

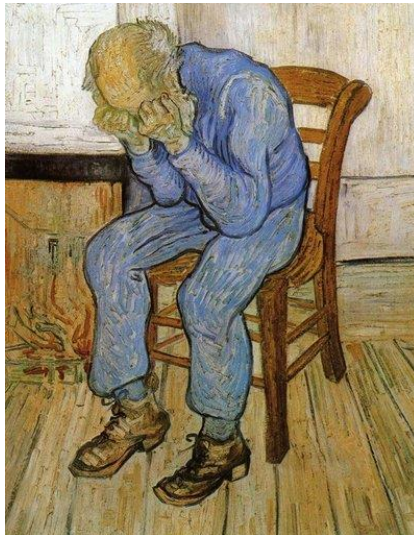
Quality Documentation & Coding Pearls

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MAJOR DEPRESSION

Major depression is a serious health concern for many patients, including our seniors who often go undiagnosed. When left untreated, major depression leads to a decrease in quality of life and functional status and an increase in overall suffering.

Screen your patients at least once a year with the PHQ-9. It is an easy to use, validated tool that patients can fill out while waiting to be seen. A score of ≥ 10 is 88% sensitive & specific for major depression. A score of < 10 has a 99% negative predictive value for major depression.



If a patient is on an antidepressant, they should be diagnosed with major depression and the appropriate code should be submitted yearly. You should monitor the patient's response to treatment routinely with the PHQ-9. Do NOT use the ICD-9 code 311 for these patients. This code should only be used for situational depression which is a condition that does NOT require medication.

To Diagnose Major Depression:

- There has to be at least 5 ✓'s in the shaded section of the questions and one must be question #1 or #2
- The last question should be marked at least "somewhat difficult"
- There should be no physical cause for the depression and normal bereavement should be ruled out

Interpretation of Score/Treatment Recommendations

- If your patient scores normally, screen yearly or sooner if they suffer from an acute change in health (MI, CVA, cancer, ESRD, DM)
- If your patient scores "mild depression" but it is not considered "major", and their symptoms have been present most days for ≥ 2 years, they most likely have dysthymic disorder and warrant treatment as well.

Don't forget to **VALIDATE: DIAGNOSIS, STATUS & PLAN**
Call the Arizona Priority Care HCC/STAR department with questions (480) 499-8764

CODING TIPS

296.XX

MAJOR DEPRESSION

The 4th digit specifies whether it is the first or recurrent episode

296.2X = Single Episode
which should be diagnosed yearly if patient is receiving treatment

296.3X = Recurrent Episode
which is considered life long and chronic and should be diagnosed yearly whether patient is on medication or not

The 5th digit denotes severity level

- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = w/ Psychotic features
- 5 = Partial remission
- 6 = Full remission



 **Arizona**
Priority Care

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use a "✓" indicate your answer)	None 0	Several Days 1	More than half the Days 2	Nearly Every Day 3
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
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				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (use a "✓")	Not difficult -----	Somewhat Difficult -----	Very Difficult -----	Extremely Difficult -----

Total Score _____

Total Score	Depression Severity	Interpreting Score
0-4	Minimal depression	May not need treatment
5-9	Mild depression	Use clinical judgment about treatment based on duration of symptoms & functional impairment
10-14	Moderate depression	
15-10	Moderately severe depression	Warrants treatment using medication, psychotherapy both
20-27	Severe depression	