# Major Depressive Disorder

Major Depressive Disorder (MDD) diagnosis should be specific, using PHQ-9 scores and clinical findings to avoid "unspecified" diagnoses. Treatment aims for symptom control, not necessarily a cure. Even with controlled symptoms (partial or full remission), MDD remains a chronic condition requiring annual severity assessments to guide diagnosis coding and treatment adjustments.

## Best Documentation Practices

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.

## M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.

**M**
**Monitor**

**How is the patient doing?**

Document signs, symptoms, disease progression/regression or ongoing surveillance

**E**
**Evaluate**

**What is the current state of the condition?**

Document current state, test results, medication effectiveness or response to treatment

**A**
**Address/Assess**

**How will the condition be evaluated?**

Document discussion, review of records, counseling, or ordering further tests

**T**
**Treatment**

**What is being done to help the condition?**

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

# Major Depressive Disorder ICD-10 Category Reference Guide

This partial list of Risk Adjustment condition categories and ICD-10 codes (showing only the first three digits) is not exhaustive. **For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.**

| Major Depressive Disorder | |
|---|---|
| F32.xx | Single |
| F33.xx | Recurrent |

## Coding Examples

| Example 1 | |
|---|---|
| **Documentation** | **HPI:** Patient with c/o depression, increased sadness/loss of interest in activity.<br>**PE:** Appearance somewhat disheveled, Speech slow and quiet with a flat affect.<br>**Assessment & Plan:** Major depressive disorder - Celexa ordered sent to pharmacy. Follow up next month. Referral to counseling. |
| **ICD-10 Code(s)** | F32.9 MDD, single episode, unspecified |
| **Rationale** | While the assessment diagnoses the patient with major depressive disorder, it lacks specifics regarding the episode, severity, or remission status. This diagnosis of unspecified MDD is based solely on the provider's documentation, without being elaborated upon in the physical exam findings. |

| Example 2 | |
|---|---|
| **Documentation** | **HPI:** 6-month f/u of MDD. Recurrent issue for years, under good control even after being weaned off Wellbutrin. PHQ-2=0.<br>**Problem List:** Recurrent MDD<br>**Assessment & Plan:** Recurrent major depressive disorder, in full remission |
| **ICD-10 Code(s)** | F33.42 MDD, recurrent, in full remission |
| **Rationale** | The assessment clearly and specifically defines the patient's major depressive disorder as recurrent and in full remission. The HPI further indicates the patient is no longer on medication to manage their depression and continues to experience good symptom control. |

| Example 3 | |
|---|---|
| **Documentation** | **CC:** Worsening depression<br>**PHQ9:** 22<br>**PE:** Actively sobbing, feeling of worthlessness, no suicidal ideation.<br>**Assessment & Plan:** Severe MDD with recurrence - Referral to Psych. |
| **ICD-10 Code(s)** | F33.2 MDD, recurrent, severe without psychotic features |
| **Rationale** | The assessment clearly and specifically defines the patient's major depressive disorder, including episode and severity. No psychotic features were indicated by the provider. |

Rev. 01.2025