

Coding for Perinatal Depression

Screening for Depression

If a physician is providing the global obstetrical service (and reporting a global code), the payer may consider screening for depression as part of the global service and not reimburse additionally for the service. This is particularly true if the physician screens every patient for depression as routine. However, some payers may reimburse for this service. Physicians should check with their specific payers.

Treatment for Patients with Signs and Symptoms

If the patient has signs and/or symptoms of depression (with an appropriate diagnosis code), then those services are separately reported from the global service and may potentially be reimbursed.

Diagnosis Coding

Mental, Behavioral and Neurodevelopmental Disorder codes are found in the (290- 319) section of ICD-9-CM. Note that many payers will only reimburse a psychiatrist or psychologist for services linked to a diagnosis in the mental disorders chapter.

ICD-9 possible diagnosis codes are:

- 293.X Transient mental disorders due to conditions classified elsewhere
- 296.X Episodic mood disorders
- 300.4 Dysthymic disorder
- 311 Depression NOS

Effective October 1, 2015 the possible ICD-10 codes are as follows:

- F05 Delirium due to known physiological condition
- F30.-- Manic episode
- F34.1 Dysthymic disorder
- F32.9 Major depressive disorder, single episode, unspecified

Symptoms, Signs and Ill-defined Condition codes are found in the section (780-799).

ICD-9 possible diagnosis codes are:

- 780.5X Sleep disturbances
- 780.79 Other malaise and fatigue
- 799.2X Signs and symptoms involving emotional state

Effective October 1, 2015 the possible ICD-10 codes are as follows:

- G47.9 Sleep disorder, unspecified
- R53.81 Other malaise
- R53.83 Other fatigue
- R45.- Symptoms and signs involving emotional state



Procedure Coding

The correct Evaluation and Management (E/M) code will depend on whether the encounter was for screening or treatment of depression.

If the encounter was for screening for a patient without symptoms, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed by the payer will vary. Possible procedure codes are:

- 99401-99404 Preventive medicine, individual counseling
- 99411-99412 Preventive medicine, group counseling

If the encounter was for treatment for a patient with a diagnosis of depression or documented symptoms of depression, report an office or other outpatient E/M code. These codes list a "typical time" in the code descriptions. Time spent face to face counseling the patient must be documented in the medical record. The record must document that either all of the encounter or more than 50% of the total time was spent counseling the patient. Possible procedure codes are:

- 99201-99205 New patient, office or other outpatient visit
- 99211-99215 Established patient, office or other outpatient visit

