

Depression & Bipolar Awareness

Helpful Coding Tips

BACKGROUND

According to many national medical associations, Depression and Bipolar Disorder are two of the most common psychological diseases. Studies report that people with these diseases **often first seek help from their primary care physician**, but these providers may lack the tools and resources necessary to diagnose a patient accurately. Home State Health wants to bring awareness to these disorders by helping our providers with the resources, tools, and coding tips to properly diagnose and code mental illnesses to the highest specificity in the PCP office or specialist office setting.

STUDIES DEPICT

- Only 50% of patients get accurately diagnosed.
- Of these 50%, less than 10% will get treated properly.
- 15% of those who seek help and are left untreated for their depressive illness attempt to commit suicide within 1 month of being seen by a physician.

Ferguson, James M. "Depression: Diagnosis and Management for the Primary Care Physician." *Primary Care Companion to The Journal of Clinical Psychiatry* 2.5 (2000): 173–178. Print.

DIAGNOSING & CODING TO THE HIGHEST SPECIFICITY:

- Improves Patient Care
- May provide better alignment of Treatment Options
- Produce better Public Health Data
- Possibly lower the suicide rate among our teens and adults
- **Medicare ended flexibility surrounding any unspecified diagnosis code on October 1, 2016.**

DIAGNOSING TOOLS

Depression: The PHQ-9 is a 9-question instrument given to patients in a primary care setting to screen for the presence and severity of depression. The results of the PHQ-9 may be used to assist providers in making a depression diagnosis, including corresponding severity. An acceptable site to find the questionnaire can be found here: http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf



New HEDIS measure: Currently CMS and NCQA are exploring adding the use of measurement to assess the percentage of patients age 12 and older who were screened for depression and, if positive, received appropriate follow-up care within 30 days of the positive screen. This measure would be collected in 2018 for use on the display page in 2020.

Bipolar Disorder: The Mood Disorder Questionnaire (MDQ) is a screening instrument for bipolar disorder that can easily be utilized in primary care settings. The MDQ includes 13 questions plus items assessing clusters of symptoms and functional impairment. While this questionnaire provides a good starting point for diagnosis, Home State also emphasizes provider training, the use of observations and clinical interviews, and adherence to the DSM criteria in arriving at a diagnosis. An acceptable site to find the questionnaire can be found here: <https://www.integration.samhsa.gov/images/res/MDQ.pdf>

What documentation and coding guidelines are made available to correctly identify disease severity and code to the highest specificity? Listed below is a quick reference guide for both diseases.

Depression – DO NOT simply state “Depression” (F32.9)

SCORING AND DOCUMENTATION FOR DEPRESSION DO NOT simply state “Depression” (F32.9)			
PHQ-9 Score	Depression Severity (label the illness with these descriptions)	Proposed Treatment Actions for Depression	ICD-10-CM
0 - 4	None-minimal	None: if patient has no personal history of depression. Or In Remission: if patient is still receiving some type of treatment but their symptoms no longer meet criteria for Major Depression.	Not previously diagnosed Depression = No ICD-10 Previously diagnosed Depression = (see “ In Remission ” codes below)
5 - 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up	F32.0 or F33.0
10 - 14	Moderate	Treatment plan, consider counseling, follow-up and/or pharmacotherapy	F32.1 or F33.1
15 - 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy	F32.1, F33.1 [moderate] F32.2, F33.2 [severe]
20 - 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.	F32.2, F33.2 [w/out psychotic features] F32.3 or F33.3 [w/ psychotic features]
In Partial Remission	If member has been previously diagnosed with depression (<i>regardless of the severity</i>), make sure to document that the depression is “in partial remission”.		F32.4 or F33.41
In Full Remission	If member has been previously diagnosed with depression (<i>regardless of the severity</i>), make sure to document that the depression is “in full remission”.		F32.5 or F33.42

Bipolar Disorder – DO NOT simply state “Bipolar” (F31.9)

SCORING AND DOCUMENTATION FOR BIPOLAR DISORDER DO NOT simply state “Bipolar” (F31.9)			
MDQ is best at screening Bipolar I (depression and mania) disorder and is not as sensitive to Bipolar II (depression and hypomania) or Bipolar not otherwise specified (NOS) disorder.			
STEP ONE:	Q1 “Yes” to ≥ 7 questions	AND	
	Q2 “Yes”	AND	= <u>positive</u> for possible bipolar disorder
	Q3 “Moderate problem” or “Serious Problem”		
STEP TWO	<input type="checkbox"/> Type I (at least one manic episode)	<input type="checkbox"/> Type II (no manic episodes, only hypomanic)	
STEP THREE:	<input type="checkbox"/> Manic	<input type="checkbox"/> Hypomanic	<input type="checkbox"/> Depressed
		<input type="checkbox"/> Psychotic Features	<input type="checkbox"/> Mild
		<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<i>(CHECK ONE OR MORE BOXES)</i>			
NOTE: Depression is considered inclusive of Bipolar disorder. Report the bipolar only to the highest specificity.			

All diagnosis coding guidelines can be found in the ICD-10-CM book. Coding tips for specific diseases can also be found on our website: <https://www.homestatehealth.com/providers/tools-resources/coding-page.html>

Questions?

Contact Provider Relations at 1-855-694-4663.