

FOCUS ON: Major depressive disorder (MDD)

Facts about major depression¹

- Eighty percent of older adults have at least one chronic health condition, and 50% have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited.
- Depression often is misdiagnosed and undertreated. Providers may mistake an older adult's symptoms of depression as a natural reaction to illness or life changes.
- Because treatment can have beneficial effects on health outcomes in the elderly, the Centers for Medicare & Medicaid Services (CMS) will reimburse for an annual depression screening.²

MDD

According to the American Psychiatric Association, MDD 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 a 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. At least one of the symptoms is either depressed mood or loss of interest or pleasure.³

Recurrent major depression

MDD 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 two consecutive months between separate episodes during which criteria are not met for a major depressive episode.^{1,3}

Screening for depression^{2,3}

Depression screening tools can be obtained from Optum. Screening for depression is a component of the Initial Annual Wellness Visit (HCPCS code G0438). Screening for depression in subsequent Annual Wellness Visits (HCPCS code G0439) or otherwise may be covered by billing with HCPCS code G0444.

Documentation and coding tips

- Document severity and/or clinical status such as:
 - Episode (single or recurrent)
 - Severity (mild, moderate, severe, with or without psychotic features)
 - Clinical status (in partial/full remission)

If the depression is stable and patient does not currently meet MDD criteria, providers should document and code "in remission" status. Partial remission is defined as symptoms occasioning from a previous depressive episode without meeting full criteria (or) a hiatus lasting less than two months without significant symptoms. Full remission is defined as no significant signs/symptoms of the disorder during the past two months.

Major depressive disorder

- F32.0** MDD, single episode, mild
- F32.1** MDD, single episode, moderate
- F32.2** MDD, single episode, severe without psychotic features
- F32.3** MDD, single episode, severe with psychotic features
- F32.89** Other specified depressive episodes
- F32.9** MDD, single episode, unspecified

Recurrent major depression

- F33.0** MDD, recurrent, mild
- F33.1** MDD, recurrent, moderate
- F33.2** MDD, recurrent, severe without psychotic features
- F33.3** MDD, recurrent, severe with psychotic features
- F33.8** Other recurrent depressive disorders
- F33.9** MDD, recurrent, unspecified

Major depression in remission

- F32.4** MDD, single episode, in partial remission
- F32.5** MDD, single episode, in full remission
- F33.40** MDD, recurrent, in remission, unspecified
- F33.41** MDD, recurrent, in partial remission
- F33.42** MDD, recurrent, in full remission

New 2019 ICD-10-CM mental health 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

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: "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." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019. Codes marked with a ★ directly after them represent new additions to the FY 2019 ICD-10-CM code classification.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org. For additional information about the Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>.

Optum360 ICD-10-CM: Professional for Physicians 2019. Salt Lake City, UT: 2018.

Optum360. HCPCS Level II 2019 Expert. Salt Lake City, UT: 2018.

1. Fisk A, Wetherall JL, Gatz M. Depression in older adults. Annual Review of Clinical Psychology 2009. 5: 363-89.

2. "Depression Screening." Centers for Medicare & Medicaid Service. Department of Health and Human Services, September 2018. <<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>>.

3. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.