

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Major Depressive Disorder



Disclaimer

This presentation is the property of Highmark Inc., Highmark Health, and/or its subsidiaries (“Highmark”) and is proprietary and confidential and may not be recorded in any manner including, without limitation, audio, video, photograph, screenshot, or by any other means or in any other media. Broadcasting, publication, or sharing of these materials without Highmark’s express permission is strictly prohibited. This presentation is accurate as of the date it is presented but may change pursuant to regulatory requirements or in response to changing business needs. The information provided is intended to assist with support for the documentation accuracy of the diagnosis codes reported to Highmark. Providers should still reference official ICD-10-CM coding guidelines and coding manuals or electronic coding software for accurate reporting of compliant diagnosis codes. This presentation is not intended to situate Highmark as a provider of medical services or dictate the diagnosis, care, or treatment of patients. Your medical judgment remains independent with respect to all medically necessary care to your patients.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Care Benefits Inc., Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company. Highmark Senior Solutions Company or Highmark Health Options West Virginia Inc. d/b/a Highmark Health Options. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Availity is an independent company that contracts with Highmark to offer provider portal services.

Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
-

Major Depressive Disorders

Major Depressive Disorder (MDD) is a severe mood disorder characterized by ongoing sadness, a loss of interest in activities, and significant challenges in daily life, stemming from a combination of genetic, biological, environmental, and psychological influences. Common symptoms include changes in sleep patterns, appetite disturbances, persistent fatigue, difficulty concentrating, feelings of worthlessness or guilt, and thoughts of death or suicide. These symptoms can profoundly impact daily life by causing fatigue, leading to social isolation, and interfering with work or relationships.

To ensure an accurate diagnosis, it's crucial to utilize PHQ-9 scores and clinical findings, avoiding "unspecified" diagnoses. While treatment focuses on symptom control rather than an outright cure, MDD remains a chronic condition, even with controlled symptoms (partial or full remission). Therefore, annual severity assessments are essential to guide diagnosis coding and treatment adjustments.



Coding Considerations

Characterizing Major Depressive Disorder (MDD) by **episode**, **severity**, and **remission status** allows for an accurate reflection of disease burden.

Major Depressive Disorder

Single	Recurrent	
F32.0	F33.0	Mild
F32.1	F33.1	Moderate
F32.2	F33.2	Severe without psychotic features
F32.3	F33.3	Severe with psychotic features
F32.4	F33.41	In partial remission
F32.5	F33.42	In full remission

Episode

SINGLE: First occurrence of an MDD episode followed by remission.

RECURRENT: Any subsequent episode of MDD (without a history of independent episodes of mood elevation and increased energy (mania) which could suggest Bipolar disorder)

Severity

MILD (RX HCC): (5 symptoms) Intensity distressing but manageable; minor functional impairment.

MODERATE: (6-7 symptoms) Intensity of symptoms and/or functional impairment are between mild and severe levels.

SEVERE: (8-9 symptoms) Intensity of symptoms seriously distressing and unmanageable, markedly interfere with social or occupational functioning.

*With or without psychotic features (delusions or hallucinations)

Remission Status

PARTIAL (RX HCC): Symptoms of the MDD episode persist but full criteria no longer met, or a period of less than 2 months without significant symptoms following an episode.

FULL (RX HCC): No significant signs or symptoms for greater than 2 months following an MDD episode.

Documentation Considerations

Major Depressive Disorder (MDD) should be defined by **episode, severity, and remission status** for accurate reflection of disease burden.

Episode

- Single or recurrent

Severity

- Mild, moderate, or severe*
* *With or without psychotic features*

Remission

- Full or partial

Note the clinical significance of the PHQ9 score

None	0-4
Mild	5-9
Moderate	10-14
Moderately severe	15-19
Severe	20-27

Symptoms



Document all symptoms the patient is experiencing and include the length of time, if known.

Status



Compare and note the previous depressive status to the current status.

