

Durable Medical Equipment (DME): 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:

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
SP112	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. Recommendation includes: polysomnography, PT/INR, avoid alcohol, lose weight, and exercise. Also, recommended to try CPAP machine at night. Return to the office in 4 weeks. Impression: Obstructive sleep apnea and long term use of anticoagulant.				
SP113	A 90-year-old male was brought to the ER with complaints of having severe pain in the left lower extremity. According to his caregiver the patient has been crying due to pain with inability to get out of bed. He has not had a fall or injury. Patient has a history of hypertension, chronic atrial fibrillation, and Alzheimer disease; he also has glaucoma, coronary artery disease, and congestive heart failure. Examination performed; labs and imaging done; findings: Sodium 132 (low), hemoglobin 9.2 (low); Lumbar spine shows grade 1 spondylolisthesis of L5-S1. There is severe diskogenic disease at L4-5 and more severe at L5-S1. Wheelchair and a walker were prescribed. Impressions: Lumbosacral intervertebral disc degeneration, sodium deficiency, and anemia.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
SP114	A 53-year-old male patient with a history of chronic obstructive pulmonary disease and pneumonia is seen at the clinic for further evaluation of sudden sharp pain on the chest and shortness of breath. He started smoking at the age of 15 and continues to smoke one pack of cigarettes a day. He has been advised to stop smoking due to his COPD, but continues to smoke. A stat chest x-ray was ordered and performed. The chest x-ray result showed a collapsed right lung. Plan of treatment includes: oxygen therapy, bronchodilators to expand airways, such as albuterol (ProAir, Proventil, and Ventolin) and levalbuterol (Xopenex), and chest physical therapy to help clear mucus. This patient was also referred to Urologist 3 weeks ago for further assessment and management of ureteral fistula. Impressions: Pulmonary collapse and ureteral fistula.				
SP115	A 75-year-old male comes in accompanied by his daughter with the following problems: waddling when walking, consistently poor balance with unsteadiness on his feet, and inability to lift his legs. The patient was diagnosed with early stage Alzheimer's a year and half ago. Physical and neurological examination, including gait evaluation was performed. Findings revealed a wide stance and posture; slow walking with feet dragging; and inability to rise from a chair. Plan: referral for physical therapy, use of walker for poor balance, muscle relaxant, and follow-up in 4 weeks. Impression: Gait abnormality.				
SP116	A 12-year-old female patient seen at the office for symptoms of feeling weak, tired and some shortness of breath. She has been running a fever since last week. She took Tylenol for her fever. She also has asthma and is treated with Advair Diskus. Patient's vital signs are stable without fever at this time. Physical examination reveals some wheezing. Stat CBC ordered and the result shows an elevated WBC, which is indicative of infection. Prescribed antibiotic and instructed the patient and her mother to continue her asthma medication, increase fluid intake, repeat CBC, nebulizer 3x a day, and follow-up in 3 months unless she is not improved after the course of therapy. Impressions: Asthma and leukocytosis				