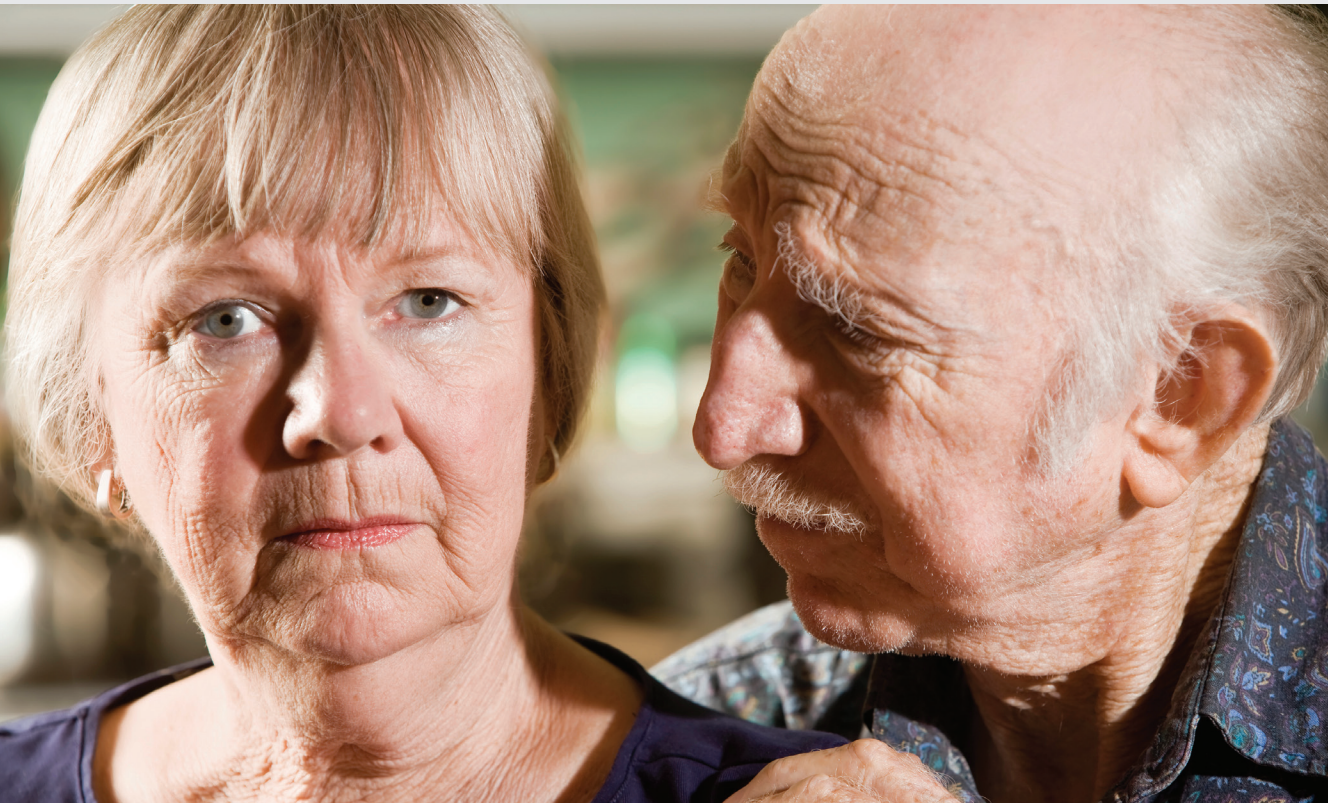
OPTUM™

Chronic Condition Toolbook: Major Depressive Disorder

Focusing on Depression and Its Symptoms



OPTUM™

Table of Contents

Due to the updated, clinically revised CMS-HCC Medicare risk adjustment model for Payment Year 2015, the bolding of ICD-9-CM codes has been revised to reflect:

- **Red = Risk adjusts *in only* the 2013 CMS-HCC model**
- **Black = Risk adjusts *in both* the 2013 CMS-HCC model and the 2014 CMS-HCC model**
- **Orange = Risk adjusts *in only* the 2014 CMS-HCC model**

Note: The 2015 Payment Year model is a blend of the 2013 CMS-HCC model (67%) and the 2014 CMS-HCC model (33%).

