

Major Depressive Disorder

CMS-HCC_V28 Model Updates

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **Major Depressive Disorder**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Major Depressive Disorder Under V28 Model, these codes will no longer risk-adjust for DOS 2024	
F32.0	Major depressive disorder, single episode, mild
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F33.0	Major depressive disorder, recurrent, mild
F33.4*	Major depressive disorder, recurrent, in remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F39	Unspecified mood [affective] disorder

*Requires an additional digit to complete the code.

Documentation and Coding

Major Depressive Disorder with Higher Severity and Specificity

If documented and supported, providers should use other alternative ICD-10-CM codes within the category

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
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

When coding for Major Depressive Disorder, the following components are key in documentation:

- **Type of Disorder**
- **Frequency of Occurrence**
- **Level of Severity**
- **Psychotic Symptoms**

Frequency of Occurrence and Presence of Psychotic Symptoms

The frequency can be between single and recurrent episodes.

- **Single Episodes** last at least two weeks and are manifested by at least five of the following symptoms for a Major Depressive Disorder:
 - Depressed mood, loss of interest in activities, insomnia/hypersomnia, significant weight changes
 - Changes in appetite, psychomotor retardation or agitation, fatigue, loss of energy, poor concentration
 - Thoughts of worthlessness or guilt, recurrent thoughts of death or suicidal ideation without a specific plan, suicide attempt, or a specific plan for committing suicide
 - Clinically significant distress or impairment in social, occupational, or other important areas of functioning
 - The episode is not attributable to the physiological effects of a substance or to another medical condition
- **Recurrent Episodes** occur when there is a relapse of depressive symptoms after at least two months of normal moods and behavior.
- Avoid using the acronym “MDD” to represent Major Depressive Disorder, as it also can represent manic depressive disorder, which classifies to a different diagnosis code. As a best practice, spell out the diagnosis in full for all applicable descriptors and include information about any antidepressant medication.
- Document the signs and symptoms in the absence of a confirmed diagnosis.
- Describe depression to the highest level of specificity:
 - Episode: single or recurrent
 - Severity: mild, moderate, or severe
 - Presence or absence of psychosis/psychotic features
 - Remission status: partial or full
- Check that all diagnoses reported are supported by the Monitor, Evaluate, Assess, and Treat (MEAT) methodology to ensure proper and compliant documentation.

Documentation and Coding

Coding Example

Case	<p>Patient presents today for a follow-up of her recurrent major depressive disorder of moderate severity. Patient's complaints include loss of interest or pleasure in most activities, tiredness, fatigue, low motivation for routine tasks. Today her PHQ9 score is 13.</p> <p>Forty-five minutes were spent counseling the patient and updating medication dosage of Prozac.</p>
Diagnosis Reported	<ul style="list-style-type: none">• F33.1 - Major depressive disorder, recurrent, moderate• F33.1 is supported by documentation and risk-adjust in CMS-HCC V28 model• Documentation supports highest level of specificity for Major Depressive Disorder

DSM-5 Criteria

Certain DSM-5 criteria must be met for Major Depressive Disorder or Major Depression diagnosis to be established. Example of this specific criteria for a Major Depressive Episode:

- A. Presence of at least five of the nine symptoms listed below, during same two-week or more period, which vary from previous functioning. Symptoms are (may be observed by others, not necessarily patient's subjective account):
1. Depressed mood most of the day, almost every day
 2. Noticeable diminished interest or pleasure in most or all activities
 3. Substantial weight gain or weight loss (or poor appetite) when not dieting
 4. Insomnia or hypersomnia
 5. Psychomotor agitation or retardation
 6. Fatigue or loss of energy
 7. Feelings of worthlessness or excessive or inappropriate guilt (may be delusional)
 8. Reduced ability to concentrate, or to make decisions
 9. Recurrent thoughts of death (not just fear of dying), suicidal ideation without a specific plan or attempt

Documentation and Coding

- B. Must have either depressed mood and/or loss of interest/pleasure.
- C. Symptoms cannot be clearly associated to another medical condition, or physiological effects of a substance.
- D. Symptoms cause clinically significant affliction or impairment in social, occupational, or other important areas of functioning.

Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section at [HFproviders.org](https://www.healthfirst.org/HFproviders.org).

Interested in receiving Healthfirst provider updates? Join our mailing list at [HFproviders.org/subscribe](https://www.healthfirst.org/HFproviders.org/subscribe).

References

- [ICD-10-CM Official Coding Guidelines 2024](#)
- [Coding Clinic Advisor](#)
- [National Library of Medicine](#)

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