## Mental Health Coding Tip Sheet



## Major Depressive Disorder

Patients that experience a depressive episode *lasting two or more weeks with at least five symptoms of clinical depression* causing significant distress or impairment not aused by substance abuse or other condityion that can be diagnosed with clinical depression.<sup>1</sup>

\*One of the five symptoms present must be either depressed mood or loss of interest or pleasure in most or all activities.

#### Depression, not otherwise specified - F32.92

The condition is often more severe than the code suggests. Avoid broad terms and unspecified codes for a better awareness about the disease and the population it affects.

# Document to the highest degree & code to the highest specificity

Include condition details SEVERITY - Mild, Moderate, Severe EPISODE - Single, Recurrent, In Remission

Symptoms of Clinical Depression				
*Depressed Mood	*Loss of interest or pleasure in most or all activities	Feelings of worthlessness or guilt		
Suicidal ideations or self-harm	Poor concentration	Fatigue or low energy		
Significant weight or appetite change	Insomnia or hypersomnia	Psychomotor retardation or agitation		

#### Depression Screening Tools<sup>3</sup>

Mental Health America (MHA) has a number resources that focus on prevention, early identification, and intervention for adults age 18 and older. The PHQ-9© questionnaire<sup>4</sup> can be given to patients during a primary care encounter to screen for the presence and severity of depression.

PHQ-9© Depression Scoring, Plan and Diagnosis				
Score	Severity	Proposed Treatment		ICD-10
0 - 4	None - Minimal	None: not depressed/no personal history of depression.		N/A
0-4		In Remission*: patient is receiving treatment for depression but condition is st symptoms no longer meet criteria for major depression.	See Below	
		*If patient has been previously diagnosed with depression (regardless of Remission		F32.4, F33.41
		severity) be sure to document depression is either in partial or full remission.	Full Remission	F32.5, F33.42
5 - 9 Mild Watchful waiting: repeat PHQ-9 at follow up visit.		F32.0, F33.0		
10 - 14ModerateConsider counseling and/or medication, follow up visits.		F32.1, F33.1		
15 - 19 Moderately Severe Active treatment: pharmacotherapy and/or psychotherapy, follow up visits.		F32.1, F33.1 F32.2, F33.2		
20 - 27 Severe Immediate initiation of pharmacotherapy, expedited referral to mental health specialist for psychotherapy and/or collaborative management.		F32.2, F33.2 F32.3, F33.3		



## Major Depressive Disorder, Continued

- Patient does not have to be actively involved in treatment.
- Depression is considered recurrent after the first single episode.
- Depression is recurrent if they are currently on prescribed medication or receiving therapy services.
- Consider "in remission" rather than "history of" if previously diagnosed with depression but is currently without symptoms.
- Document additional DSM-5 depression classifications (if applicable).
  - With mixed features manic symptoms are present but does not meet all the criteria for manic episode.
  - With anxious distress presence of anxiety that affects prognosis, treatment, and patient response.

## **Bipolar Disorder**<sup>5</sup>

**Bipolar disorder and depression should not be coded or billed together.** Depression is considered inclusive of bipolar disorder per ICD-10 "Excludes 1" guideline<sup>6</sup>.

#### **Differential Diagnosis**

Bipolar 1	Bipolar 2
Marked by manic episodes	Marked by hypomanic episodes
Hospitalization due to mania likely	Hospitalization due to hypomania less likely
Psychosis may occur during manic episodes	Psychosis unlikely to occur during hypomania
One or more manic episodes; often accompanied by depressive episodes. May be accompanied by psychosis.	One ore more hypomanic episodes; <b>at least</b> one major depressive episode
Cyclothymia	Mixed
Two-year period of cycling hypomanic AND depressive symptoms that fail to meet DSM-5 criteria for Major Depressive Disorder.	Meets criteria for manic AND depressive episodes almost every day for AT LEAST one week.