OPTUM™

Focusing on Major Depressive Disorder

Facts about Major Depression

- Suicide rates are almost twice as high in the elderly, with the rate highest in white men over 85 years of age.
- Older adults who commit suicide had seen a clinician within the previous month.
- Treatment of depression can have beneficial effects on health outcomes in the elderly. Accordingly, the Centers for Medicare & Medicaid Services (CMS) will reimburse for annual depression screening (G0444).[1,2]

Major Depressive Disorder

According to the American Psychiatric Association, Major Depressive Disorder can be seen in patients who have suffered a depressive episode lasting at least two weeks, as manifested by at least five (5) of the following symptoms: depressed mood, loss of interest or pleasure in most or all activities, insomnia or hypersomnia, change in appetite or weight, psychomotor retardation or agitation, low energy, poor concentration, thoughts of worthlessness or guilt, and recurrent thoughts about death or suicidal ideation.

ICD-9-CM[3,4]	
First Three Digits	
296.xx	Episodic mood disorders category
Fourth Digit:	*Indicates the description of the current episode*
296.2x	Single depressive episode
Fifth Digit:	*Indicates the severity of the condition*
296.x0	Unspecified
296.x1	Mild
296.x2	Moderate
296.x3	Severe without psychotic features
296.x4	Severe with psychotic features

ICD-10-CM[5]	
First Three Digits	
F32.x	Major depressive disorder, single episode
Fourth Digit:	*Indicates the severity of the condition*
F32.0	Mild
F32.1	Moderate
F32.2	Severe without psychotic features
F32.3	Severe with psychotic features
F32.8	Other
F32.9	Unspecified

Recurrent Major Depression

Major depression is highly recurrent, with recurrent episodes occurring in 50 percent or more of patients.

ICD-9-CM[3]:
- **296.3x** Recurrent depressive episode, unspecified

ICD-10-CM[5]:
- **F33.9** Recurrent depressive episode, unspecified

Chronic Major Depression[6]

An episode persisting for at least two years in adults is deemed chronic.

Remission and Recovery from Major Depression

Whether or not a patient is being treated for depression (i.e., counseling and/or medication), remission can be defined as a level of depressive symptoms basically indistinguishable from that of someone who has never been depressed.

When reporting history of major depressive disorder, instead of coding V11.1, Personal history of affective disorders, "A code from the mental disorders chapter, with an in remission fifth digit, should be used."[4]

ICD-9-CM[3]	
296.x5	In partial or unspecified remission
296.x6	In full remission

ICD-10-CM[5]	
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission

Documentation Tips[1,3]

When documenting **major depressive disorder,** it is important to document the episode (single or recurrent), the severity (mild, moderate, severe without psychotic features or severe with psychotic features) and the clinical status of the current episode (in partial/full remission).

Code **296.20:** Major depressive disorder, single episode or unspecified – is used when a provider documents "major depression."

Code 311: Depressive disorder, not elsewhere classified – is used when a provider documents "depression."

Code 300.4: Dysthymic disorder – is used when a provider documents "anxiety depression," "depression with anxiety," "depressive reaction," "depressive anxiety," "neurotic depressive state" or "reactive depression."

Code 309.0: Adjustment disorder with depressed mood – is used when a provider documents "grief reaction" (acute/brief) or "situational depression" (acute/brief).

[1] American Psychiatric Association. "Diagnostic & Statistical Manual of Mental Disorders, 4th Ed., Text Revision (DSM-IV-TR)." Arlington, VA: APA Publishing, 2000. p. 369-376

[2] "An Estimated 1 in 10 U.S. Adults Report Depression." Centers for Disease Control and Prevention. N.p., 20 Apr. 2012. Web. 13 Oct. 2014. <http://www.cdc.gov/features/dsdepression/>.

[3] *Optum ICD-9-CM for Physicians Professional 2015.* Vols. 1&2. Salt Lake City: 2014.

[4] The Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). "ICD-9-CM Official Guidelines for Coding and Reporting." Department of Health and Human Services. DHHS, 2012, October. Web.

