

Hematology Oncology: Clinical Dx Scenarios

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.

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
S033	A 58-year-old male patient with a history of end stage renal disease comes to the Cancer Center for chemotherapy treatment. He underwent left kidney transplant 7 years ago and recently developed a hepatocellular carcinoma. He is currently receiving chemotherapy every other week for 10 sessions. He appears to be tolerating the chemotherapy treatment and no other symptoms or complaints noted. Impressions: Antineoplastic chemotherapy and malignant neoplasm associated with kidney transplant.				
S050	A 56-year-old female new patient was referred to our office for assessment and management of a newly diagnosed stage II Mantle Cell Lymphoma affecting the intra-thoracic lymph nodes. The diagnosis was confirmed through a series of diagnostic testing. She is evaluated today and the treatment options available were explained to her. The oncologist recommends systemic chemotherapy which involves receiving 6 cycles of treatment at the Outpatient Chemotherapy Center. Chemotherapy was started today after peripheral catheter line was established followed by infusion of Doxorubicin. At the initiation of the treatment, the patient immediately began complaining of stinging/ burning and pain on the infusion site. The nurse noted the chemotherapy had infused outside of the vein (extravasate) into the skin. Treatment was stopped immediately and the IV catheter was removed. An ice pack was applied to the infusion site. Although the patient experienced pain at the site and some mild redness and blistering, there did not appear to be any tissue necrosis. Impressions: Mantle cell lymphoma of the intrathoracic lymph nodes, and extravasation of medication during intravenous therapy.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
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. Six months ago he 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>				
S109	<p>A 56-year-old male established patient with a history of stroke in 2008 was seen by his primary care physician three weeks ago due to complaints of malaise, fatigue, and easily bruising in the forearm, for which diagnostic testing was ordered. His physician referred him to this center based on the lab results which revealed a decreased platelet count and low B12 level.</p> <p>Impression: Thrombocytopenia</p>				
S110	<p>A one-week-old newborn baby boy was referred to this center subsequent to an admission to the Neonatal unit for evaluation and management of bleeding gums, nosebleeds, fever and rashes. Physical findings show signs of bleeding, signs of hypovolemia, an excessive skin bruising, a rash that looks like broken blood vessels in the skin and difficulty breathing. A series of tests results showed elevated level of PT and PTT and decreased platelet count, decreased plasma fibrinogen, and elevated neutrophils which indicates the presence of infection. The baby was placed on oxygen therapy, IV fluid was initiated, and a platelet transfusion was given. Heparin was administered. The baby's PTT, PT, and differential WBC were monitored.</p> <p>Impressions: Disseminated intravascular coagulation and transient neonatal neutropenia.</p>				