

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.

ICD-10 Phase I Testing Geriatrics: 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 eight (8) 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
S002	<p>A 75-year-old man comes to the clinic for follow-up visit of his chronic kidney disease. He later developed secondary hyperparathyroidism. A physical exam was performed and medications were reviewed. Labs were ordered and a urine sample was sent for urinalysis. The patient is on fluid restriction and a salt restricted diet. He lives with his daughter and is able to perform ADL's independently.</p> <p>Impressions: Chronic kidney disease, Stage III (moderate) and Secondary hyperparathyroidism (of renal origin).</p>				
S003	<p>A 62-year-old female presents with multiple complaints, namely: joint pain, morning stiffness, hard time getting-up, especially after long periods of sitting, fever, shortness of breath, severe cough with greenish mucus, chest pain when coughing, and feeling very tired. She smokes one pack of cigarettes every 2 days. A physical exam was performed. The plan includes bloodwork, chest x-ray, mucus culture and sensitivity test. Antibiotics and cough expectorant with codeine were prescribed. Advised patient to take Tylenol for fever, Ibuprofen for pain, and return for follow-up in 2 weeks.</p> <p>Impressions: Osteoarthritis and pneumonia.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S021	<p>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.</p> <p>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.</p> <p>Impression: Lumbosacral intervertebral disc degeneration, sodium deficiency, and anemia.</p>				
S031	<p>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.</p> <p>Recommendation includes: increase fiber intake daily, Donnatal for abdominal cramping, and follow-up in 4 weeks.</p> <p>Impressions: Diverticulosis and septicemia.</p>				
S063	<p>The patient is a 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. The lab results showed 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>Impressions: Anemia in chronic disease and hypertensive kidney disease.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S066	<p>The patient is a 75-year-old male who comes to the clinic for difficulty falling asleep initially, waking up often during the night, and then having trouble going back to sleep. Patient also developed a wart-like growth on his skin and biopsy results confirmed seborrheic keratosis. Physician recommended no treatment for keratosis right now, but he prescribed Ambien 5 mg at night time for sleep. Physician also suggested regular good sleep habits, such as avoid caffeine late in the day, and get regular exercise. Follow up in 2 weeks for evaluation of insomnia.</p> <p>Impressions: Insomnia and seborrheic keratosis.</p>				
S099	<p>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 strenuous 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.</p> <p>Plan: MRI thoracic spine, hot and cold pack application, Tylenol III with codeine for pain, and physical therapy.</p> <p>Impressions: Nonallopathic lesion of the thoracic region, NEC.</p>				
S101	<p>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.</p> <p>Plan: referral for physical therapy, use of walker for poor balance, muscle relaxant, and follow-up in 4 weeks.</p> <p>Impressions: Gait abnormality.</p>				