

Your Name: \_\_\_\_\_

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Name of your system vendor, clearinghouse and/or billing service and contact data you may have for them:

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Email your completed form to us at [ICD-10testing@floridablue.com](mailto:ICD-10testing@floridablue.com)

Note: It is critical to successful testing that we collaborate with both providers and their vendors who enable ICD-10 transactions for their clients.

# ICD-10 Phase I Testing Cardiology: Clinical Dx Scenarios

## INSTRUCTIONS

1. Print this form in order to complete it by hand.
2. Complete your contact information at left of form.
3. Select up to ten (10) scenarios below for practice coding.
4. Instruct your medical coder(s) to complete this document by coding your selected scenarios first using ICD-9 Dx codes followed by ICD-10 Dx codes. Be sure coder(s) understand they are to code in ICD-10 from the selected clinical scenarios vs. coding from ICD-9 to ICD-10 (mapping).
5. Scan and return by email your completed form to [ICD-10testing@floridablue.com](mailto:ICD-10testing@floridablue.com). If you do not have access to a scanner and would like to return your form to us via fax, please fax to 904-997-5571, Attn: Martina Fiorelli.
6. Within two weeks of receipt, Florida Blue will review your completed coding document and provide you with observations for scenarios that we have identified as a potential impact to claims adjudication.

NOTE: If you prefer, you may contact Florida Blue via email [ICD-10testing@floridablue.com](mailto:ICD-10testing@floridablue.com) and you will be provided an Excel spreadsheet on which you can view and code these same scenarios.

