



Major depression/major depressive disorder

ICD-10-CM
Clinical overview

Definition

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association (APA) advises that major depression is a mental disorder, marked by a depressed mood and loss of interest or pleasure in all activities, that lasts for at least two weeks and represents a change from previous functioning.

Causes

The exact cause is not known. Factors thought to play a role include:

- Biological differences/physical changes in the brain
- Changes in function and effect of brain chemicals (called neurotransmitters) that are linked to mood
- Changes in hormone balance
- Genetics/inherited traits
- Life events
- Trauma during early childhood

Signs and symptoms

The DSM-5 provides detailed and specific criteria that must be met to diagnose major depression or major depressive disorder. For example, these specific criteria include the following excerpt:

- A. Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day
3. Significant weight loss when not dieting, or weight gain, or decrease or increase in appetite
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)
8. Diminished ability to think or concentrate, or indecisiveness
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a

specific plan or a suicide attempt or a specific plan for committing suicide

- B. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.
- C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Criteria A-C represent a major depressive episode.

See the DSM-5 for complete criteria.

Complications

Major depression that is left untreated can cause complications, such as:

- Alcohol or substance abuse
- Anxiety
- Heart disease or other medical conditions
- Work or school problems
- Family conflicts
- Relationship difficulties
- Social isolation
- Suicide

Diagnostic tools

- Medical history and physical exam
- Standardized depression screening tools, such as the PHQ-9 – a nine-item patient health questionnaire used to screen for and diagnose depression and to monitor response to treatment
- Laboratory tests to check for and monitor underlying medical conditions
- Psychological evaluation

Treatment options

- Medications
- Psychotherapy/mental health counseling
- Electroconvulsive therapy
- Vagus nerve stimulation
- Transcranial magnetic stimulation

Self-help strategies

- Adherence to treatment plan
- Education about depression
- Observation for warning signs
- Exercise and adequate sleep
- Avoidance of alcohol and illicit drugs



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Best documentation practices for physicians

Subjective

In the subjective section of the office note, document the presence or absence of any current symptoms related to major depressive disorder.

Objective

- The objective section should include any current associated physical exam findings (such as “flat affect,” weight loss or gain, etc.).
- Include results of related diagnostic testing.

Assessment

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

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

Abbreviations: Limit – or avoid altogether – the use of abbreviations. 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. The meaning of an abbreviation can often be determined based on context, but this is not always true.

Best practice is to document major depression or major depressive disorder by spelling out the diagnosis in full with all applicable descriptors.

Current versus historical

- Do not use the descriptor “history of” to describe current major depression that is still present, active and ongoing. In diagnosis coding, the phrase “history of” means the condition is historical and no longer exists as a current problem.
- Do not document major depression as if it is current when the condition is truly historical and no longer exists as a current problem.
- Major depression that is in remission but still has impact on patient care, treatment and management should be included in the final assessment or impression with the current status noted as “in remission.” Specify whether remission is partial or full.

Terms of uncertainty

- For a confirmed diagnosis of major depressive disorder or major depression, do not use descriptors that imply uncertainty (such as “probable,” “apparently,” “likely” or “consistent with”).
- Do not document *suspected* major depressive disorder or major depression as if the diagnosis were confirmed. Document the signs and symptoms in the absence of a confirmed diagnosis.

Plan

- Document a specific and concise treatment plan for major depression, including date of next appointment.
- Clearly link the depression diagnosis to any medications that are being used to treat it.
- Document to whom or where referrals are made or from whom consultation advice is requested.

Documentation impact on code assignment

ICD-10-CM classifies major depressive disorder to the following categories:

- F32 Major depressive disorder, single episode
- F33 Major depressive disorder, recurrent

“Chronic depression” and “depression” without further description both code to F32.A, Depression, unspecified.

