

DID YOU KNOW?

- Depression is associated with poor adherence to medication across a range of chronic diseases. The estimated odds of a depressed patient being non-adherent are 1.76 times the odds of a non-depressed patient.¹
- The American Geriatrics Society (Beers Criteria) recommends against the use of tricyclic antidepressants amitriptyline, amoxapine, clomipramine, desipramine, imipramine, nortriptyline, protriptyline, trimipramine, doxepin (>6 mg) and the SSRI paroxetine in the elderly, due to their strong anticholinergic properties.
- Diagnostic statements of “depression”, “depressive disorder” or “major depression” without further specification all code to ‘Major depressive disorder, single episode, unspecified’, which does not risk adjust.

EXAMPLES (*blue font indicates code risk adjusts*):

Diagnostic Statement:	ICD-10 Code:
Depression	F32.9
Major depression	F32.9
Recurrent depressive episode	F33.9
Major depression, single episode	F32.9
Severe depression, single episode	F32.4
Monopolar depression	F33.9
Major depressive disorder, single episode, mild	F32.0
Major depressive disorder in remission	F32.5
Bipolar disorder, current episode depressed, mild	F31.31

CODING TIPS

ICD-10: FIRST THREE CHARACTERS INDICATE CODE CATEGORIES:

F32 = Major depressive disorder, single episode

F33 = Major depressive disorder, recurrent

F31 = Bipolar disorder

FOURTH CHARACTER IS ASSIGNED IN ACCORDANCE WITH DEGREE OF SEVERITY:

Major depressive disorder, recurrent, mild.....F33.0

Major depressive disorder, recurrent, moderate.....F33.1

Major depressive disorder, recurrent, severe without psychotic features.....F33.2

Major depressive disorder, recurrent, severe with psychotic symptoms.....F33.3

Remission status is also represented by the fourth character, and sometimes a fifth.

DOCUMENTATION CONSIDERATIONS

Specify:

- Type (recurrent/single episode)
- Severity (mild/moderate/severe, with/without psychotic features), **OR**
- Remission status (partial remission/full remission)

Document any treatment(s) as appropriate, whether pharmacologic, behavior therapy or other. Also note treatment refusal, if applicable.

QUALITY REPORTING for HEDIS and MIPS

G8431 - Screening for clinical depression is documented as being positive and a follow-up plan is documented

G8510 - Screening for clinical depression is documented as negative, a follow-up plan is not required

G8511 - Screening for clinical depression is documented as negative, follow-up plan not documented, reason not given (*HEDIS-compliant only*)

1. *Depression and Medication Adherence in the Treatment of Chronic Diseases in the United States: A Meta-Analysis.* J Gen Intern Med. 2011 Oct; 26(10): 1175–1182. Published online 2011 May 1. doi: 10.1007/s11606-011-1704-y