OPTUM™

January is Mental Wellness Month
January 2016

Insider

Informative and educational coding information for providers

Focus on: Major depressive disorder

Screening for depression[1,2]

Screening for depression should be a component of the Annual Wellness Visit (AWV). There are a number of evidence-based medical tools effective in screening for depression.[3] A review of the potential risk factors for depression and the results of the screening should be documented and then can be billed as part of the initial AWV (HCPCS code G0438). Providers can bill for subsequent AWVs that include depression screening with HCPCS code G0444.

Major depressive disorder[4]

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, significant weight loss or weight gain or decrease or increase in appetite, psychomotor retardation or agitation, fatigue or low energy, poor concentration, thoughts of worthlessness or guilt, and recurrent thoughts about death or suicidal ideation.

Recurrent major depression[4]

Major depression is highly recurrent, with recurrent episodes occurring in 50% or more of patients. An episode is considered recurrent when there is an interval of at least 2 consecutive months between separate episodes during which criteria are not met for a major depressive episode.

Chronic major depression[4]

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

Major depression in remission[4]

Partial remission is defined as symptoms of the immediately previous major depressive episode are present, but full criteria are not met, or there is a period lasting less than 2 months without any significant symptoms of a major depressive episode. Full remission is defined as no significant signs or symptoms of the disturbance were present during the past 2 months.

Always remember ...

- When documenting major depressive disorder, the provider must document:
  - Episode (single or recurrent)
  - Severity (mild, moderate, severe, with or without psychotic features)
  - Clinical status of the current episode (in partial/full remission)

Documentation and coding tips[4]

For risk adjustment purposes, the physician must document major depressive disorder *and* the severity or clinical status. ICD-10-CM includes specific codes to report recurrent depressive disorders as well as those in "partial" or "full remission". A patient can still be considered in remission even if he/she is taking prescription medication and/or seeing a mental health professional.

Coding major depression[5]

F32.-	Major depressive disorder, single episode
F33.-	Major depressive disorder, recurrent

The fourth character indicates the severity of the condition:

F32.0 or **F33.0**	Mild
F32.1 or **F33.1**	Moderate
F32.2 or **F33.2**	Severe without psychotic features
F32.3 or **F33.3**	Severe with psychotic features
F32.8	Other depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified

and

The fifth character identifies the clinical status:

F32.4 or **F33.41**	Partial remission
F32.5 or **F33.42**	Full remission

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."

1. Taylor, WD. Depression in the Elderly. New Engl J Med; 2014; 371: 1228-1236.
2. Centers for Medicare and Medicaid Services. Screening for Depression for Adults. MM7637 Revised. March 27, 2012. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7637.pdf
3. Final Update Summary: Depression in Adults: Screening. U.S. Preventive Services Task Force. July 2015.http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adultsscreening
4. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
5. *Optum360 ICD-10-CM 2016 Professional for Physicians.* Salt Lake City: 2015.