Major Depressive Disorder (MDD) Coding Guidelines

Major Depressive Disorder (MDD) is a significant mental health condition characterized by persistent sadness, loss of interest, and functional impairment that can affect a person's ability to carry out daily activities.

Accurate coding of MDD is critical in the healthcare setting for several reasons:

- it ensures appropriate documentation of the patient's condition,
- supports continuity of care,
- aligns with risk adjustment requirements, and
- impacts reimbursement. Coders should always rely on clear, specific documentation from providers and avoid making assumptions based on patient-reported symptoms alone.

Below is a quick reference guide with ICD-10 codes, descriptions, coding tips, and documentation examples to help ensure accurate capture of MDD-related conditions:

Coding Examples - MDD Guidelines

ICD-10 Code	Description	Coding Guidelines	Examples
F32.A	Depression, unspecified	This code is used when a patient's symptoms suggest depression, but the provider doesn't specify severity or recurrence status.	Patient came in with initial symptoms of depression and Provider does not document further specificity or recurrence of diagnosis.
F32.-	Major depressive disorder, single episode, mild,	MDD has been diagnosed due to single life events, treatment plan may vary. Initial occurrence can be	Patient came in with initial symptoms of depression due to an unexpected death of a loved one.

ICD-10 Code	Description	Coding Guidelines	Examples
	moderate or severe	reported as single episode.	Single episode documented due to life event, not recurring.
F33.-	Major depressive disorder, recurrent, mild, moderate or severe	MDD can be classified as recurrent if patient has had repeated episodes of depression. There has been at least one previous episode lasting a minimum of two weeks and separated by the current episode of at least two months.	Patient came in for follow up for depression. Provider noted the depression is recurrent and PHQ9 score of 15. Patient is still on treatment: medication, psychotherapy or counseling.
F33.41	Major depressive disorder, recurrent, in partial remission	For a classification of a partial remission the patient has had two or more depressive episodes in the past, some depression symptoms persist but not enough to meet full MDD criteria.	Patient came in for follow up for depression. Provider noted the depression is recurrent and in partial remission. PHQ9 score of 3. Patient still on treatment: medication, psychotherapy or counseling.
F33.42	Major depressive disorder, recurrent, in full remission	For a classification of in remission the patient has had two or more depressive episodes in the past but has been free from depressive symptoms for over two months.	Patient came for a follow up for depression. Provider noted that the depression is recurrent, but has had no symptoms for several months. PHQ9 score of 0. Patient still on treatment: medication, psychotherapy or counseling.

ICD-10 Code	Description	Coding Guidelines	Examples
Z86.59	Personal history of other mental and behavioral disorders	Providers can report history of mental and behavioral disorders if patient has not had any depression symptoms in several months and is not active on treatment including counseling.	Patient has came in to follow up on depression and has not had an episode or depression symptoms in several months and is currently off any medications, counseling or any other treatment.

FAQs

When can a Provider report Major Depressive Disorder?

The provider may determine a diagnosis of depression based on:

- **Physical exam** - Provider may do a physical exam and ask questions about the patient's health. In some cases, depression may be linked to an underlying physical health problem.
- **Lab tests**- Providers can also do a blood test called a complete blood count to test thyroid levels to make sure it's functioning properly.
- **DSM-5** - Provider may use the criteria for depression listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

How to accurately report Major Depressive Disorder?

Providers can report major depressive disorder if they accurately document the following:

Specificity:

- Symptoms are present for at least 2 weeks; AND

- If it is a single episode or recurrent episode; AND
- If it is mild, moderate, severe without psychotic features, severe with psychotic features; OR
- If it is in partial remission or full remission

Treatment Plan:

- Document a clear and concise treatment plan for Major depressive disorder, linking related medications to the diagnosis.
- Indicate in the office note to whom or where any referral or consultation requests are made.
- Document when the patient will be seen again, even if only on an as-needed basis.

Note: A diagnosis of major depression disorder, symptoms must cause the patient clinically significant distress or impairment in social, occupational, or other important areas of functioning, although, individuals with mild depression may appear to be normal. The symptoms must also not be a result of substance abuse or another medical condition.

Why is proper documentation for MDD important for Risk Adjustment?

Reporting major depressive disorders is based on specific documentation in the progress note; most Providers report **F32.A Depression**, unspecified which ***does not*** risk adjust in the current CMS Model.

It is recommended for the Provider to identify and document the following to report the depression code to the highest specificity:

- **Episode** – single or recurrent
- **Severity** – mild, moderate or severe (with or without psychotic features)
- **Remission status** – partial or full remission

Single Episode: is the initial episode in which diagnostic criteria are met and represent a change from previous functioning.

Recurrent Episode: defined as a subsequent major depressive episode with a period of 2 consecutive months between separate episodes in which criteria are not met for a major depressive episode.

In the note, Providers can also document clinical indicators in the absence of major depressive disorder:

- Depressed mood
- Inability to think clearly or concentrate
- Unintentional weight loss
- Insomnia or hypersomnia
- Feelings of worthlessness
- Fatigue or loss of energy

Can MDD be coded based on PHQ-9 results?

No, while the PHQ-9 (Patient Health Questionnaire-9) is a validated screening tool used to assess the severity of depressive symptoms, it does not constitute a definitive diagnosis. A provider must review the results, perform a clinical assessment, and document the diagnosis of MDD in the medical record for it to be coded. Coders should not code based on screening results alone.

Guide for Interpreting PHQ-9 scores:

Score	Depression Severity	Action
0-4	None-minimal	Patient may not need depression treatment.
5-9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.

Score	Depression Severity	Action
10-14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
15-19	Moderately Severe	Treat using antidepressants, psychotherapy or a combination of treatment.
20-27	Severe	Treat using antidepressants with or without psychotherapy.

When should a Provider code MDD in remission?

When a patient, diagnosed with major depressive disorder is stable and not receiving active treatment, such as psychotherapy, counseling or anti-depressant medications, it is appropriate for the provider to document and report major depression in remission. Determine the type of remission based on these criteria:

- Partial remission: Symptoms from the previous major depressive episode are present; however, the patient does not meet full criteria or there is a period of less than two months without any significant symptoms.
- Full remission: No significant signs or symptoms of the disturbance present during the past two months.

References

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