Major depression/major depressive disorder  ICD-10-CM

Clinical overview

Definition
The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association (APA) advises that major depression is a mental disorder, marked by a depressed mood and loss of interest or pleasure in all activities that lasts for at least two weeks and represents a change from previous functioning.

Causes
The exact cause is not known. Factors that may play a role include:
• Biological differences/physical changes in the brain
• Brain chemicals (called neurotransmitters) that are linked to mood
• Changes in hormone balance
• Genetics/inherited traits
• Life events
• Trauma during early childhood

Signs and symptoms
The DSM-5 provides detailed and specific criteria that must be met to diagnose major depression or major depressive disorder. For example, these specific criteria include the following excerpt:

A. Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day
3. Significant weight loss when not dieting, or weight gain, or decrease or increase in appetite
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)
8. Diminished ability to think or concentrate, or indecisiveness
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan or a suicide attempt or a specific plan for committing suicide

B. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Criteria A-C represent a major depressive episode.

See the DSM-5 for complete criteria.

Complications
Major depression that is left untreated can cause complications, such as:
• Alcohol or substance abuse
• Anxiety
• Heart disease or other medical conditions
• Work or school issues
• Family conflicts
• Relationship difficulties
• Social isolation
• Suicide

Diagnostic tools
• Medical history and physical exam
• Standardized depression screening tools, such as the PHQ-9 – a nine-item patient health questionnaire used to screen for and diagnose depression and to monitor response to treatment
• Laboratory tests to check for and monitor underlying medical conditions
• Psychological evaluation

Treatment
• Medications
• Psychotherapy/mental health counseling
• Electroconvulsive therapy
• Vagus nerve stimulation
• Transcranial magnetic stimulation

Self-help strategies
• Adherence to treatment plan
• Education about depression
• Observation for warning signs
• Exercise and adequate sleep
• Avoidance of alcohol and illicit drugs
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Documentation tips for physicians

Abbreviations
- Limit – or avoid altogether – the use of acronyms and 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 this 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.

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.).
- If there is no current related exam finding, the objective section should show the patient was evaluated for related findings.

Final assessment/impression
- Document the diagnosis by spelling it out in full.
- 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.”
- 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”).

Final assessment/impression – continued
- 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.
- Describe depression with the highest level of specificity, using all applicable descriptors. Include all of the following:
  - Episode – single or recurrent
  - Severity – mild, moderate, severe
  - Presence or absence of psychosis/psychotic features
  - Remission status – partial or full

Documentation impact on code assignment
ICD-10-CM classifies major depressive disorder to the following categories:
- F32 Major depressive disorder, single episode
- F33 Major depressive disorder, recurrent
- In ICD-10-CM, “chronic depression” and “depression” without further description both code to major depressive disorder/major depression.
- 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.
  - Depression with anxiety codes to F41.8, Other specified anxiety disorders.

Plan
- Document a specific and concise treatment plan for major depression, including date of next appointment.
- Clearly link the depression diagnosis to any medication that is being used to treat it.
- Document to whom or where referrals are made or from whom consultation advice is requested.
ICD-10-CM tips and resources for coders

Coding major depression

- Major depression classifies to categories F32 and F33 with fourth and fifth characters to provide further specificity (mild, moderate, severe; with or without psychotic features; partial or full remission).
- The coder must note the exact diagnosis description documented in the medical record; then, in accordance with ICD-10-CM official coding conventions and guidelines:
  a) Search the alphabetic index for that specific description; and then
  b) Verify the code in the tabular list, carefully following all instructional notes.

F32 Major depressive disorder, single episode

F32.Ø 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 disorder
F32.9 Major depressive disorder, single episode, unspecified; includes: depression not otherwise specified (NOS), depressive disorder NOS, major depression NOS

F33 Major depressive disorder, recurrent

F33.Ø 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
F33.4- Major depressive disorder, recurrent, in remission
  F33.4Ø 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

Other coding tips and reminders

- ICD-10-CM code assignment is based on the exact diagnosis as described by the physician in the medical record. Coders are not allowed to make any assumptions based on documented signs and symptoms or other patient work-up that may show that the DSM-5 criteria for major depression are met. Only the physician can assign a diagnosis of major depression based on his or her evaluation of the patient and application of specific diagnostic criteria.
- The abbreviation MDD can have more than one meaning (manic depressive disorder versus major depressive disorder, which classify to two different ICD-10-CM codes). No code can be assigned unless the meaning of the abbreviation MDD is clear.
- Situational depression codes to F43.21, Adjustment disorder with depressed mood.
- Chronic depression codes to F32.9, Major depressive disorder, single episode, unspecified.
- Depression with no further description also codes to F32.9, Major depressive disorder, single episode, unspecified. Code F32.9 includes major depression.
- Major depression coexisting with bipolar disorder classifies to the applicable combination code under category F31 for bipolar disorder. Depression is a component of bipolar disorder. The Excludes1 note at category F31 indicates it is not appropriate to assign a separate code for major depression along with codes capturing both conditions under category F31.

References: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5); Mayo Clinic; ICD-10-CM Official Guidelines for Coding and Reporting; 2008 Risk Adjustment Data Technical Assistance for Medicare Advantage Organizations Participant Guide