Major depression/Major depressive disorder

Clinical overview

Definition

The American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) classifies clinical depression (major depressive disorder) as feeling sad, low or worthless most days for at least two weeks while also having other symptoms such as sleep problems, loss of interest in activities or change in appetite. This is the most severe form of depression and one of the most common forms. Providers may use criteria in the DSM-5 to diagnose this condition.[1]

Causes[2]

The exact cause is not known. As with many mental disorders, a variety of factors may be involved, such as:

- Biological differences/physical changes in the brain
- Brain chemistry, hormones or inherited traits
- Traumatic or stressful events

Signs and symptoms[2]

During these episodes, symptoms occur most of the day, nearly every day and may include:

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Sleep disturbances and lack of energy
- Reduced appetite and weight loss or increased cravings for food and weight gain
- Anxiety, agitation or restlessness
- Trouble thinking, concentrating, making decisions and remembering things
- Frequent or recurrent thoughts of death or suicide

Complications[2]

- Alcohol or substance abuse
- Social isolation, family conflicts or relationship difficulties
- Excess weight or obesity, which can lead to heart disease and diabetes
- Suicidal feelings, suicide attempts or suicide

Diagnostic tools

- PHQ-9 (a nine-item patient health questionnaire which consists of the criteria upon which the diagnosis and severity of depressive disorders is based)[3]
- Psychological evaluation[2]
- Physical exam

Treatment[2]

- Psychotherapy/mental health counseling
- Medications (linked to diagnosis)
- Brain stimulation therapies (e.g., electroconvulsive therapy [ECT] or transcranial magnetic stimulation [TMS])

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Best documentation practices for healthcare providers

Subjective

- The HPI sets the background for the patient's presenting problem, from when first diagnosed until this encounter.
- May include Review of Systems (ROS), Past, Family, and/or Social History (PFSH), Active Problems List.
- Document the presence or absence of any current symptoms related to major depressive disorder (e.g., depressed mood, insomnia, feeling of worthlessness, etc.).

Objective

Document any objective data to include physical exam findings (e.g., flat affect, weight loss or gain, etc.) and related assessment results, such as PHQ-9 scores.

Assessment

Specificity: Describe each final diagnosis clearly, concisely and to the highest level of specificity. Use all applicable descriptors and include the following:

- Episode – single or recurrent
- Severity – mild, moderate, severe
- Presence or absence of psychosis/psychotic features
- Remission status – partial or full

Note: When multiple variations of major depressive disorder are documented in the same encounter, no ICD-10 code can be assigned without a provider query to confirm the current level. The example below illustrates why it is important to update your problem lists, past medical history (PMH), assessment, etc., to prevent contradiction in the documentation.

Assessment includes:

- Depression
- Major depressive disorder, recurrent in partial remission
- Major depressive disorder, recurrent in full remission
- Major depressive disorder, single episode, severe without psychotic features

Treatment plan

- Document a clear and concise treatment plan for major depressive disorder, linking related medications to the diagnosis.
- Document details of referral or consultation requests are made.
- Document when the patient will be seen again, even if only on an as-needed basis.[4]

ICD-10-CM coding tips

Major depression coexisting with bipolar disorder

- Major depression coexisting with bipolar disorder classifies to the applicable combination code under category F31 for bipolar disorder. Bipolar disorder includes both depression and mania and it is more important to capture the bipolar disorder. Therefore, a code for depression is not reported separately.[5]
- Category F31.- bipolar disorder, has an ***Excludes1*** note advising categories F32.-; major depressive disorder, single episode and F33.- major depressive disorder, recurrent are NOT coded here!

An ***Excludes1*** note indicates that the code excluded should never be used at the same time as the code above the ***Excludes1*** note. An ***Excludes1*** note is used when two conditions cannot occur together.[6]

Additional reminders

- While MDD is a commonly accepted medical abbreviation for major depressive disorder, this abbreviation also can be used to represent manic depressive disorder, which classifies to a different diagnosis code.
- "Chronic depression" and "depression" without further description both code to F32.A, Depression, unspecified.[7]

Coding examples

Example 1	
Medical record documentation	**HPI:** Depression disorder **Past medical history (PMH):** Bipolar depression **Psychiatric/Behavioral review of systems:** Positive for sleep disturbance; patient is nervous/anxious; depression **Psychiatric exam:** She is attentive; affect is flat and angry. **Assessment:** Moderate episode of recurrent major depressive disorder with documented treatment. Bipolar depression.
ICD-10-CM code	• **F31.9** Bipolar disorder, unspecified
Rationale	Assign code F31.9, Bipolar disorder, unspecified. Bipolar disorder includes both depression and mania, and it is more important to capture the bipolar disorder. Therefore, a code for depression would not be reported separately.[5]

Example 2	
Medical record documentation	**HPI:** 71-year-old male with history of depression presents for follow-up. **Assessment:** Recurrent major depression – patient is asymptomatic, symptoms are stable. Patient denies suicidal ideation. Plan is to continue current management. **EHR-inserted code: F33.0** (Major depressive disorder, recurrent, mild)
ICD-10-CM code	• **F33.9** Major depressive disorder, recurrent, unspecified
Rationale	The severity of mild, moderate, or severe with or without psychotic symptoms or features is not documented by the provider. As there is a mismatch between the provider stated diagnosis and the EHR-inserted code descriptor, with no additional support elsewhere in the record, code assignment is based on the provider's diagnostic statement.[6]

Example 3	
Medical record documentation	**HPI:** 66-year-old female returns for follow-up regarding management of chronic conditions, including depression. Reports no significant changes in mood, sleep, appetite, or energy since last visit. Denies suicidal ideation or new psychosocial stressors. Medication adherence has been consistent, and patient describes current mood as stable. **Problems list:** Recurrent major depression **Assessment:** Endogenous depression, stable on current medications
ICD-10-CM code	• **F33.2** Major depressive disorder, recurrent severe without psychotic features
Rationale	Review of the record in its entirety supports a current diagnosis of endogenous depression. The coding path for endogenous depression leads to F33.2, even in the absence of specificity of severity documentation by the provider. Depression (acute) (mental) > endogenous (without psychotic symptoms) > F33.2[8]

References

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