

Major Depressive Disorder

Patients that experience a depressive episode **lasting two or more weeks with at least five symptoms of clinical depression** causing significant distress or impairment not caused by substance abuse or other condition that can be diagnosed with clinical depression.¹

**One of the five symptoms present must be either depressed mood or loss of interest or pleasure in most or all activities.*

Depression, not otherwise specified - F32.92

The condition is often more severe than the code suggests. Avoid broad terms and unspecified codes for a better awareness about the disease and the population it affects.

Document to the highest degree & code to the highest specificity

Include condition details

SEVERITY - Mild, Moderate, Severe

EPISODE - Single, Recurrent, In Remission

Symptoms of Clinical Depression		
*Depressed Mood	*Loss of interest or pleasure in most or all activities	Feelings of worthlessness or guilt
Suicidal ideations or self-harm	Poor concentration	Fatigue or low energy
Significant weight or appetite change	Insomnia or hypersomnia	Psychomotor retardation or agitation

Depression Screening Tools³

Mental Health America (MHA) has a number resources that focus on prevention, early identification, and intervention for adults age 18 and older. The PHQ-9[©] questionnaire⁴ can be given to patients during a primary care encounter to screen for the presence and severity of depression.

PHQ-9 [©] Depression Scoring, Plan and Diagnosis				
Score	Severity	Proposed Treatment	ICD-10	
0 - 4	None - Minimal	None: not depressed/no personal history of depression.	N/A	
		In Remission*: patient is receiving treatment for depression but condition is stable and symptoms no longer meet criteria for major depression.	See Below	
		*If patient has been previously diagnosed with depression (regardless of severity) be sure to document depression is either in partial or full remission.	Partial Remission	F32.4, F33.41
			Full Remission	F32.5, F33.42
5 - 9	Mild	Watchful waiting: repeat PHQ-9 at follow up visit.	F32.0, F33.0	
10 - 14	Moderate	Consider counseling and/or medication, follow up visits.	F32.1, F33.1	
15 - 19	Moderately Severe	Active treatment: pharmacotherapy and/or psychotherapy, follow up visits.	F32.1, F33.1 F32.2, F33.2	
20 - 27	Severe	Immediate initiation of pharmacotherapy, expedited referral to mental health specialist for psychotherapy and/or collaborative management.	F32.2, F33.2 F32.3, F33.3	

Major Depressive Disorder, Continued

- Patient does not have to be actively involved in treatment.
- Depression is considered recurrent after the first single episode.
- Depression is recurrent if they are currently on prescribed medication or receiving therapy services.
- Consider “in remission” rather than “history of” if previously diagnosed with depression but is currently without symptoms.
- Document additional DSM-5 depression classifications (if applicable).
 - With mixed features - manic symptoms are present but does not meet all the criteria for manic episode.
 - With anxious distress - presence of anxiety that affects prognosis, treatment, and patient response.

Bipolar Disorder⁵

Bipolar disorder and depression should not be coded or billed together. Depression is considered inclusive of bipolar disorder per ICD-10 “Excludes 1” guideline⁶.

Differential Diagnosis

Bipolar 1	Bipolar 2
Marked by manic episodes	Marked by hypomanic episodes
Hospitalization due to mania likely	Hospitalization due to hypomania less likely
Psychosis may occur during manic episodes	Psychosis unlikely to occur during hypomania
One or more manic episodes; often accompanied by depressive episodes. May be accompanied by psychosis.	One or more hypomanic episodes; at least one major depressive episode
Cyclothymia	Mixed
Two-year period of cycling hypomanic AND depressive symptoms that fail to meet DSM-5 criteria for Major Depressive Disorder.	Meets criteria for manic AND depressive episodes almost every day for AT LEAST one week.

ICD-10	Description	ICD-10	Description
F31.0	Hypomanic	F31.6-	Mixed features
F31.1-	Manic without psychotic features	F31.7-	In remission
F31.2-	Manic severe with psychotic features	F31.81	Bipolar Type 2
F31.3-	Depressed, mild, or moderate severity	F31.89	Other bipolar disorder
F31.4-	Depressed, severe, without psychotic features		Recurrent manic episodes, NOS
F31.5-	Depressed, severe, with psychotic features	F31.9	Manic depression Unspecified

Bipolar Disorder⁵, Continued

Clinical Features and Symptoms

Mania	Hypomania	Depression
Flight of ideas or racing thoughts Constant changes in plans Inflated Self-Esteem Overconfidence Increased Activity or restlessness Energy and irritability High-risk, reckless behavior Talkativeness and rate of speech Distractibility Poor attention span Goal directed activity Psychomotor agitation Decreased Normal social habits Need for sleep	Difficulty concentrating Difficulty making decisions Over-familiarity Changes in psychomotor activity Increased Energy and activity Sociability / Talkativeness High-risk, reckless behavior Sexual energy Decreased Need for sleep	Lasting sad, anxious and / or empty mood Thoughts, plans, or attempts of suicide Thoughts, plans, or attempts of self-harm Changes to appetite, eating, weight Disturbances to sleep / wake cycle Feelings of guilt and worthlessness Increased Tiredness Restlessness and irritability Decreased Energy and activity Enjoyment, interest and concentration Mood (varies by day and circumstance) Self-esteem and self-confidence
With Psychotic Features	Hypomania in Bipolar Type 2	
Symptoms same as above and: - Grandiose ideas - Delusions / hallucinations	Symptoms same as mania, but episodes do not : - Cause marked impairment and / or disruption to work functioning - Require hospitalization	

Bipolar and related mood disorder due to known physiological condition:

With manic features (F06.33)
With manic- or hypomanic-like episodes (F06.34)
With mixed features (F06.34)
Unspecified (F06.30)

Schizophrenia

This condition affects the way a person thinks, feels and acts. It makes it difficult to differentiate what is real and what is not. Symptoms vary by severity and type. All symptoms may or may not be present in individuals with the condition.

