

In the pursuit of health

Florida's Blue Cross and Blue Shield Plan

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:

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.

Chiropractic: 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 nine (9) 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).
- 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
S065	A 35-year-old female patient comes into the clinic with chief complaint of severe low back pain for 2 months. Patient reports that pain is aggravated by sitting, walking, or bending and relieved by lying down. Coughing or sneezing also make the pain worse. Also, she is complaining of pain and tenderness in her ankle joint and foot. She denies any injury or trauma to the lower back or lower leg. Physical examination was performed and findings revealed flattening of the normal curvature of the lumbar area of the back and slight hip and knee flexion. MRI of lower back showed a displacement of intervertebral disc is present. The plan includes: complete x-ray of the foot, and conservative treatment such as rest, heat and cold application, physical therapy, over the counter pain medicine, and corset to provide support to the lower back. Advised the patient to follow up in 4 weeks. Impressions: Displacement of lumbar intervertebral disk without myelopathy; ankle and foot pain.				
S072	A 41-year-old male comes into the office complaining of pain from the base of the neck down to his mid back area. He states he has had the pain for the past several days. He advises that he had a minor car accident several weeks ago that didn't require emergency medical services. He indicates that he smokes once or twice a week. No other history noted. Physical examination reveals pain and tenderness between the T1-T12 of the spine. Naproxen 550 mg was prescribed. Patient advised to follow up in 2 weeks if symptoms have improved for further testing. Impressions: Pain in thoracic spine and tobacco dependence.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S092	A 50-year-old female comes into the office complaining of excruciating lower back pain where at times she is unable to get out of the bed . She has a past medical history of sciatica due to disc herniation that caused nerve compression between the L5 and S1 vertebrae. MRI revealed bone spurs on vertebral bodies in the spine, thickening of facet joints and narrowing of the intervertebral disc spaces. Treatment plan includes pain management (pain medications and muscle relaxants), chiropractic and physical therapy services. Impressions: Lumbosacral spondylosis without myelopathy, and sciatica.				
S095	A 56-year-old male is seen at my office today complaining of burning, searing, hot pain in the lower back radiating down his left leg into the knee. It is accompanied by numbness in the upper left thigh. These symptoms have been going on for approximately one month. The pain is so intense, it is becoming unbearable and it is affecting the patient's activities of daily living. Neurological and lumbar spine examinations were performed. The results show tenderness and pain on palpation at the lumbosacral region and weakness on the left leg. Plan: Nerve conduction study, non-steroidal anti-inflammatory drug (NSAID), and Vitamin B6 level. Follow-up in 6 weeks. Impression: Lumbosacral neuritis.				
S096	A 39-year-old female patient comes to the office today complaining of unbearable back pain. It started 2 days ago when she awoke with a dull ache in the mid-section of her back. She described that the pain now is getting progressively worse. She is not experiencing any tingling, numbness, or loss of sensation and the pain stays in one location. She is taking Extra Strength Tylenol 500 mg. to ease the pain but it's not helping. She requested a stronger medication for the pain. Physical examination was performed and the revealed the patient had pulled a back muscle due to excessive coughing. Plan: Prescription for NSAID, hot and cold packs application, and x-ray of the back. Follow-up in 2 weeks. Impression: Backache, unspecified.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S097	A 45-year-old established female patient with chief complaints of pain and tenderness in her neck. According to her, she first experienced these symptoms when she quickly rotated her neck to ascertain who was calling her name. She described the pain as unbearable and associated with stiffness. Physical examination was performed and findings revealed muscle tension (spasm) on palpation, limited movement of the neck, and tenderness in the neck area. Her gait, posture, and coordination were assessed for any abnormalities. The range of motion in her neck was also evaluated. Plan: CBC, ESR, Chem profile, and EMG. Ultram 50 mg, hot and cold application, and physical therapy. Follow-up in 2 weeks. Impressions: Myalgia and myositis, unspecified.				
S098	The patient is a 30-year-old male who comes to the office today for further evaluation and treatment of pain at the base of the neck, headaches, and weakness on right arm. He states these symptoms have been present for almost 6 months, with the pain now radiating to his shoulders and arms. He has limited ability to raise his arms and his neck movement is also restricted. He sometimes loses his grip as well. He indicates he has some occasional lightheadedness with loss of balance. He takes an over the counter pain medication (i.e., Motrin 800 mg) with little relief. According to the patient these symptoms affect his activities of daily living. Physical examination revealed localized pain and tenderness in the cervical region upon palpation, restricted range of motion in the neck and upper extremity, subluxation from C2 to C6. Plan: MRI of the neck, NSAID, hot and cold pack application, physical therapy 3X per week, and follow-up in 3 weeks. Impression: Nonallopathic lesion of cervical region, NEC.				
S099	A 58-year-old male patient comes in today complaining of continuous pain at the midsection of his back. According to the patient, about 3 days ago he experienced a bout of strenous coughing when he felt severe pain at the midsection of his back. He took an over-the-counter pain medication that provided little relief. He cannot sleep at night due to intermittent pain and spasm. Physical examination revealed pain and tenderness upon palpation in the thoracic region, subluxation at T1 thru T5 level, and restricted range of motion. Plan: MRI thoracic spine, hot and cold pack application, Tylenol III with codeine for pain, and physical therapy. Impression: Nonallopathic lesion of the thoracic region, NEC.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S100	A 37-year-old female patient comes in to the office with chief complaints of severe pain at the lower back radiating to right thigh and leg associated with loss of balance and restrictive movements. The pain was characterized as dull, but increasing in intensity daily. At times she experiences difficulty getting in and out of bed due to the pain. Physical examination revealed pain and tenderness upon palpation at the L1 thru L6 level, subluxation at L1 thru L6 levels, restricted forward and backward bending, decreased abduction and adduction of the lower extremity, and left leg weakness. The plan includes MRI of the lumbar spine, Ultram 50 mg for pain, hot and cold application, and physical therapy. Impression: Nonallopathic lesion of lumbar region, NEC.				