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S001	A 46-year-old male seeks medical attention with complaints that include heart palpitations, shortness of breath, chest discomfort, dizziness, fatigue and lack of energy for the past 3 days. He normally works out 3-4 times per week and experiences these symptoms from time to time. PE and EKG performed. Labs ordered. <b>Findings:</b> Atrial Fibrillation.				
S004	A 58-year-old male established patient returns to the office for follow-up and to discuss the results of the laboratory tests recently performed. The labs show an elevated BUN and creatinine. He complains now of feeling weak and tired. He was previously diagnosed and treated for an old myocardial infarction. Physical examination performed revealed pitting edema on both lower extremities. The importance of keeping legs elevated to prevent fluid accumulation was explained to the patient. <b>The plan includes:</b> comprehensive metabolic profile, CBC, continue medication, referral to nephrologist and cardiologist, and follow-up in 4 weeks. <b>Impressions:</b> Chronic kidney disease and old myocardial infarction.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S005	<p>The patient is a 43-year-old female who has fatigue, tiredness, daytime sleepiness and snoring at night time. She also complains of dry mouth on awakening, headaches and difficulty getting out of bed in the morning. She weighs 200 pounds and is 5'3" in height. She is on Coumadin therapy for blood clots in her legs. She was evaluated and examined accordingly.</p> <p><b>Recommendation includes:</b> polysomnography, PT/INR, avoid alcohol, lose weight, and exercise. Return to the office in 4 weeks.</p> <p><b>Impression:</b> Obstructive sleep apnea and long term use of anticoagulant.</p>				
S006	<p>A 56-year-old male established patient with a history of stroke in 2008 was seen at the Clinic 3 weeks ago due to complaints of malaise, fatigue, and easily bruising in the forearm. He now returns to the Clinic for results of the laboratory tests, which show a decreased platelet count and low B12 level. The indication for having a low platelet count and B12 was explained to this patient. The patient was advised to continue current medication and repeat CBC in 3 weeks. A referral to hematologist was given for further evaluation of thrombocytopenia. Patient to follow-up in 4 weeks.</p> <p><b>Impressions:</b> Thrombocytopenia and history of stroke.</p>				
S008	<p>A 78-year-old male established patient comes into the office for evaluation of an irregular heartbeat. He was previously diagnosed with peripheral vascular disease and is currently under treatment for same. He denies shortness of breath but he has been having palpitations, some lightheadedness, and pain in the lower extremities. Physical examination was performed; an electrocardiogram was ordered and performed at the office. The results of the ECG confirm irregularities and a pattern of waves indicative of atrial arrhythmia.</p> <p><b>The plan includes</b> 24-hour holter monitoring, aspirin once a day, antiarrhythmic drugs, continue Cilostazol, and follow-up in 6 weeks.</p> <p><b>Impression:</b> Atrial arrhythmia and peripheral vascular disease</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S011	<p>The patient is an 85-year-old male seen in the clinic for his yearly check-up. He was previously diagnosed in 2008 with mitral valve regurgitation and is currently asymptomatic. On examination the patient was found to have an enlarged prostate. There were neither urinary tract symptoms presented nor complaints of inability to urinate.</p> <p><b>The tests ordered include:</b> repeat echocardiogram since the last one was done 2 years ago, CBC, urinalysis, basic metabolic profile, and PSA to further assess the enlarged prostate. The patient was instructed to call the office immediately if he experiences any symptoms related to the urinary tract and/or symptoms related to the heart. Follow-up in 4 weeks.</p> <p><b>Impressions:</b> Benign prostatic hypertrophy and mitral valve regurgitation.</p>				
S014	<p>A 56-year-old male patient comes into the office for a scheduled follow-up visit for hypertension. Patient has a family history of HTN. No current complaints or recent stressful events. Patient is currently taking Lisinopril 5 mg per day. Physical examination was performed. BP 134/84. Patient advised to increase Lisinopril dosage to 10 mg per day and follow up in 3 months.</p> <p><b>Impression:</b> Benign Hypertension.</p>				
S020	<p>A 65-year-old female established patient comes into the office complaining of fainting spells and falling down associated with loss of consciousness and excessive sweating. She has a longstanding history of hypertension, transischemic attack (TIA), and coronary artery disease. The patient is concerned for a possible stroke as she previously had symptoms of eyes rolling back and altered sensorium. A detailed physical examination is performed.</p> <p><b>The plan includes:</b> hemoglobin count, electrocardiogram, tilt table test, and possible holter monitor. Referring patient to a Cardiologist/Neurologist for further assessment if symptoms persist.</p> <p><b>Impression:</b> Syncope.</p>				
S026	<p>A 65-year-old male comes in the office today for a 6 months follow-up. He was diagnosed with coronary artery disease (CAD) and had a percutaneous transluminal coronary angioplasty (PTCA) a year ago. Patient also has restrictive cardiomyopathy w/o symptoms. Physical examination shows the patient is in no acute distress. Advised the patient to increase physical activity, lose weight, and lower stress levels and follow-up in 6 mos.</p> <p><b>Impression:</b> Restrictive cardiomyopathy and s/p PTCA.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S027	<p>A 63-year-old female came into the clinic complaining of chest pain for the past couple of days along with shortness of breath when she is up and moving around. She has a history of high blood pressure and is obese. She denies smoking. Physical examination performed and revealed a BMI of 38 and elevated BP. Labs and EKG done. Discussed diet and exercise regimen and prescribed Amlodipine (Norvasc) 5mg once daily. Follow up in 3 months.</p> <p><b>Impressions:</b> Chest pain, shortness of breath, hypertension, and obesity.</p>				