Treatment



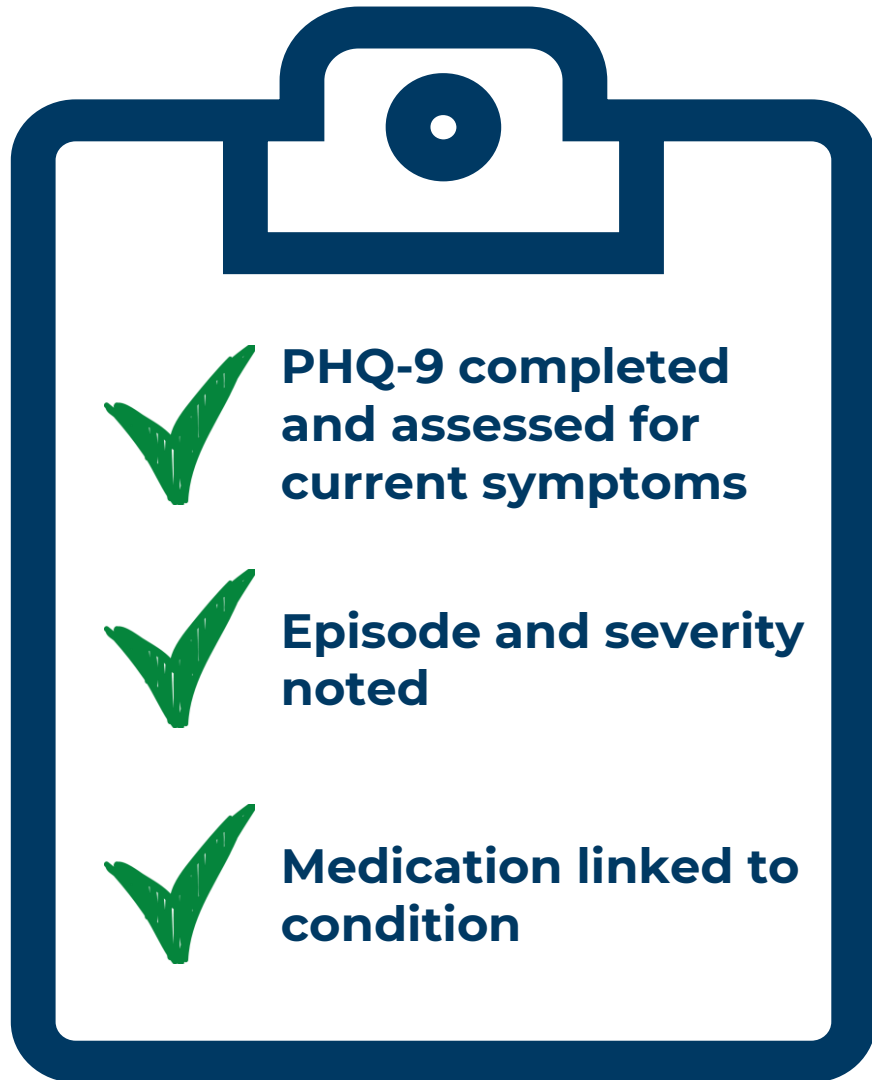
Include the current treatment under the assessment and plan.

Medication



Review & record the dosage, length of use, and any multi medication use.

Major Depressive Disorder Example



HPI:

F/U for recurrent major depressive disorder. Over the last few weeks she has **no appetite, can't sleep** and has been **uninterested in her usual activities**. She said she **feels sad all the time**. Prior to this she had been doing well, feeling like her depression was under control. Admits to not attending her counseling sessions or taking meds daily as prescribed.

Assessment & Plan:

Major depressive disorder, recurrent, moderate – PHQ9 score 11, elevated from previous. Recommend patient return to counseling and resume **Lexapro 10mg daily**. Referral to Psych sent

The clinician has addressed the sudden increase of symptoms, indicating a moderate severity recurrent MDD consistent with completed PHQ9. Treatment was reviewed along with referral to psych for specialized care. Based on this clinician's documentation, Major depressive disorder, recurrent moderate F33.1 is appropriate to code.

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

RiskAdjustmentCoding@Highmark.com