Florida Blue
In the pursuit of health®

Florida's Blue Cross and Blue Shield Plan

ICD-10 Phase I Testing

Infectious Disease: Clinical Dx Scenarios

Your Name: _____

Title: _____

Practice/Organization Name: _____

NPI Number: _____

Email Address: _____

Telephone #: _____

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

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 five (5) 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. 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 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
S031	This patient is an 85-year-old female who was seen at the office 2 1/2 weeks ago due to high fever, chills, rapid breathing, rapid heart rate, confusion, and low blood pressure. She was immediately transported via ambulance to the hospital emergency department and was found to have septicemia. She was admitted and treated with intravenous antibiotic therapy. She returns to the office today for follow-up after being discharged from the hospital. She stated she was doing fine except for abdominal cramps, bloating and discomfort in lower left abdomen that started 2 days ago. Examination revealed abdominal tenderness and slight fever. Barium x-rays were ordered and performed immediately. A result of the barium x-ray shows this patient has diverticulosis. **Recommendation includes:** increase fiber intake daily, Donnatal for abdominal cramping, and follow-up in 4 weeks. **Impressions:** Diverticulosis and septicemia.				
S043	An 18-year-old female new patient comes to the office today complaining of severe headache and neck stiffness associated with high fever, confusion, and vomiting. She has had these symptoms for 3 days and she has been unable to sleep and eat. A Stat CBC, C-reactive protein and lumbar puncture were performed and indicated the patient has meningitis. She was admitted to the hospital for management of her meningitis, which included receiving IV antibiotic therapy for 10 days. After 2 days of hospitalization, the patient was complaining of inability to see well out of her left eye. An ophthalmological exam found limited visual acuity and impaired vision in her left eye; possibly due to complications from meningitis. **Impressions:** Meningitis, bacterial gram-negative and **near-total** impaired vision on left eye.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S044	A 28-year-old male is seen at the Hospital Emergency Department with complaints of high fever with chills, nausea and vomiting, pain in the right upper abdomen, loss of appetite, weakness, and yellow skin. Two months ago he was diagnosed with pulmonary coccidioidomycosis and is still taking an oral anti-fungal medication, Diflucan 150 mg., 1 tablet daily. He is on his last dose. CBC, liver function test, blood culture, and abdominal ultrasound were performed immediately and the results show a low hemoglobin count suggesting anemia; a leukocytes count more than 10,000/mm suggesting infection; an elevated erythrocyte sedimentation rate (ESR), elevated liver enzymes and bilirubin. The abdominal ultrasound discloses a round oval hypoechoic mass consistent with a pyogenic abscess. Based on comprehensive assessment and tests results, the patient is diagnosed with portal pyemia. Treatment includes admission to the hospital with initiation of intravenous antibiotic therapy as well as diagnostic aspiration and drainage of the pyogenic abscess. Patient is also referred to a pulmonologist for follow-up of coccidioidomycosis, and an internal medicine doctor for the management of the portal pyemia. **Impressions:** Portal pyemia and primary pulmonary coccidioidomycosis.				
S054	A 75-year-old male diabetic patient comes to the Emergency Department complaining of severe abdominal pain, vomiting blood (coffee-grounds appearance), loose dark stool, weight loss, and fever. Physical examination revealed presence of fever with mild tenderness in the epigastric region of his abdomen. Laboratory tests showed WBC of 17000 mm, hemoglobin, 7.5 gr/dl, platelets, 260000, and elevated amylase level of 826 u/L. Radiological examination of the abdomen showed a distended stomach. The patient was admitted and a Gastroenterologist was called in for consultation. An endoscopy was performed and the results revealed extensive sub-mucosal hemorrhage, severe congestion with a snake appearance, and a 10x15 cm ulcerated lesion involving the proximal part of the greater curvature of the stomach. Biopsy was performed and the specimen demonstrated only necrotic material and acute inflammatory cells that contained numerous fungal elements. Recommended treatment includes a total gastrectomy with Roux-en-Y esophagojejunostomy and surgical debridement of necrotic tissue. **Impressions:** Mucormycosis and chronic gastric ulcer with perforation and obstruction.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S061	A month-old baby girl was brought to hospital Emergency Department by her parents for fast, irregular respiration, fever, lethargy irritability, diarrhea, vomiting, poor feeding, high pitched cry, and yellowing of skin. Examination showed respiratory distress, fast heartbeat, and abdominal distention, absence of reflexes on knees, swollen fontanel, cyanosis, and cold/clammy skin. Multiple laboratory tests and a chest x-ray were performed. Blood culture, CSF culture, urine culture, and liver transaminase confirmed septicemia cause by H influenzae and neonatal infection acquired during birth. The plan includes admission to the neonatal unit, IV antibiotic therapy and blood cultures repeated weekly. **Impressions:** Septicemia (H influenza), and congenital infection.				