ICD-10	Description	ICD-10	Description
F31.0	Hypomanic	F31.6-	Mixed features
F31.1-	Manic without psychotic features	F31.7-	In remission
F31.2-	Manic severe with psychotic features	F31.81	Bipolar Type 2
F31.3-	Depressed, mild, or moderate severity	F31.89	Other bipolar disorder
F31.4-	Depressed, severe, without psychotic features	131.09	Recurrent manic episodes, NOS
F31.5-	Depressed, severe, with psychotic features	F31.9	Manic depression Unspecified



## Bipolar Disorder⁵, Continued

### Clinical Features and Symptoms

Mania	Hypomania	Depression	Bipolar and related mood
Flight of ideas or racing thoughts Constant changes in plans	Difficulty concentrating Difficulty making decisions	Lasting sad, anxious and / or empty mood Thoughts, plans, or attempts of suicide	disorder due to known physiologial condition:
Inflated Self-Esteem	Over-familiarity	Thoughts, plans, or attempts of self-harm	With manic features (F06.33)
Overconfidence Increased	Changes in psychomotor actiity	Changes to appetite, eating, weight Disturbances to sleep / wake cycle	With manic- or hypomanic-like episodes <b>(F06.34)</b>
Activity or restlessness	Energy and activity	Feelings of guilt and worthlessness	With mixed features (F06.34)
Energy and irritability	Sociability / Talkativeness	Increased Tiredness	Unspecified (F06.30)
High-risk, reckless behavior Talkativeness and rate of speech	High-risk, reckless behavior Sexual energy	Restlessness and irritability	
Distractibility	Decreased	Decreased	
Poor attention span Goal directed activity Psychomotor agitation <b>Decreased</b> Normal social habits Need for sleep	Need for sleep	Energy and activity Enjoyment, interest and concentration Mood (varies by day and circumstance) Self-esteem and self-confidence	
With Psychotic Features	Hypomania in Bipoloar Type 2		
Symptoms same as above and: - Grandiose ideas - Delusions / hallucinations	Symptoms same as mania, but episodes do <b>not:</b> - Cause marked impairment and / or disruption to work functioning - Require hospitalization		

# Mental Health Coding Tip Sheet



### Schizophrenia

### Schizoaffective Disorders

This condition affects the way a person thinks, feels and acts. If makes it difficult to differentiate what is real and what is not. Symptoms vary by severity and type. All symptoms may or may not be present in individuals with the condition. Characterized by having symptoms of both schizophrenia and mood disorders (depression, bipolar disorder) alternating from delusions or hallucinations to the predominant mood disorder symptoms during the active period of the condition. ICD-10 codes are categorized by the manifestation.

#### Symptoms of Schizophrenia and Schizoaffective Disorders<sup>7</sup>

Hallucinations
Delusions
Task completion difficulty
Disorganized Thoughts

Lack of focus Impaired memory Movement disorders Unmodulated Speech

Detailed documentation is necessary	for accurate ICD-10 assignment

Schiz	Schizophrenia		Schizoaffective Disorders	
ICD-1	0	Manifestation	ICD-10	Туре
F20.0		Paranoid		Bipolar Type
F20.1		Disorganized	F25.0	ырогаг туре
F20.2		Catatonic	F25.1 Depressive Type	
F20.3		Undifferentiated	F2J.1	Depressive Type
F20.5		Residual	F25.8 Other Schizoaffective	
F20.81		Schizophreniform disorder	120.0	Disorders
F20.89	)	Other schizophrenia	E25.9 Schizoaffective	
F20.9		Schizophrenia, unspecified	120.0	Disorders, Unspecified

### HEDIS<sup>®</sup> Measures<sup>8</sup>

#### Adherance to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorderwho were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Description	Prescription	Description	Prescription	
Long-acting injections		Oral Antipsychotic Medications		
HCPCS: C9037, J0401, J1631, J2	358, J2426, J2680, J2794	Miscellaneous antipsychotic agents (oral)	-Aripiprazole -Asenapine -Brexpiprazole -Cariprazine -Clozapine -Haloperidol -Iloperidone -Loxapine -Lurisadone -Molindone -Olanzapine -Paliperidone -Quetiapine -Quetiapine fumarate -Risperidone -Ziprasidone	
14 day supply	-Risperidone			
28 day supply	-Aripiprazole -Fluphenazine decanoate -Haloperidol decanoate -Olanzapine			
	-Paliperidone palmitate	Phenothiazine antipsychotics (oral)	-Chlorpromazine -Fluphenazine -Perphenazine	
30 day supply	-Risperidone (Perseris)		-Thioridazine -Trifluoperazine -Prochlorperazine	
Dementia Medications		Psychotherapeutic	-Amitriptyline-perphenazine	
Cholinesterase inhibitors	-Donepezil -Galantamine -Rivastigmine	combinations (oral)		
Misc. central nervous system agents	-Memantine	Thioxanthenes (oral)	-Thiothixene	

## Mental Health Coding Tip Sheet



### HEDIS<sup>®</sup> Measures, Continued

#### **Antidepressant Medication Management**

Members age 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

#### Two rates reported:

#### Effective Acute Phase Treatment:

Members who remained on an antidepressant medication for at least 84 days (12 weeks).