S028	<p>A 62-year-old female comes into the office with complaints of abdominal pain for the past week with loose stools for the past few days. Medical history positive for congestive heart failure (CHF). Physical examination revealed lower extremities edema. Advised patient to increase Carvedilol (Coreg) from 3.125 mg twice daily to 12.5 mg twice daily; may take over-the-counter Imodium A-D to alleviate diarrhea symptoms along with drinking small amounts of fluids frequently to prevent dehydration. Return to office if symptoms persist for further testing and evaluation.</p> <p><b>Impressions:</b> Abdominal pain, diarrhea, congestive heart failure, and lower extremities edema.</p>				
S030	<p>The patient is a 75-year-old female who comes into the office for pacemaker follow-up. She had a pacemaker single chamber inserted a month ago. She also presents with mild shortness of breath and palpitations. She has a history of rheumatic fever when she was 10 years old. She has family history of heart disease.</p> <p><b>Physical examination was performed and findings revealed:</b> a rapid pulse and swollen ankles. Labs, echocardiogram, and chest x-ray were ordered to further evaluate the symptoms. Patient instructed to follow up in 8 weeks unless diagnostic tests indicate the need for return sooner.</p> <p><b>Impressions:</b> Aortic valve regurgitation and s/p Pacemaker.</p>				
S034	<p>A 45-year-old female comes to the clinic with complaints of shortness of breath, atypical chest discomfort, dyspnea, palpitations, fatigue and dysphagia for three days. She has a history of rheumatic fever and mitral valve prolapse. Examination performed revealed a rapid heart rate, a diminished first heart sound, gallops, a pericardial friction rub and swollen legs. A stat electrocardiogram and chest x-ray performed at the clinic revealed diffused T wave inversions and saddle shaped ST-segment elevation. In addition, the chest x-ray result shows widened mediastinum and air-fluid level in mediastinum.</p> <p><b>Recommendation:</b> refer to Cardiologist for further assessment/evaluation and management; advised complete bed rest, and prescribed a diuretic and digoxin.</p> <p><b>Impressions:</b> Acute myocarditis and abscess of mediastinum.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S046	<p>A 72-year-old female patient is transported to the hospital via ambulance due to an injury she sustained from an object falling directly on her head while at a department store. She was unconscious upon arrival at the ER. Multiple blood work, a chest x-ray and a CT scan of the head were performed immediately. Patient also has a history of quadruple coronary artery bypass surgery 5 months ago. The CT scan results revealed a subarachnoid, subdural and extradural hemorrhage and a fracture at the vault of the skull. She was immediately referred to a neurosurgeon and emergency surgery was performed to control the bleeding. The patient remained unconscious for 4 days. On the 5th day of her hospitalization she regained consciousness and normal neurological levels.</p> <p><b>Impressions:</b> Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhages and post-procedural aortocoronary bypass status.</p>				
S048	<p>The patient is a 55-year-old male who was transported via Life Flight to the Trauma Center due to multiple injuries sustained in a head-on motor vehicle collision. The patient was unconscious and vital signs were dropping slowly. Initial examination showed he had sustained head and abdominal injuries. At the hospital, a CT scan of the head revealed a closed fracture at the base of the skull with subdural, subarachnoid and extradural hemorrhages. The CT of the abdomen disclosed injury to both the celiac and mesenteric arteries. The patient underwent emergency surgery to control the bleeding from the hemorrhage sites and to repair the celiac and mesenteric arteries. The patient remained unconscious after surgery and was admitted to the intensive care unit (ICU) for close monitoring. While in the ICU his blood pressure dropped significantly with a very weak pulse and rapid breathing, indicating he had developed postoperative cardiogenic shock. He did not survive that complication and expired later that day.</p> <p><b>Impressions:</b> Closed fracture at the base of the skull with subdural, subarachnoid and extradural hemorrhages, postoperative cardiogenic shock, and abdominal injury to the celiac and mesenteric artery.</p>				
S063	<p>The patient is 68-year-old male who comes to the clinic feeling weak, lethargic, dizzy and short of breath. The patient has been suffering with hypertension for 10 years, and 6 months ago was diagnosed with chronic kidney disease. Physician performed physical exam and ordered necessary laboratory and diagnostic tests.</p> <p><b>The lab results showed</b> that eGFR rate is 50 and hemoglobin level is 9 g/dl. Patient is already on Lisinopril and Lasix for blood pressure control.</p> <p><b>Impressions:</b> Anemia in chronic disease and hypertensive kidney disease.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S070	<p>The patient is a 55-year-old male who comes to the ER for chest pain and SOB. Vital signs showed elevated BP and irregular heart rate. An EKG was taken and result was abnormal. Diagnostic radiology and laboratory tests were performed. Patient was admitted for a cardiac catheterization, which showed 85% blockage in two coronary arteries. Patient was scheduled for an angioplasty with placement of stent.</p> <p><b>Impressions:</b> Abnormal EKG, and coronary artery disease.</p>				
S071	<p>A 75-year-old male comes to the ER for severe shortness of breath. His respiration showed 4 per minute with 60% oxygen saturation. He had coronary artery bypass two years ago and has been followed every 6 months by his cardiologist. He has a long-term history of COPD and recently treated with antibiotics for pneumonia. Oxygen was administered and IV fluids were started. Stat arterial blood gas, pulmonary function test, and a chest x-ray were ordered. In addition, a CT scan was ordered to check for possible pulmonary embolism and aortic dissection.</p> <p><b>The results of the tests</b> did confirm acute respiratory failure. He was admitted to Intensive Care Unit and placed on mechanical ventilation.</p> <p><b>Impressions:</b> Acute respiratory failure; and atherosclerosis of coronary arteries.</p>				
S082	<p>A 57-year-old female comes into the facility for a scheduled appointment. She is currently being treated for hypokalemia. She now is complaining of heart palpitations. Patient does not provide any additional medical problems. Physical exam and labs are done. Vital signs show a resting heart rate of 99. Labs reveal potassium levels of 2.8 mEq/L (3.7-5.2). She is encouraged to continue on daily potassium supplements and maintain follow-up visits as scheduled.</p> <p><b>Impressions:</b> Potassium deficiency and palpitations.</p>				

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