BlueCross BlueShield of Illinois

Documentation and Coding

Major Depressive Disorder

Depression is the most common mental disorder. It carries a high cost in terms of relationship problems, family suffering and lost work productivity, according to the **American Psychological Association**. Accurately and completely documenting and coding Major Depressive Disorder (MDD) can **help our members access needed resources.** Below is information from the **ICD-10-CM Official Guidelines for Coding and Reporting**.

Coding for MDD

When coding and documenting for MDD, **it's critical to capture the episode and severity** with the most accurate diagnosis codes.

Documentation should include:

- **Episode:** single or recurrent
- **Severity:** mild, moderate, severe without psychotic features or severe with psychotic features
- **Clinical status of the current episode:** in partial or full remission

The fourth and fifth characters in the ICD-10-CM codes capture the severity and clinical status of the episode.

F32.9 MDD, single episode, unspecified, is equivalent to Depression Not Otherwise Specified (NOS), Depressive Disorder NOS and Major Depression NOS. This code should rarely be used and only when nothing else, such as the severity or episode, is known about the disorder.

Sample ICD-10-CM Codes for Single MDD Episode	
F32.0	Single episode, mild
F32.1	Single episode, moderate
F32.2	Single episode, severe without psychotic features
F32.3	Single episode, severe with psychotic feature
F32.4	Single episode, in partial remission
F32.5	Single episode, in full remission
F32.8x	Other depressive disorders
F32.9	Single episode, unspecified
Sample ICD-10-CM Codes for Recurrent MDD Episodes	
F33.0	Recurrent, mild
F33.1	Recurrent, moderate
F33.2	Recurrent, severe without psychotic features
F33.3	Recurrent, severe with psychotic symptoms
F33.4x	Recurrent, in remission
F33.8	Other recurrent depressive disorders
F33.9	Recurrent, unspecified

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Tips to Consider

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure a credentialed provider signs and dates all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment (AHA) or other yearly preventative exam as an opportunity to capture all conditions impacting member care.

For more details, see:

- **ICD-10-CM Official Guidelines for Coding and Reporting**, Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
- Blue Cross and Blue Shield of Illinois (BCBSIL) **Medicare Advantage Annual Wellness Visit Guide**

Questions? Contact your BCBSIL Provider Network Consultant.

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