Schizoaffective Disorders

Characterized by having symptoms of both schizophrenia and mood disorders (depression, bipolar disorder) alternating from delusions or hallucinations to the predominant mood disorder symptoms during the active period of the condition. ICD-10 codes are categorized by the manifestation.

Detailed documentation is necessary for accurate ICD-10 assignment

Schizophrenia		Schizoaffective Disorders	
ICD-10	Manifestation	ICD-10	Type
F20.0	Paranoid	F25.0	Bipolar Type
F20.1	Disorganized		
F20.2	Catatonic	F25.1	Depressive Type
F20.3	Undifferentiated		
F20.5	Residual	F25.8	Other Schizoaffective Disorders
F20.81	Schizophreniform disorder		
F20.89	Other schizophrenia	F25.9	Schizoaffective Disorders, Unspecified
F20.9	Schizophrenia, unspecified		

Symptoms of Schizophrenia and Schizoaffective Disorders⁷

Hallucinations	Lack of focus
Delusions	Impaired memory
Task completion difficulty	Movement disorders
Disorganized Thoughts	Unmodulated Speech

HEDIS® Measures⁸

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Description	Prescription	Description	Prescription
Long-acting injections		Oral Antipsychotic Medications	
HCPCS: C9037, J0401, J1631, J2358, J2426, J2680, J2794		Miscellaneous antipsychotic agents (oral)	-Aripiprazole -Asenapine -Brexipiprazole -Cariprazine -Clozapine -Haloperidol -Iloperidone -Loxapine -Lurasidone -Molindone -Olanzapine -Paliperidone -Quetiapine -Quetiapine fumarate -Risperidone -Ziprasidone
14 day supply	-Risperidone	Phenothiazine antipsychotics (oral)	-Chlorpromazine -Fluphenazine -Perphenazine -Thioridazine -Trifluoperazine -Prochlorperazine
28 day supply	-Aripiprazole -Fluphenazine decanoate -Haloperidol decanoate -Olanzapine -Paliperidone palmitate		
30 day supply	-Risperidone (Perseris)	Psychotherapeutic combinations (oral)	-Amitriptyline-perphenazine
Dementia Medications		Thioxanthenes (oral)	-Thiothixene
Cholinesterase inhibitors	-Donepezil -Galantamine -Rivastigmine		
Misc. central nervous system agents	-Memantine		

HEDIS® Measures, Continued

Antidepressant Medication Management

Members age 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates reported:

Effective Acute Phase Treatment:

Members who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment:

Members who remained on an antidepressant medication for at least 180 days (6 months).

Antidepressant Medications

Description	Prescription					
Miscellaneous antidepressants	-Bupropion	-Vilazodone	-Vortioxetine			
Monoamine oxidase inhibitors	-Isocarboxazid	-Phenelzine	-Selegiline	-Tranylcypromine		
Phenylpiperazine antidepressants	-Nefazodone	-Trazodone				
Psychotherapeutic combinations	-Amitriptyline-chlordiazepoxide		-Amitriptyline-perphenazine		-Fluoxetine-olanzapine	
SNRI antidepressants	-Desvenlafaxine	-Duloxetine	-Levomilnacipran	-Venlafaxine		
SSRI antidepressants	-Citalopram	-Escitalopram	-Fluoxetine	-Fluvoxamine	-Paroxetine	-Sertraline
Tetracyclic antidepressants	-Maprotiline		-Mirtazapine			
Tricyclic antidepressants	-Amitriptyline	-Amoxapine	-Clomipramine Doxepin (>6 mg)		-Desipramine	-Imipramin
	-Nortriptyline	-Protriptyline		-Trimipramine		

HEDIS® Measures, Continued

Follow-up after Hospitalization for Mental Illness (FUH)

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

Two rates reported:

7 Day Follow Up:

Members who had a follow-up visit with a mental health practitioner within 7 days after discharge.

30 Day Follow Up:

Members who had a follow-up visit with a mental health practitioner within 30 days after discharge.

* Do not include visits that occur on the date of discharge

Visit Type	CPT® Code	HCPCS	POS
An outpatient visit with a mental health practitioner.	90791, 90792, 90832-90834, 90836- 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231- 99233, 99238, 99239, 99251-99255 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
An intensive outpatient encounter or partial hospitalization with a mental health practitioner.	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	52
A community mental health center visit with a mental health practitioner.	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255		53
A telehealth visit: with a mental health practitioner.	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255		02
An observation visit with a mental health practitioner	99217-99220		
Transitional care management services, with a mental health practitioner.	99495, 99496		

References

¹American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition, 2013

²ICD-10-CM Official Guidelines for Coding and Reporting

³<https://screening.mentalhealthamerica.net>

⁴PHQ9 Copyright © 2002-2019 Pfizer Inc. PHQ Screeners site is expressly exempted from Pfizer's general copyright restrictions; content found on PHQ Screeners is free to use and download.

⁵American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition, 2013

⁶ICD-10-CM Official Guidelines for Coding and Reporting

⁷www.nimh.nih.gov National Institute of Mental Health Schizophrenia Signs & Symptoms

⁸HEDIS® 2020 Volume 2 Technical Specifications by NCQA

NOTE: The information listed here is not all inclusive and is to be used as a reference only. Please refer to current IDC-10 Coding and Documentation Guidelines found at www.cms.gov

For additional resources, contact our Provider Relations team at Providers@ARHealthWellness.com