It is critical that physicians and other health care providers document depression as specifically as possible to help ensure accurate diagnosis code assignment. Not doing so could result in many patients being erroneously classified as having a major depressive disorder when that is not the case. For example:

- Situational depression (such as depression due to the death of a loved one) codes to F43.21, Adjustment disorder with depressed mood.
- Nervous or neurotic depression codes to F34.1, Dysthymic disorder.



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Best documentation practices for physicians

Electronic health record (EHR) issues

Other and unspecified codes with descriptions:

Some electronic health records (EHRs) insert ICD-10-CM codes with corresponding descriptions into the assessment section of the office note in place of a provider-stated final diagnosis. For example:

“F32.9 Major depressive disorder, single episode, unspecified”

“F33.8 Other recurrent depressive disorders”

These are vague descriptions and incomplete diagnoses.

- Codes titled “other” or “other specified” are for use when the medical record provides a specific diagnosis description for which a specific diagnosis code does not exist.
- The “other” ICD-10-CM code with description should not be used, by itself, as a final diagnosis without clear documentation that specifies the particular “other” cerebral infarction.
- Unspecified diagnosis descriptions should be used only when sufficient clinical information is not known or available to the provider at the time of the encounter.

Mismatch between final diagnostic statement and EHR-inserted diagnosis code with description:

Another scenario that causes confusion is one in which the assessment section documents a provider-stated diagnosis *PLUS* an EHR-inserted diagnosis code with description that does not match – or may even contradict – the stated diagnosis. Example:

Assessment: Atypical depression. Stable, continue sertraline 100 mg tablet daily.

F32.5 Major depressive disorder, single episode, in full remission

Here the final diagnosis **in bold** is “Atypical depression”, which codes to F32.89. The EHR-inserted diagnosis code with description that follows – F32.5 Major depressive disorder, single episode, in full remission – does not match the stated diagnosis in bold. No information was found elsewhere in the record that provides sufficient clarity to determine which diagnostic statement is correct and which code should be reported.

To avoid confusion and ensure accurate diagnosis code assignment, the provider-stated final diagnosis must either

- a) match the code with description; OR
- b) it must classify in ICD-10-CM to the EMR-inserted diagnosis code with description.

Note: ICD-10-CM is a statistical classification; it is not a substitute for a healthcare provider’s final diagnostic statement. It is the provider’s responsibility to provide legible, clear, concise, and complete documentation of each final diagnosis described to the highest level of specificity, which is then translated to a code for reporting purposes.

It is not appropriate for providers to simply list a code number or select a code number from a list of codes in place of a written final diagnosis.



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Tips and resources for coders

Coding basics

To ensure accurate code assignment, the coder must note the exact diagnosis description documented in the medical record; then, in accordance with ICD-10-CM official coding conventions and guidelines:

- Search the alphabetic index for that specific description.
- Verify the code in the tabular list, carefully following all instructional notes.

Coding major depressive disorder

Major depressive disorders are coded from categories F32 and F33. Fourth and fifth characters provide further specificity (see below). Codes in these two categories that represent major depressive disorder are as follows:

F32 Depressive episode

F32.0 Major depressive disorder, single episode, mild

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

F32.4 Major depressive disorder, single episode, in partial remission

F32.5 Major depressive disorder, single episode, in full remission

F32.9 Major depressive disorder, single episode, unspecified. Includes: Major depression NOS

ALERT: New code effective 10/1/2021:

F32.A Depression, unspecified. Includes: Depression NOS and Depressive disorder NOS

F33 Major depressive disorder, recurrent

F33.0 Major depressive disorder, recurrent, mild

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

F33.4- Major depressive disorder, recurrent, in remission

F33.40 Major depressive disorder, recurrent, in remission, unspecified

F33.41 Major depressive disorder, recurrent, in partial remission

F33.42 Major depressive disorder, recurrent, in full remission

F33.9 Major depressive disorder, recurrent, unspecified

- ICD-10-CM code assignment is based on the specific diagnosis as described by the physician in the medical record. Coders are not allowed to make any assumptions based on documented signs and symptoms or other patient work-up that may show that the DSM-5 criteria for major depression are met. Only the physician can assign a diagnosis of major depression based on his or her evaluation of the patient and application of specific diagnostic criteria.