[5] *Optum ICD-10-CM: The Complete Official Draft Set 2015.* Salt Lake City: 2014.

[6] American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

Major Depressive Disorder Algorithm[1]

First determine if ALL of the following apply:

- ☐ Symptoms do not meet criteria for a mixed episode (e.g., bipolar disorder)
- ☐ Symptoms cause clinically significant distress or impairment in social, occupational or other important areas of concern
- ☐ Symptoms are not due to direct effect of a substance
- ☐ Symptoms are not more appropriately classified as bereavement (V62.82) or acute grief reaction (309.0) unless continuous for over 2 months or severe functional impairment, morbid preoccupation with worthlessness, psychotic symptoms or psychomotor retardation
- ☐ Symptoms have been present during the same 2-week period and represent a change from previous functioning

If all the above is true move to the next box

Must have one or both of these symptoms:

- ☐ Depressed mood most of the day and nearly every day, self-reported or observed by others

OR

- ☐ Markedly diminished interest or pleasure in all, or almost all, activities on most days, nearly every day self-reported or reported by others

If either of the above is true move to the next box

Must have either one or both of the above symptoms plus 3 or 4 of these to make a total of 5 or more symptoms:

- ☐ Significant weight loss (not due to dieting) or gain (e.g., 5% change in one month); or decrease or increase in appetite nearly every day
- ☐ Insomnia or hypersomnia nearly every day
- ☐ Psychomotor agitation or retardation nearly every day, observable by others
- ☐ Fatigue or loss of energy nearly every day
- ☐ Feelings of worthlessness or excessive or inappropriate guilt nearly every day:
  - May be delusional
  - Not merely self-reproach or guilt about being sick
- ☐ Diminished ability to think or concentrate, or indecisiveness, nearly every day (self-reported or observed by others)
- ☐ Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

If you now have a minimum of 5 symptoms total, your patient meets the requirement for the diagnosis of Major Depressive Disorder per DSM-5.[1,3]

ICD-9 Diagnosis:

- **296.2X** Major Depressive Disorder, Single Episode
- **296.3X** Major Depressive Disorder, Recurrent

Fifth Digits:

0 = Unspecified **1** = Mild **2** = Moderate
3 = Severe w/o psychotic behavior
4 = Severe w/ psychotic behavior
5 = In partial or unspecified remission
6 = In full remission

When reporting history of major depressive disorder, instead of coding V11.1, Personal history of affective disorders, "A code from the mental disorders chapter, with an in remission fifth-digit, should be used."[3]

Additional Resources:

The Patient Health Questionnaire 9 (PHQ-9) is a self-administered screening and diagnostic tool for mental health disorders used by health care professionals to improve the recognition rate of depression and anxiety and facilitating diagnosis and treatment.[2] Please contact your Optum Healthcare Advocate to order this useful patient assessment tool.

[1] American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

[2] "Patient Health Questionnaire (PHQ) Screeners." Patient Health Questionnaire (PHQ) Screeners from Pfizer. Pfizer. Web. 01 Oct. 2012. <http://www.phqscreeners.com/overview.aspx?Screener=02_PHQ-9>.

[3] The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). "ICD-9-CM Official Guidelines for Coding and Reporting." Department of Health and Human Services. DHHS, 2012, October. Web. 4 October 2012. <http://www.cdc.gov/nchs/data/icd9/icd9cm_guidelines_2011.pdf>.

The Importance of Screening for Depression

- **The evaluation and screening of risk factors for depression is mandatory for the "Welcome to Medicare" initial preventive physical exam (IPPE) and the initial Annual Wellness Visit (AWV) with the personalized prevention plan of service (PPPS). (HCPCS codes G0402 and G0438 respectively)[1]**
- **The annual screening and evaluation of depression in the Medicare Advantage enrollee is essential and also can be covered subsequently by billing for HCPCS code G0444[1]**

Background

- One in six patients over the age of 65 years suffers from depression[1]
- Depression in older adults is estimated to occur in one-quarter of those with other chronic conditions including:
  - cancer
  - stroke
  - chronic lung disease
  - cardiovascular disease
  - arthritis and other chronic pain syndromes

Stressful events, such as the loss of friends and loved ones, is also an expected consequence of elder living and can contribute to the development of mood disorders.

Annual screening for depression (ICD-9-CM code V79.0) in the elderly in the primary care setting is important because 50-75% of older adults who commit suicide saw their medical doctor during the prior month for general care. Moreover, close to 40% were seen within a week prior to their death.[1]

Older adults have the highest risk of suicide of all age groups.

Based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), CMS also covers annual screening for adults for depression in the primary care setting. Contractors shall reimburse for annual depression screening (HCPCS code G0444) in a primary care setting that has staff-assisted depression care supports in place in order to assure accurate diagnosis, effective treatment, and follow-up care.

A primary care setting is defined as one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community. Appropriate places of service include a doctor's office, outpatient hospital, independent clinic or a state or local public health clinic. (Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities and hospice *are not* considered primary care settings under this definition.)[1]

At a minimum level, staff-assisted depression care supports consist of clinical staff (e.g., nurse, physician assistant) in the primary care office who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment. More comprehensive care supports include a case manager working with the primary care physician; planned collaborative care between the primary care provider and mental health clinicians; patient education and support for patient self-management; plus attention to patient preferences regarding counseling, medications, and referral to mental health professionals with or without continuing involvement by the patient's primary care physician.[1]

Coverage is limited to screening services and does not include treatment options for depression or any diseases, complications, or chronic conditions resulting from depression, nor does it address therapeutic interventions such as pharmacotherapy, combination therapy (counseling and medications), or other interventions for depression. Self-help materials, telephone calls, and web-based counseling are not separately reimbursable by Medicare.[1]

Screening for depression is non-covered when performed more than one time in a 12-month period. Eleven full months must elapse following the month in which the last annual depression screening took place.[1]

There are a number of evidence-based media tools that are effective in screening for depression. The *Patient Health Questionnaire (PHQ-9)* is an example of a screening tool and can be found on the next page. Ask your Optum Healthcare Advocate for additional copies.

[1] Center for Medicare & Medicaid Services (CMS). Medicare Learning Network. CMS, June 2012. Web. 28 Dec. 2012. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Screening-for-Depression-Booklet-ICN907799.pdf>.

OPTUM™

Patient Health Questionnaire-9 (PHQ-9)

ALL FIELDS REQUIRED	DATE OF SERVICE:			
PATIENT NAME:			DOB:	
MEMBER ID #:		PLAN NAME:		

Only the patient (subject) should enter information onto this questionnaire.

Over the last *2 weeks*, how often have you been bothered by any of the following problems? ***(use "✓" to indicate your answer)***	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
Add columns:		**+**	**+**	
TOTAL:				

Healthcare Professional:
For interpretation of TOTAL, please refer to score card on next page.

There are a number of evidence-based media tools that are effective in screening for depression. The *Patient Health Questionnaire (PHQ-9)* on this page is an example of a screening tool. Ask your Optum Healthcare Advocate for additional copies.

Provider Information			
Print Provider Name:		**Group Name:**	
Provider ID:		**Tax ID Number:**	
Provider Address:		**City, State, Zip:**	
Provider Signature:	_____ (check one) ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other _____ Date: _____ / _____ / _____		

Scoring the Patient Health Questionnaire-9 (PHQ-9)

For Healthcare Professional Use Only

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- If there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- If there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 • More than half the days = 2 • Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the PHQ-9 TOTAL box on the previous page side to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: Add up all checked boxes on PHQ-9

For every ✓
Not at all = 0;
Several days = 1;
More than half the days = 2;
Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

How can we help you?

Our goal is to help health care professionals facilitate and support accurate, complete and specific documentation and coding with an emphasis on early detection and ongoing assessment of chronic conditions. Through targeted outreach and education we help our clients and their providers:

- Deliver a more comprehensive evaluation for their patients
- Identify patients who may be at risk for chronic conditions
- Improve patient care to enhance longevity and quality of life
- Comply with Centers for Medicare & Medicaid Services (CMS) risk adjustment requirements

Call your Optum Healthcare Advocate to find out how we can help you improve outcomes for your patients.

www.optum.com

11000 Optum Circle, Eden Prairie, MN 55344