

CLINICAL DOCUMENTATION: MDD

THE DIAGNOSIS	Major Depressive Disorder (MDD) Moderate or Severe, without Psychosis
COMMON CONDITIONS INCLUDED IN HCC GROUP: 155 RAF score = 0.299	Major depressive disorder, single episode, moderate (F32.1) Major depressive disorder, single episode, severe without psychotic features (F32.2) Major depressive disorder, recurrent, moderate (F33.1) Major depressive disorder, recurrent, severe without psychotic features (F33.2) Nonsuicidal self-harm (R45.88) "Intentional self-harm" diagnoses – a long list.
KEY CODING or DOCUMENTATION TIPS	<ul style="list-style-type: none"> Specify the level and episode of the depressive episode. It is important to remember that you should <u>use the most accurate diagnosis based on your clinical judgement and the DSM-5 criteria</u>. If not specified, the default diagnosis is F32.A, Depression unspecified, which does not risk adjust.
MEAT the DOCUMENTATION M= Monitor E = Evaluate A = Assess/Address T = Treat	Assessment and Plan example: Major depressive disorder, recurrent, moderate (F33.1) Generalized anxiety disorder (F41.1) Ms. L presents for a medication management and follow-up. She has been on bupropion and escitalopram for the past 4 months. Today's PHQ9 is a 14, which is up from 9. Her GAD7 is a 11, which is up from a 7. She appears on edge, is having trouble focusing on our conversation. She is not suicidal today. Her spouse states that she hasn't found a therapist yet. Discussed with patient and her spouse that cognitive therapy combined with medications has the potential to provide her with the greatest success. Referral provided. Increased escitalopram. F/U in 4 months. M – Signs and symptoms, such as nervous, trouble focusing. E – Test results or vital signs, such as PH9 and GAD7. A – Order tests or patient discussion, such as referral to therapy. T – Medications, therapy, or other modalities, such as cognitive therapy and increasing escitalopram.
IMPACT on QUALITY – HEDIS MEASURES	CMS 2 – Preventative Care and Screening: Screening for Depression and Follow-up Plan CMS 128 – Anti-depressant Medication Management CMS 156 – Use of High-Risk Medications in Older Adults CMS 159 – Depression Remission at Twelve Months CMS 177 – Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment