

FOCUS ON: Major depressive disorder

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

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 2020: "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 2020.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification 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 1, 2019, the Centers for Medicare & Medicaid Services (CMS) announced that 2019 dates of service for the 2020 payment year model are based on the Centers for Medicare & Medicaid Services Announcement April 1, 2019. Website: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.

Optum360. HCPCS Level II 2020 Expert. Salt Lake City, UT: 2019.

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.