

Coding accuracy tips: Depression, unspecified vs Major depressive disorder, single episode, unspecified

The code F32.A Depression has been created and the narrative at category F32 has been revised to Depression. Previously, in ICD-10-CM, the narrative at category F32 was defaulted to Depression not otherwise specified (NOS) ICD-10 code F32.9, major depressive disorder, single episode, unspecified. However, this code did not separately capture the actual occurrence of depression not further specified, and statistically inflated the incidence of major depressive disorder.

Coding major depressive disorder accurately requires the documentation to note the following:

1. Symptoms are present for at least 2 weeks; AND
2. If it is a single episode or recurrent episode; AND
3. If it is mild, moderate, severe without psychotic features, severe with psychotic features; OR
4. If it is in partial remission or full remission

Note: A diagnosis of major depression disorder, symptoms must cause the individual 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.

Important documentation notes

- If the documentation **does not meet the specificity as noted** in the above list, then the diagnosis can only support major depression, unspecified (F32.9).
- Always document to the highest degree of specificity: type and episode.
- Avoid documenting in PMH if member is actively taking prescribed medication and/or receiving counseling/therapy.
- If member has dx of depression and dx of anxiety and if there is a causal relationship between the two conditions, then documentation must establish the relationship by stating depression “with,” “due to,” or “related to” anxiety to capture the code that encompasses both diagnoses (F34.1 or F41.8).

Documentation considerations

- The United States Preventative Task Force (USPTF) recommends that all patients aged 18 and older be screened for depression.
- The PHQ-9 or minimally the PHQ-2 is a recommended screening tool.
- The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders.
 - The PHQ-9 is the depression module, which scores each of the 9 DSM-IV criteria as “0” (not at all) to “3” (nearly every day).
- If the depression is a chronic recurring diagnosis, providers should know that the diagnosis is always at least mild if there is ongoing pharmacotherapy or psychotherapy.

Resources

[Major Depressive Disorder - StatPearls - NCBI Bookshelf \(nih.gov\)](#)

www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268

[The PHQ-9 - PMC \(nih.gov\)](#)

AHA coding clinic: Yr 2021, vol 8, 4th Qtr, 4th Issue, title: Depression Not Otherwise Specified, p 9

AHA coding clinic: Yr 2021, vol 8, 1st Qtr, 1st Issue, title: Depression and Anxiety, p 10

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1. *The independent judgment of the treating physician or qualified health care practitioner.*
2. *The best interests of the patient.*
3. *The clinical documentation as contained in the medical record.*

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