Bright HealthCare™

Coding and Documentation Guide: Major Depressive Disorder

Accurate coding and documentation are fundamental to the risk adjustment process and crucial to representing each patient's complex health profile. Bright HealthCare's coding and documentation guides equip coders and medical staff with the information needed to support complete and accurate coding and documentation.

Documentation best practices

- Documentation must be provided. Coders cannot assume diagnoses exist based on medication lists or physician orders.
- All conditions that coexist at the time of the encounter, and require or affect patient care, treatment, or management should be documented and coded.
- Coders cannot code current conditions from problem lists, medical history, or superbills.
- Coders must verify clinical documentation for all diagnoses using the MEAT tool (monitor, evaluate, assess, treat). One or more MEAT detail is required for each condition requiring or affecting patient care.

Monitor	**Evaluate**	**Assess**	**Treat**
Symptoms Disease progression/ regression Ordering of tests Referencing labs/tests	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: Major Depressive Disorder			
Major depressive disorder, recurrent, severe — Recommend monitoring CBC, CMP, TSH given psychiatric symptoms.	Major depressive disorder, single episode, moderate — Patient presents with persistent feelings of sadness and hopelessness.	Major depressive disorder, recurrent, in remission — Symptoms are stable, no new concerns.	Major depressive disorder, recurrent, moderate — Increase Paxil to 50 mg/day. Continue therapy.

Coding and documentation examples

Case study #1: Complete documentation

Gender: F **DOB:** MM/DD/1985

History of present illness

Pt is here today for: Medication recheck.

Pt was seen on 9/15/20 and Zoloft was increased to 1.5 tablets equaling 150 mg. She comes in today to state she is feeling much better, her anxiety is better but her depression is pursuing and she is not set up with counseling yet. Reviewed phone calls from clinical psychologist in our office before pt was seen.

Reason for visit is clearly documented.

Assessment & plan

Major depressive disorder, recurrent, severe without psychotic features—

Pt admits doing better on the Zoloft 150 mg dose now and is comfortable doing the 1.5 tablets and considering getting 2 different strengths and taking 1 of each. Have refilled that prescription and she will continue taking 1.5 tablets daily and will forward her chart to the clinical psychologist in the office to navigate patient to establish with counselor. Pamphlet for heart-centered counseling was provided to patient to try to help facilitate calling and establishing care if financially able. Pt invited to call anytime if she has any difficulty getting the medication for herself or has any increased symptoms or situations that make it more difficult for her to cope.

Return in about 1 month for recheck.

- Orders: Sertraline (ZOLOFT) 100 MG tablet; take 1.5 tablets (150 MG) by mouth daily; indications: anxiousness with depression

Jane Doe, MD

Assessment and plan clearly states patient has MDD, recurrent, severe without psychotic features.

Documentation includes MEAT details: medication effectiveness, discussion, and counseling referral.

Documentation supports major depressive disorder, recurrent, severe without psychotic features (F33.2).

Case study #2: Missed opportunity

Gender: F **DOB:** MM/DD/1978

CC: F/u for MDD

History of present illness

Pt is a 43-year-old who works in the hospitality industry, presents with MDD. Depression seems to be worsening. Work is adding to her stress level, she feels burned out.

PHQ9

Little interest or pleasure in doing things: 3
Feeling down, depressed, or hopeless: 3
PHQ-2 total score: 6
Trouble falling or staying asleep, or sleeping too much: 2
Feeling tired or having little energy: 2
Poor appetite or overeating: 3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down: 3
Trouble concentrating on things, such as reading the newspaper or watching television: 3
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual: 1
Thoughts that you would be better off dead, or of hurting yourself in some way: 2

PHQ-9 total score: 22

Total score	Depression severity
0–4	None
5–9	Mild
10–14	Moderate
15–19	Moderately severe
20–27	Severe

Is MDD mild, moderate, or severe?

Note PHQ-9 score of 22, a clinical indicator of severe depression. Query provider for further clarification.

Active medical problems:

Pt has bipolar affective disorder, currently depressed.

