10-CM Coding: Major Depressive Disorder⁵

F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission

Screening for Depression

Based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), CMS covers annual screening for depression in the primary care setting. Contractors shall reimburse for annual depression screening (HCPCS code G0444) in a primary care setting that has staff-assisted depression care supports in place in order to assure accurate diagnosis, effective treatment and follow-up care. There are a number of evidence-based medical tools that are effective in screening for depression. The Patient Health Questionnaire (PHQ-9) is an example of a screening tool.

Documentation Tips^{1,3}

When documenting **major depressive disorder**, it is important to document the episode (single or recurrent), the severity (mild, moderate, severe without psychotic features or severe with psychotic features) and the clinical status of the current episode (in partial/full remission).

Code **296.20**: Major depressive disorder, single episode, unspecified – is used when a provider documents “major depression.”

Code 311: Depressive disorder, not elsewhere classified – is used when a provider documents “depression.”

Code 300.4: Dysthymic disorder – is used when a provider documents “anxiety

depression,” “depression with anxiety,” “depressive reaction,” “depressive anxiety,” “neurotic depressive state” or “reactive depression.”

Code 309.0: Adjustment disorder with depressed mood – is used when a provider documents “grief reaction” (acute/brief) or “situational depression” (acute/brief).

¹ American Psychiatric Association, “Desk Reference to the Diagnostic Criteria from DSM-5.” Arlington, VA, American Psychiatric Association, 2013. p. 94–97.

² “Screening for Depression.” *Centers for Medicare & Medicaid Services*. Department of Health and Human Services, Feb. 2013. Web. 13 Oct. 2014. <<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Screening-for-Depression-Booklet-ICN907799.pdf>>.

³ *Optum ICD-9-CM for Physicians Professional 2015. Vols. 1&2*. Salt Lake City: 2014.

⁴ The Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). “ICD-9-CM Official Guidelines for Coding and Reporting.” Department of Health and Human Services. DHHS, 2012, October. Web.

⁵ *Optum ICD-10-CM: The Complete Official Draft Set 2015*. Salt Lake City: 2014.