INNOVATIVE
Health Alliance
of New York, LLC

__Psychiatric Disorders__

A Risk Adjustment Guide

Coding **major depressive disorder** accurately requires documentation of the following:

- If it is a **single** or **recurrent** episode (this is <u>required</u>)
- **Severity** (mild, moderate, severe with psychotic features, or severe without psychotic features) (severity can be specified from PHQ-9)
- If is it in **partial or full remission** (if applicable)

If the documentation does not meet the specificity as noted, it can only support the code for depression (F32.A) or major depression (F32.9) – these codes do not risk adjust and should not be used when a more specified code can be supported.

For example:

"Patient is mildly depressed" – F32.A (<u>no</u> HCC)

"Recurrent major depression, moderate per PHQ9" – F33.1 (HCC)

"Severe major depressive episode" – F32.2 (HCC)

When documenting **bipolar disorder**, the following should be indicated:

- Current episode (manic, depressed, mixed)
- Severity (mild, moderate, severe with psychotic features, or severe without psychotic features)
- If it is in full or partial remission (most recent episode should also be documented)

Dx Code	Diagnosis
F32.-	Single Episode, Major Depressive Disorder
F33.-	Recurrent Episode, Major Depressive Disorder
F20.-	Schizophrenia
F25.-	Schizoaffective Disorder
F31.-	Bipolar Disorder

Utilizing above chart:

First three characters indicate category of diagnosis, utilize characters after period to indicate severity, remission status.

A patient can be considered in remission if they have had depressive episodes in the past, but have been free of depressive symptoms for several months.

Does your documentation have MEAT? (Monitor, Evaluate, Assess, Treat)

All HCC diagnoses must be documented and coded at least once per year.

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