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 MAJOR DEPRESSIVE DISORDER: CODING & BILLING

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CODING AND BILLING MAJOR DEPRESSIVE DISORDER (MDD)

For all risk adjustment models it is imperative that the provider evaluates and documents all chronic conditions to the highest level of specificity on an annual basis.

However, it is equally important that the providers documentation is coded and billed properly. It is the coding and billing process that reports the condition to CMS which makes it extremely important to code and bill to the highest specificity possible from the provider documentation.

This will ensure the highest level of care for all patients.

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TIPS FOR CODING TO THE HIGHEST LEVEL OF SPECIFICTY:

Did the provider document the **epiode** of the depression, **single or**

Hold the provider document the **severity** of the depression, **mild, moderate, severe, in remission?**

CODING MAJOR DEPRESSIVE DISORDER TO THE HIGHEST LEVEL OF SPECIFICITY	
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.9	Major depressive disorder, single episode, unspecified
F32.A	Depression, unspecified *new code in 2022 for depression not documented as "major" depression
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent, severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic features
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
*There is a "Excludes 1" under major depressive disorder excluding bipolar disorder (F31). When both conditions are present only bipolar disorder should be coded and should include the bipolar combination diagnosis code that indicates the current status of the major depressive disorder per the provider documentation.	
CODING MAJOR DEPRESSIVE DISORDER IN THE PRESENCE OF BIPOLAR DISORDER	
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe with psychotic features
F31.75	Bipolar disorder, in partial remission, most recent episode, depressed
F31.76	Bipolar disorder, in full remission, most recent episode, depressed

Adobe Care and Wellness coding and documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified health care practitioner and in the best interest of the patient. ICD-10CM, CPT and HCPCS are the authoritative references for purposes of assigning diagnosis and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charges and modifiers for services rendered.