#### Effective Continuation Phase Treatment:

Members who remained on an antidepressant medication for at least 180 days (6 months).

Antidepressant Medications				
Description			Prescription	
Miscellaneous antidepressants	-Bupropion	-Vilazodone	-Vortioxetine	
Monoamine oxidase inhibitors	-Isocarboxazid	-Phenelzine	-Selegiline -Tranylcypromine	
Phenylpiperazine antidepressants	-Nefazodone	-Trazodone		
Psychotherapeutic combinations	-Amitriptyline-chlordiazepoxide		-Amitriptyline-perphenazine -Fluoxetine-olanzapine	
SNRI antidepressants	-Desvenlafaxine	-Duloxetine	-Levomilnacipran -Venlafaxine	
SSRI antidepressants	-Citalopram	-Escitalopram	-Fluoxetine -Fluvoxamine -Paroxetine -Sertraline	
Tetracyclic antidepressants	-Maprotiline	-Mirtazapine		
Tricyclic antidepressants	-Amitriptyline -Nortriptyline	-Amoxapine -Protriptyline	-Clomipramine Doxepin (>6 mg) -Desipramine -Imipramin -Trimipramine	



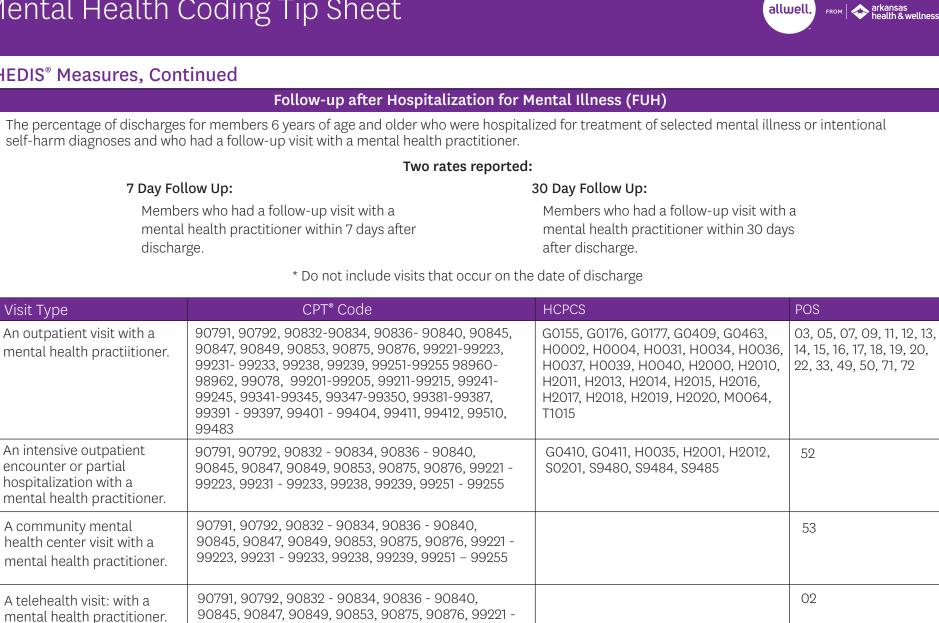
An observation visit with a

mental health practitioner

Transitional care management

services, with a mental health

practitioner.



99223, 99231 - 99233, 99238, 99239, 99251 - 99255

99217-99220

99495, 99496

#### References

<sup>1</sup>American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition, 2013

<sup>2</sup>ICD-10-CM Official Guidelines for Coding and Reporting

<sup>3</sup>https://screening.mentalhealthamerica.net

<sup>4</sup>PHQ9 Copyright © 2002-2019 Pfizer Inc. PHQ Screeners site is expressly exempted from Pfizer's general copyright restrictions; content found on PHQ Screeners is free to use and download.

<sup>5</sup>American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition, 2013

<sup>6</sup>ICD-10-CM Official Guidelines for Coding and Reporting

<sup>7</sup>www.nimh.nih.gov National Institute of Mental Health Schizophrenia Signs & Symptoms

<sup>8</sup>HEDIS® 2020 Volume 2 Technical Specifications by NCQA

NOTE: The information listed here is not all inclusive and is to be used as a reference only. Please refer to current IDC-10 Coding and Documentation Guidelines found at www.cms.gov

For additional resources, contact our Provider Relations team at Providers@ARHealthWellness.com