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## Coding Tips

This is one in a series of tip sheets focusing on accurate coding for specific conditions.

# MAJOR DEPRESSIVE DISORDER FOR ADULTS AND ADOLESCENTS

Major depressive disorder is also known as clinical, unipolar or recurrent depression. It's defined as a mood disorder having a clinical course involving one or more episodes of serious psychological depression lasting two or more weeks per episode with no intervening episodes of mania.

ICD-10-CM codes for major depressive disorder, or MDD, fall into one of two categories: Category F32. – is used to code a single episode of major depression, and Category F33. – is used to code recurrent major depression. A fourth and sometimes a fifth character is necessary for major depression disorder coding. The table below details the available major depression code choices.

Major depressive disorder, single episode		Major depressive disorder, recurrent episodes	
<b>F32.0</b>	Mild	<b>F33.0</b>	Mild
<b>F32.1</b>	Moderate	<b>F33.1</b>	Moderate
<b>F32.2</b>	Severe w/o psychotic features	<b>F33.2</b>	Severe w/o psychotic features
<b>F32.3</b>	Severe with psychotic features	<b>F33.3</b>	Severe with psychotic features
<b>F32.4</b>	In partial remission	<b>F33.40</b>	In remission, unspecified
<b>F32.5</b>	In full remission	<b>F33.41</b>	In partial remission
<b>F32.89</b>	Other specified depressive episode	<b>F33.42</b>	In full remission
<b>F32.9</b>	Unspecified	<b>F33.81</b>	Premenstrual dysphoric disorder
<b>F32.A</b>	Depression, unspecified	<b>F33.9</b>	Unspecified

The terms used for the fourth- and fifth-digit subclassifications of MDD are used in conjunction with specific diagnostic criteria listed below. This list details the level of severity along with the clinical requirements needed to diagnosis the severity.

- **Mild:** The patient experiences at least five of the symptoms needed for a diagnosis of MDD, which also pose a mild overall functional impairment.
- **Moderate:** The patient experiences seven to eight of the symptoms, or the symptoms he or she suffers from pose a moderate overall functional impairment.

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- **Severe without psychotic features:** The patient experiences most or all of the symptoms, or the symptoms he or she experiences pose a severe functional impairment but the patient presents without any psychotic features.
- **Severe with psychotic features:** The patient experiences most or all of the symptoms, or the symptoms he or she experiences pose a severe functional impairment and the patient presents with psychotic features.
- **Unspecified:** This term is used when the information in the medical record is insufficient to assign a more specific code.
- **In full remission:** The patient previously had two or more episodes but has been free from symptoms for at least two months.
- **In partial remission:** Some symptoms can still be present but the full criteria are no longer met, or there are no longer any significant symptoms of an episode but the patient has not been in remission for at least two months.

The symptoms used to diagnose MDD should always be documented in the medical record in order to substantiate the diagnosis for coding, billing and reimbursement purposes. These characteristics should always detail the most recent episode the patient experienced. Documentation of these symptoms to support the diagnosis can easily be performed using a PHQ-9 or other standardized assessment.

According to the *Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, at least five of the nine symptoms listed below need to be present on a regular basis during the same two-week period for the patient to be diagnosed with MDD. At least one of the symptoms must either be a depressed mood or loss of interest. Possible symptoms of an MDD episode include:

- Depressed or irritable mood
- Decreased interest or pleasure
- Change in activity
- Fatigue or loss of energy
- Diminished concentration
- Guilt or sense of worthlessness
- Significant change in weight or appetite
- Change in sleep
- Thoughts of death, self harm or suicide

Caution should be taken when coding to a specific severity level without that level being stated in the medical record even if documentation of the clinical requirements for that level of severity are noted in the medical record. **Providers should clearly state the level of severity of the depression and correlate this with supporting documentation, such as current prescribed medications, a PHQ-9 or another standardized assessment.**

**Questions?** Contact Blue Cross VT Risk Adjustment at [riskadjustment@bcbsvt.com](mailto:riskadjustment@bcbsvt.com) or at **(802)-371-3540**.

ICD-10-CM diagnostic codes and the ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnostic codes and the ICD-10-CM Official Guidelines for Coding are reviewed prior to the submission of claims.

Keep in mind that none of the information included in this document is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all the coding and documentation are done in accordance with all applicable state and federal laws and regulations.