



American Academy
of Value Based Care

Major Depressive Disorder

Quick Reference Guide

2025

AAVBC Major Depressive Disorder Quick Reference Guide

1. CLINICAL SNAPSHOT

Definition: APA DSM-5-TR / WHO / NIH: Major depressive disorder (MDD) is characterized by persistent depressed mood or loss of interest/pleasure (anhedonia) for ≥ 2 weeks, accompanied by ≥ 5 of 9 DSM-5-TR symptoms causing clinically significant distress or functional impairment. Neurobiological correlates include monoamine dysregulation (serotonin, norepinephrine, dopamine) and HPA-axis hyperactivity¹.

ICD-10 Codes: F32.x single episode(Mild (F32.0), Moderate (F32.1), Severe without psychotic features (F32.2), Severe with psychotic features (F32.3), F33.x recurrent (Mild (F33.0), Moderate (F33.1), Severe without psychotic features (F33.2), Severe with psychotic features (F33.3))²

HCC/RAF V28 Mapping: **HCC 155** (Major Depression , Moderate or Severe without Psychosis) F32.1-3, F33.1-3 with RAF (0.299); **HCC 152** (non-schizophrenia psychosis, major depression with psychotic features) F32.3, F33.3 with RAF (0.484); **HCC 154** (Bipolar Disorders without Psychosis) F31.0 - F31.9 with RAF (0.351) **NO HCC**(Depression, Mild or unspecified) for F33.0, F32.0, F32.9³

Prevalence (U.S): 8.4% adults, 4.5% adults >50, 10.5% women vs 6.2% men, Annual cost \$236.6B - \$326.2B (2020 values) (\$13,700 PMPY). A leading cause of disability with high recurrence, >40 % will experience a recurrence within 2 years. After two prior episodes, 5-year recurrence risk is approximately 75 %⁵⁻⁷

2. RECOGNITION & DIAGNOSIS

Medicare Screenings⁸⁻¹⁰

Test	Coverage	Frequency	CPT/HCPCS Code	Notes
PHQ-9	Annual wellness visit	Annual	G0444	Document score and follow-up plan
Depression screen (General)	Medicare Part B	Annual	G0442	15-minute screen
Behavioral health Integration (BHI)	Ongoing collaborative care	Monthly	99492-99494	Includes PHQ-9 monitoring, care coordination, medication management
Follow-up after Mental Health Hospitalization	Quality measure	7 & 30 days	HEDIS FUM	Required for quality reporting and RACH validation

Subtle Early Signs in Older Adults > 65 yrs¹¹

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