## oscar

#### CLINICAL DOCUMENTATION

AHA CODING CLINIC CORNER

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# Major Depressive Disorder

Major depressive disorder is a severe form of depression where in addition to a depressed mood and loss of interest, the patient also experiences changes in weight or appetite, too much or too little sleep, slowed motor function, loss of energy, indecisiveness, and feelings of worthlessness that may be accompanied by suicidal thoughts. A single episode can last a minimum of two weeks with persistent symptoms. An individual can experience only one single depressive episode during his or her lifetime; however, in most cases, the depressive episodes are recurrent.

#### ICD-10 CODES

F32.0	Major depressive disorder, single episode, mild	F33.1	Major depressive disorder, recurrent, moderate
F32.1	Major depressive disorder, single episode, moderate	F33.2	Major depressive disorder, recurrent, severe
F32.2	Major depressive disorder, single episode, severe		-without psychotic features
	-without psychotic features	F33.3	Major depressive disorder, recurrent, severe
F32.3	Major depressive disorder, single episode, severe		-with psychotic features
	-with psychotic features	F33.40	Major depressive disorder, recurrent, in remission, unspecified
F32.4	Major depressive disorder, single episode, in partial remission	F33.41	Major depressive disorder, recurrent, in partial remission

**F32.81** Premenstrual dysphoric disorder

**F32.89** Other specified depressive episodes

F32.9 Major depressive disorder, single episode, unspecified

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

F32.A Depression, unspecified

F33.0 Major depressive disorder, recurrent, mild

## **DEEP Diagnosis Elements**

DOCUMENTATION ACRONYMS

Include elements of DEEP in documentation to clinically support major depressive disorder.

Diagnosis: Depression

**Evidence:** PHQ9 shows moderate, has been recurrent for 15 years, patient reports loss of interest in hobbies and increased sleeping

**Evaluation:** MDD, recurrent, moderate

Plan: Continue Zoloft, start Wellbutrin, RTC 2 weeks

#### Final Assessment Details

F33.8 Other recurrent depressive disorders

Include DSP for each addressed condition impacting treatment and patient care.

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

F33.9 Major depressive disorder, recurrent, unspecified

### Diagnosis:

#### **Major Depressive Disorder Diagnosis**

- Episode
  - Single
    - Recurrent
- Severity
  - Without psychotic features
  - With psychotic features

#### Status:

#### **Active**

- Controlled
- Uncontrolled

#### **Remission**

- Partial remission
- · Full remission

#### Plan:

- Depression
  - Pharmacologic
  - Referrals
  - Symptom Control
  - Therapy
  - Counseling



#### CLINICAL DOCUMENTATION

#### **BEST PRACTICES & TIPS**

- **Specificity is key!** Always indicate the episode of major depressive disorder, the severity, and the status of the condition along with the method of control as these details cannot be assumed.
- **DEEP elements should be documented** to show clinical evidence of MDD and support its current status. Incorporate tests, signs and symptoms and document any and all associated treatments with each corresponding final diagnosis.
- If MDD is not active it is important to document this as in remission as it may impact future care.
- Avoid using **uncertain terms** for present and active conditions, which include: probable, suspected, likely, questionable, possible, still to be ruled out, compatible with, or consistent with.
- **Avoid** documenting MDD as a "history of" as this suggests that it is resolved and may cause conflict with documentation of remission status.
- Documentation of 'depression' without further specificity is **not equivalent** to a diagnosis of major depressive disorder.



For more resources go to:

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