



Chronic Condition Coding Awareness: Depression

Depression

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks¹. Doctors aren't sure what causes depression, but a prominent theory is altered brain structure and chemical function. Depression is not a sign of weakness or a negative personality. It is a major public health problem and a treatable medical condition².

Symptoms of Depression

Some of the signs and symptoms of depression can be experienced most of the day, or nearly every day, for at least two weeks. These include feelings of sadness, anxiousness, hopelessness, irritability, guilt, decreased energy or fatigue, loss of interest, feeling restless, difficulty concentrating or sleeping, appetite changes, and/or thoughts of death or suicide. Symptoms can vary depending on the stage of the illness¹.

Screenings for Depression

The PHQ Screeners offers a quick screening to detect depression. This is a self-reported tool that should be reviewed by a clinician for a definitive diagnosis. The Diagnostic and Statistical Manual (DSM) 5 defines the following:

- partial remission as patient without any significant symptoms for less than two months timeframe
- full remission as patient has no significant depressive symptoms present during the last two months or more

Treatment of Depression

Depression, even the most severe cases, can be treated. The earlier that treatment can begin, the more effective it is. Depression is usually treated with medications, psychotherapy, or a combination of the two¹. It has been shown to improve co-existing illnesses when treating depression. In addition to therapy and medication research also suggests pets and exercise is a potent weapon against mild to moderate depression².

Depression Coding Guidance

TIPS:	ICD-10 Mapping & Education	
➤ ICD-10-CM ³	F32.0	Major depressive disorder, single episode, mild
	F32.1	Major depressive disorder, single episode, moderate
	F32.2	Major depressive disorder, single episode, severe without psychotic features
	F32.3	Major depressive disorder, single episode, severe with psychotic features
	F32.4	Major depressive disorder, single episode, in partial remission
	F32.5	Major depressive disorder, single episode, in full remission
	F32.81	Premenstrual dysphoric disorder
	F32.89	Other specified depressive episodes
	F32.9	Major depressive disorder, single episode, unspecified
	F33.0	Major depressive disorder, recurrent, mild
	F33.1	Major depressive disorder, recurrent, moderate
	F33.2	Major depressive disorder, recurrent, severe without psychotic features



	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
	F33.40 – F33.42	Major depressive disorder, recurrent, in remission, unspecified, partial remission, full remission
	F33.8	Other recurrent depressive disorders
	F33.9	Major depressive disorder, recurrent, unspecified
➤ Attempt for more specificity...	Avoid broad terms and unspecified codes such as “Depression”, F32.9 <ul style="list-style-type: none"> ○ Be meticulous in picking up the details in documentation. ○ It leads to precise coding and a better awareness about the disease and the population it affects. 	
➤ In the documentation use terms that specify...	<ul style="list-style-type: none"> ○ Severity (mild, moderate, severe) ○ Episodes (single, recurrent, or in remission) 	
➤ Depression Screening Tool	<ul style="list-style-type: none"> ○ PHQ Screeners offers a convenient questionnaire making it easy to obtain specific diagnosis codes⁴. ○ http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf. Note all disclaimers on the website. ○ Review appropriate instructions on PHQ Screener scoring and treatment actions. https://www.phqscreeners.com/sites/g/files/g10016261/f/201412/instructions.pdf 	
➤ Refilling medication	Don't forget to verify the condition and list the diagnosis in the Assessment & Plan, noting status and any medication changes.	
➤ HEDIS Tip	Patients who were hospitalized either in the emergency room or inpatient for treatment of depression should have a follow-up visit with a mental health practitioner within 7 days and then at 30 days post discharge ⁵ .	

1. National Institute of Mental Health: Bipolar Disorder (revised February 2018)
<https://www.nimh.nih.gov/health/topics/depression/index.shtml>
2. WebMD Depression: What Is It? (reviewed July 3, 2018) <http://www.webmd.com/depression/ss/slideshow-depression-overview>
3. 2019 ICD-10-CM Expert for Physicians: The Complete Official Code Set, Optum360. 2018 Optum360, LLC
4. PHQ Screeners: Depression Screening http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf
5. 2019 HEDIS Technical Specifications

➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Issued Date: 04/01/2017
Reviewed Date: 12/01/2018

Questions?

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