- The abbreviation MDD can have more than one meaning (manic depressive disorder versus major depressive disorder, which classify to two different ICD-10-CM codes). No code can be assigned unless the meaning of the abbreviation MDD is clear.

- Situational depression codes to F43.21, Adjustment disorder with depressed mood.

- “Depression” (with no further description) and “chronic depression” both code to F32.A, Depression, unspecified.

- Major depression coexisting with bipolar disorder classifies to the applicable combination code under category F31 for bipolar disorder. AHA Coding Clinic, First Quarter 2020, advises bipolar disorder includes both depression and mania; i.e., depression is a component of bipolar disorder. It is more important to capture the bipolar disorder. Therefore, a code for depression is not reported separately.

- The alphabetic index includes **Depression** > anxiety F41.8. However, ICD-10-CM does not presume linkage between depression and anxiety. Therefore, documentation that the two conditions simply co-exist is not sufficient to link them together; and in this scenario they would each be coded separately.

If, however, the medical record clearly links “depression anxiety” or “anxiety depression” as a single disorder, it is appropriate to assign code F41.8, Other specified anxiety disorders. F41.8 includes Anxiety depression (mild or not persistent), Anxiety hysteria, and Mixed anxiety and depressive disorder. Mixed anxiety and depressive disorder is a distinct and single clinical diagnosis that is not classified the same as two, co-existing diagnoses of anxiety and depression.

Reference: AHA Coding Clinic, First Quarter 2021, Pages 10-11



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Tips and resources for coders

Coding examples

Example 1	
Final diagnosis	Depression
ICD-10-CM code(s)	F32.A Depression, unspecified
Rationale	F32.A is a new code effective 10/1/2021.

Example 2	
Final diagnosis	Single episode severe major depression with psychotic behavior
ICD-10-CM code(s)	F32.3 Major depressive disorder, single episode, severe with psychotic features
Rationale	This is a more specific diagnosis description that leads to assignment of a more specific diagnosis code: F32.3.

Example 3	
Final diagnosis	Recurrent depressive episode
ICD-10-CM code(s)	F33.9 Major depressive disorder, recurrent, unspecified
Rationale	The alphabetic index of ICD-10-CM – Episode > depressive > recurrent leads to F33.9. Verification of the code in the tabular list shows code F33.9 represents Major depressive disorder, recurrent, unspecified.

Example 4	
Final diagnosis	MDD
ICD-10-CM code(s)	Unable to code. Query physician for clarification.
Rationale	MDD can represent major depressive disorder or manic depressive disorder. Provider clarification is needed before code assignment.

Example 5	
Final diagnosis	Reactive psychotic depression
ICD-10-CM code(s)	F32.3 Major depressive disorder, single episode, severe with psychotic features
Rationale	The alphabetic index of ICD-10-CM shows Depression , reactive, psychotic – codes to F32.3. Verification of the code in the tabular list shows code F32.3 represents major depressive disorder, single episode, severe with psychotic features.

Example 6	
Final diagnosis	Mild major depression
ICD-10-CM code(s)	F32.0 Major depressive disorder, single episode, mild
Rationale	In ICD-10-CM, category F32 includes mild major depressive disorder and defaults to single episode.

Depression descriptions that do not code to major depressive disorder/major depression:

Final diagnosis	Code Assignment
Nervous depression, neurotic depression	F34.1 Dysthymic disorder
Hysterical depression	F44.89 Other dissociative and conversion disorders
Situational depression	F43.21 Adjustment disorder with depressed mood

References: American Hospital Association (AHA) Coding Clinic, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5); Mayo Clinic; ICD-10-CM Official Guidelines for Coding and Reporting; 2008 Risk Adjustment Data Technical Assistance for Medicare Advantage Organizations Participant Guide