

# Documentation and Coding: Major Depressive Disorder

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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 on services submitted to Healthfirst—specifically for common types of Major Depressive Disorders. 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.

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

<b>Type of Disorder</b>
<b>Frequency of Occurrence</b>
<b>Level of Severity</b>
<b>Psychotic Symptoms</b>

## 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 behaviors.

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## Level of Severity

PHQ-9 Score	Severity	Single Episode	Recurrent Episode	Recommendations
0–4	None–Minimal	--	--	Monitor; may not require treatment.
5–9	Mild	F32.0	F33.0	Use clinical judgment to determine necessity of treatment.
10–14	Moderate	F32.1	F33.1	
15–19	Severe without psychotic features	F32.2	F33.2	Warrants active treatment with psychotherapy, medications, or combination.
20–27	Severe with psychotic features	F32.3	F33.3	
--	Other	--	F33.8	Use this code for Recurrent brief depressive episodes.
--	Unspecified	--	F33.9 <sup>†</sup>	Use this code for Monopolar depression NOS.
<b>Identify Remission Status:</b>				
In Remission Unspecified		--	F33.40 <sup>†</sup>	<sup>†</sup> Use only in the event no other code describes the condition.
In Partial Remission		F32.4	F33.41	Document if symptoms of a previous major depressive episode are present, but full criteria is not met, or if there is a period lasting less than two months without any significant symptoms of a major depressive episode following the end of such an episode. Document if patient is on medications.
In Full Remission		F32.5	F33.42	Notate if no significant signs or symptoms of the disturbance are present in the past two months. Document if patient is on medications.

<sup>†</sup>Use only in the event no other code describes the condition.

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## Frequency of Occurrence and Presence of Psychotic Symptoms

- 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.

## 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](http://HFproviders.org).

## References

- [ICD-10-CM Official Coding Guidelines, FY 2023](#)
- [Coding Clinic Advisor](#)