Current medications: Lamictal (used off-label to target depression)

1. **Is MDD single episode or recurrent?**
2. **Note that patient is on Lamictal for depression, a clinical indicator of recurrent depression. Query provider for further clarification.**

Assessment & plan

Major depressive disorder—has responded somewhat to Lamictal. Formerly diagnosed with bipolar disorder, though outside of what appears to be emotional reactivity and dysregulation, she denies symptoms of mania. Lifelong history of depression and notes that she has never really been happy. To target her depression, Lamictal will be titrated up to a more therapeutic dose, and next steps may include augmentation with Remeron. She will continue therapy.

Jane Doe, MD

Provider does not confirm bipolar disorder.

Documentation supports major depressive disorder, single episode, unspecified (F32.9).

Coding for major depressive disorder

Diagnosis	Code
Other specified depressive episodes	F32.89
Major depressive disorder, single episode, unspecified	F32.9
Depression, unspecified	F32A
Major depressive disorder, single episode, mild*	F32.0
Major depressive disorder, single episode, moderate*	F32.1
Major depressive disorder, single episode, severe without psychotic features**	F32.2
Major depressive disorder, single episode, severe with psychotic symptoms**	F32.3
Major depressive disorder, single episode, in partial remission*	F32.4
Major depressive disorder, single episode, in full remission*	F32.5
Major depressive disorder, recurrent, mild*	F33.0
Major depressive disorder, recurrent, moderate*	F33.1
Major depressive disorder, recurrent, severe without psychotic features**	F33.2
Major depressive disorder, recurrent, severe with psychotic symptoms**	F33.3
Major depressive disorder, recurrent, in remission, unspecified*	F33.40
Major depressive disorder, recurrent, in partial remission*	F33.41
Major depressive disorder, recurrent, in full remission*	F33.42
Other recurrent depressive disorders*	F33.8
Major depressive disorder, recurrent, unspecified*	F33.9

*Risk adjusts in CMS-HCC model only.

**Risk adjusts in CMS-HCC model and HHS-HCC model.

Clinical indicators

Familiarity with depression clinical indicators (i.e., testing, treatment, medication, etc.) is helpful in recognizing the potential presence and severity of a condition. **Coders cannot assign diagnosis codes based solely on test results and medication lists**, but these clinical indicators can help highlight opportunities for more complete and accurate documentation.

Diagnosis	PHQ-9 score	Actions
Minimal depression	0–4	Suggests the patient may not need depression treatment.
Mild depression	5–9	Clinical judgement should be used for treatment, based on the duration of symptoms and function impairment.
Moderate depression	10–14	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
Moderately severe depression	15–19	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
Severe depression	20–27	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
In partial remission	If patient has been previously diagnosed with depression (regardless of severity), document that the depression is "in remission." DSM-5 defines partial remission as patient having some symptoms but not meeting full criteria for the past 12 months.	
In full remission	If patient has been previously diagnosed with depression (regardless of severity), document that the depression is "in remission." DSM-5 defines full remission as patient having no symptoms for the past 12 months.	
Recurrent	Major depression is highly recurrent, with 50% or more of patients experiencing recurrent episodes.	

Common medications used to treat major depressive disorder

Brand name	Generic	Classification
Celexa	Citalopram	SSRI
Lexapro	Escitalopram	SSRI
Prozac	Fluoxetine	SSRI
Paxil, Pexeva	Paroxetine	SSRI
Zoloft	Sertraline	SSRI
Viibryd	Vilazodone	SSRI
Cymbalta	Duloxetine	SNRI
Effexor XR	Venlafaxine	SNRI
Pristiq, Khedezla	Desvenlafaxine	SNRI
Fetzima	Levomilnacipran	SNRI
Wellbutrin, Aplenzin, Forfivo XL	Bupropion	Antidepressant
Remeron	Mirtazapine	Antidepressant
Trintellix	Nefazodone, trazodone, and vortioxetine	Antidepressant
Tofranil	Imipramine	Tricyclic antidepressant
Pamelor	Nortriptyline	Tricyclic antidepressant
Surmontil	Amitriptyline, doxepin, trimipramine	Tricyclic antidepressant
Norpramin	Desipramine	Tricyclic antidepressant
Vivactil	Protriptyline	Tricyclic antidepressant