

Provider Documentation: Major Depressive Disorder

Documentation Tips & Best Practices

Did you know that documenting the episode, activity, and severity of major depressive disorder is essential to complete and accurate coding?

Documentation components necessary to capture the severity of illness in your patients with depression:

- Episode: Single or Recurrent
 - Depression is considered recurrent at the second single episode.
 - Depression is recurrent if patient is currently on prescribed medication or receiving therapy services.
- Activity: Current, Partial remission, Full remission
 - Consider “in remission” rather than “history of” if patient was previously diagnosed with depression but is currently without symptoms.
- Severity: Mild, Moderate, Severe with psychotic symptoms, Severe without psychotic features

Patient Health Questionnaire-9 (PHQ-9) Interpretation Table

PHQ-9 Score	Depression Severity
0 – 4	None or minimal
5 – 9	Mild
10 – 14	Moderate
15 – 19	Moderately severe
20 – 27	Severe

Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

Monitor	Evaluate	Assess	Treat
Symptoms Disease progression Disease regression Referencing labs/tests	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral
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.