

Insider

Informative and educational coding information for providers

FOCUS ON: MAJOR DEPRESSIVE DISORDER



Facts about Major Depression

- Suicide rates are almost twice as high in the elderly, with the rate highest for white men over 85 years of age.
- Older adults who commit suicide have seen a clinician within the previous month.
- Treatment of depression can have

beneficial effects on health outcomes in the elderly. Accordingly, the Centers for Medicare & Medicaid Services (CMS) will reimburse for annual depression screening (G0444).^{1,2}

Screening for Depression

Based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), CMS covers annual screening for depression in the primary care setting. Contractors shall reimburse for annual depression screening (HCPCS code G0444) in a primary care setting that has staff-assisted depression care supports in place in order to assure accurate diagnosis, effective treatment, and follow-up care. There are a number of evidence-based medical tools that are effective in screening for depression. The Patient Health Questionnaire (PHQ-9) is one such screening tool.

Chronic Major Depression

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

Remission and Recovery from Major Depression

Whether or not a patient is being treated for depression (i.e., counseling and/or medication), remission can be defined as a level of depressive symptoms basically indistinguishable from that in someone who has never been depressed. When reporting history of major depressive disorder, instead of coding V11.1 (i.e. Personal history of affective disorders), consider using a code from the mental disorders chapter with the fifth digit for in remission.³

Major Depressive Disorder

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 (5) of the following symptoms: depressed mood, loss of interest or pleasure in most or all activities, insomnia or hypersomnia, change in appetite or weight, psychomotor retardation or agitation, low energy, poor concentration, thoughts of worthlessness or guilt, and recurrent thoughts about death or suicidal ideation.

Optum does not warrant that this easy reference guide, supplied for informational purposes, is complete, accurate or free from defects; the ICD-9-CM and ICD-10-CM code books are the authoritative references. 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. In 2013, CMS announced an "updated, clinically revised CMS-HCC risk adjustment model" that differs from the proposed model. See: www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2014.pdf, www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf and www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html.

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ALWAYS REMEMBER...

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

DOCUMENTATION AND CODING TIPS

ICD-9-CM and ICD-10-CM both include codes for recurrent depressive disorders, as well as those in "partial or full remission". A recurrent depressive disorder is characterized by:

- Repeated episodes of depression without any history of independent episodes of mood elevation and increased energy or mania
- At least one previous episode lasting a minimum of two weeks and separated by the current episode of at least two months
- No past hypomanic or manic episodes
- For a classification of "in remission," the patient has had two or more depressive episodes in the past, but has been free from depressive symptoms for several months. This category can still be used if the patient is receiving treatment to reduce the risk of further episodes.

ICD-9-CM Coding for Major Depression⁴

The first three digits are always 296

- The *fourth digit* indicates the description of the *current episode*:
 - **296.2X** Single depressive episode
 - **296.3X** Recurrent depressive episode
- The *fifth digit* indicates the *severity* of the condition
 - **296.21** or **296.31** Mild
 - **296.22** or **296.32** Moderate
 - **296.23** or **296.33** Severe without psychotic features
 - **296.24** or **296.34** Severe with psychotic features
- Or the *clinical status of the current episode*:
 - **296.25** or **296.35** In partial remission
 - **296.26** or **296.36** In full remission

ICD-10-CM Coding for Major Depression⁵

ICD-10-CM classifies depression by episodes and types (such as mild, moderate, severe and with or without psychotic features).

- F32.2 Major depressive disorder, single episode, severe without psychotic "features".

Examples:⁶

- F33.0 Major depressive disorder, recurrent, mild
- F33.41 Major depressive disorder, recurrent, in partial remission

1 American Psychiatric Association. "Diagnostic & Statistical Manual of Mental Disorders, 4th Ed., Text Revision (DSM-IV-TR)." Arlington, VA: APA Publishing, 2000. p. 369-376

2 "Screening for Depression." Centers for Medicare & Medicaid Services. Medicare Learning Network, Feb. 2013. Web. 04 Dec. 2013. <<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Screening-for-Depression-Booklet-ICN907799.pdf>>

3 The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). "ICD-9-CM Official Guidelines for Coding and Reporting." Department of Health and Human Services. DHHS, 2012, October. Web. 4 October 2012. <http://www.cdc.gov/nchs/data/icd9/icd9cm_guidelines_2011.pdf>

4 The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). "ICD-9-CM Official Guidelines for Coding and Reporting." Department of Health and Human Services. DHHS, 2012, October. Web. 4 October 2012. <http://www.cdc.gov/nchs/data/icd9/icd9cm_guidelines_2011.pdf>

6 World Health Organization, Professional: ICD-10-CM for Physicians. 2014. Alexandria, VA: OptumInsight, 2013, October. Print.