

Focus on

Major Depressive Disorder (MDD)



Quick Facts

The lifetime prevalence of depression in the United States is 16%. Those at highest risk include:

- White males over age 85 have the highest suicide rate in the United States. Many have a depressive illness that their doctors are not aware of, even though many of these suicide victims visit their doctors within one month of their deaths.¹
- Gender (there is an increased risk for females).
- Individuals with lower socioeconomic status and educational levels.
- Individuals who have never married or who were married previously.
- Patients who abuse alcohol and drugs.

Documentation Tips & Coding Highlights^{2,3}

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).

The fourth digit, **296.2x** and **296.3x**, is coded to define a single or recurrent episode respectively.³

The fifth digit is coded to define the severity of the current major depressive episode if full criteria is met:³

- 0 - unspecified
- 1 - mild
- 2 - moderate
- 3 - severe, without mention of psychotic behavior
- 4 - severe, specified as with psychotic behavior

If the criteria are not currently met for major depressive episode, the fifth digit indicates the current clinical status:³

- 5 - in partial or unspecified remission
- 6 - in full remission

When assigning **296.2x**, *major depressive disorder, single episode*, the documentation can include a single or unspecified episode of:²

- Depressive psychosis
- Endogenous depression
- Involutional melancholia
- Manic-depressive psychosis or reaction, depressed type
- Monopolar depression and
- Psychotic depression

When assigning **296.3x** *major depressive disorder, recurrent episode* the documentation can include any condition classifiable to **296.2x** stated to be recurrent.

Example: Major depressive disorder, recurrent, moderate, with atypical features, with seasonal pattern, with full interepisode recovery is coded as **296.32**³

Don't forget the possible E-codes, **E950-E959**, for suicide and self-inflicted injury as a result of major depression.²

The SIGECAPS Mnemonic⁴

To avoid missing a psychiatric diagnosis, family physicians can use a systematic approach when assessing a patient for major depression. According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, four neuro-vegetative symptoms in addition to depressed mood are required to make the diagnosis of major depression. These include changes in sleep, appetite and energy levels.

The SIGECAPS mnemonic is a useful tool to help recall the common symptoms of major depression as described in the DSM-IV.

S	Sleep disturbance
I	Interest/pleasure reduction
G	Guilt feelings or thoughts of worthlessness
E	Energy changes/fatigue
C	Concentration/attention impairment
A	Appetite/weight changes
P	Psychomotor disturbances – restlessness or lethargy
S	Suicidal ideation or thoughts of death

- MDD may be recurrent or occur as a single episode of major depression.
- Chronic depression lasts two or more years.
- All patients with depression should be evaluated for suicidal risk.

Goals of Therapy

- Relieve psychological pain, distress and other acute symptoms
- Prevent relapse
- Return patient to a normal level of functioning
- Decrease risk of suicide

Counseling is helpful in all age groups. Close follow-up in the clinic to provide support and encouragement is essential, especially in cases where the patient does not have access to psychotherapy or counseling.

¹ Luoma JB, Pearson JL, Martin CE. Contact with mental health and primary care prior to suicide: a review of the evidence. *American Journal of Psychiatry*, 2002; 159:909–16.

² 2012 Ingenix Professional ICD-9-CM for Physicians. 6th ed. 2 vols. Chicago, IL: Ingenix, 2011. Print.

³ Diagnostic and Statistical Manual of Mental Disorders: DSM-IV, 4th ed. text rev. 345-348, Arlington, VA: American Psychiatric Association, 2000. Print.

⁴ Diagnostic and statistical manual of mental disorders: DSM-IV. Fourth ed. Washington, DC: American Psychiatric Association; 1994:324-326, 328-332, 341-342, 345-349, 350-363, 366-368, 384-386, 389, 715-718.