

Documenting and Coding Major Depressive Disorders

Code Description	Single Episode	Recurrent	DSM-5 Notes
Major depressive disorder, unspecified .	F32.9*	F33.9*	Major depressive disorder is characterized by discrete episodes of at least two weeks' duration (although most episodes last considerably longer) involving changes in affect, cognition, and neurovegetative functions and inter-episode remissions. A diagnosis based on a single episode is possible, although the disorder is a recurrent one in the majority of cases. Careful consideration is given to the delineation of sadness and grief from a major depressive episode.
Major depressive disorder, mild .	F32.0	F33.0	Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.
Major depressive disorder, moderate .	F32.1	F33.1	Moderate: The number of symptoms, intensity of symptoms and/or functional impairment are between those specified for "mild" and "severe."
Major depressive disorder, severe without psychotic features.	F32.2	F33.2	Severe: The number of symptoms is substantially in excess of that required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.
Major depressive disorder, severe with psychotic features.	F32.3	F33.3	Delusions, psychosis or hallucinations are present at any time during the episode.
Major depressive disorder, in remission, unspecified .**	N/A	F33.40*	Unspecified level of remission.
Major depressive disorder, in partial remission.**	F32.4	F33.41	Symptoms of the immediately previous major depressive episode are present but full criteria are not met, or there is a period lasting less than two months without any significant symptoms of a major depressive episode following the end of such an episode.
Major depressive disorder, in full remission.**	F32.5	F33.42	During the past two months, no significant signs or symptoms of the disturbance were present.
Depression, unspecified . (Depression NOS and depressive disorder NOS.)	F32.A*	N/A	N/A

*Attempt greater specificity if possible.

**Remission codes can be used when depression has improved due to medication or treatment.

Depression Diagnostic Tools and Documentation Best Practices:

- ✓ When documenting MDD, specify whether the depression is recurrent or a single episode.
- ✓ Document absence or presence of psychotic symptoms and/or features.
- ✓ Document whether the depression is in full or partial remission.
- ✓ Specify in documentation whether the depression is mild, moderate or severe. You may use PHQ-9 scoring to stage depression as shown below. PHQ-9 is self-reported by the patient. Clinical assessment on severity of depression can also factor in to staging depression.

PHQ-9 Score	Depression Severity	Proposed Treatment
0 – 4	None-Minimal	None.
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up.
10 – 14	Moderate	Treatment plan, consider counseling, follow-up and/or pharmacotherapy.
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy.
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.

From Kroenke K., Spitzer R.L., Psychiatric Annals 2002;32:509-521

Sources

AAPC ICD-10 CM Expert 2025: An Official Guide for Hospitals and Physicians.

Poe Bernard, S. (2020) Risk Adjustment Documentation and Coding, Second Edition. Chicago: American Medical Association.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Pfizer Corporation, www.PHQScreeners.com. PHQ-9 Instruction Manual. Accessed June 2021.

Please refer to official current year ICD-10 Guidelines for additional information. This document is for educational purposes only and not meant to replace official guidelines.