

Major Depressive Disorder (MDD) documentation

To capture the full disease burden of a patient's depressive disorders, follow the documentation guidelines below, as applicable.

Do document: Current symptoms	Do document: Related conditions (linked) with current episode or state												
Examples of symptoms include: <ul style="list-style-type: none"> • Fatigue • Energy loss • Feelings of worthlessness • Excessive guilt • Unexplained weight loss. 	<ul style="list-style-type: none"> • Bipolar disorder I or II and indicating mixed, manic or depressed. <ul style="list-style-type: none"> ○ Bipolar disorder with moderate depression. ○ Bipolar I disorder with mania as current episode. • Anxiety and depression should be coded separately but may be linked in etiology. • Include anxiety specificity. (Generalized, panic, phobic, reaction, etc.) 												
Do document: Severity, occurrence, remission status and presence of psychotic features	PHQ-9 chart: Use this chart to document severity												
<ul style="list-style-type: none"> • Partial or full remission status, even if pt on medication or therapy currently <ul style="list-style-type: none"> ○ Ex. Major depressive disorder, recurrent, severe without psychotic features ○ Ex. Major depressive disorder, single episode, moderate • Occurrence is specified as single episode or recurrent <ul style="list-style-type: none"> ○ If occurrence is not documented, the code defaults to a single episode 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #004d40; color: white;"> <th style="padding: 5px;">PHQ score</th> <th style="padding: 5px;">Severity</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">5 - 9</td> <td style="padding: 5px;">Mild</td> </tr> <tr> <td style="padding: 5px;">10 - 14</td> <td style="padding: 5px;">Moderate</td> </tr> <tr> <td style="padding: 5px;">15 - 19</td> <td style="padding: 5px;">Moderately severe</td> </tr> <tr> <td style="padding: 5px;">≥ 20</td> <td style="padding: 5px;">Severe</td> </tr> <tr> <td colspan="2" style="padding: 5px;">*PHQ-9 score ≥ 10: Likely major depression</td> </tr> </tbody> </table>	PHQ score	Severity	5 - 9	Mild	10 - 14	Moderate	15 - 19	Moderately severe	≥ 20	Severe	*PHQ-9 score ≥ 10: Likely major depression	
PHQ score	Severity												
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*PHQ-9 score ≥ 10: Likely major depression													
Do document: Status and treatment plan	Don't:												
<ul style="list-style-type: none"> • Include MEAT (monitored, evaluated, assessed/addressed, treating) in your documentation. • Link medications with the appropriate diagnosis. (Patient is prescribed albuterol for asthma.) • "Major depressive disorder, recurrent, in full remission; responding well to psychotherapy and treatment plan." • Referrals to behavioral health specialists. 	<ul style="list-style-type: none"> • Code unspecified depression. <i>Only use if no further specificity can be made via assessment or chart review.</i> • Code depression separately when reporting bipolar disorder. <i>Only code bipolar.</i> 												

*The CMS-HCC Model also incorporates additional relative factors for disease interactions. Certain combinations of diseases have been determined to increase the cost of care. For example, a patient with substance use disorder and psychiatric disorder has higher expected costs than a patient that has only substance use disorder, or a patient only has a psychiatric disorder. Disease interactions result in higher risk scores when the disease pairs are present. The model includes disease-disease interactions as well as disability-disease interactions.

References:

1. Sheri Poe Bernard Ccs-P. CDEO CPC CRC. Risk Adjustment Documentation & Coding, 2nd Edition. American Medical Association Press, pp.118-121.
2. Prescott, L., Manz, J., Reiter, A. (2023). *2023 ACDIS Outpatient Pocket Guide The essential CDI Resource for Outpatient Professionals* (pp. 279-285). HCPro, a Simplify Compliance Brand.
3. Buel, A. (2023, March). Management of Major Depression: Guidelines From the VA/DoD. *American Academy of Professional Coders*. <https://www.aafp.org/pubs/afp/issues/2023/0300/practice-guidelines-depression.html>
4. Williams, J. (2022, February 23). Screening for Depression in Adults. *Up To Date*. <https://www.uptodate.com/contents/screening-for-depression-in-adults>