

In the pursuit of health

## Florida's Blue Cross and Blue Shield Plan

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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 Neurology: 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 ten (10) 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
S017	A 50-year-old male established patient returns today complaining of persistent neck pain, stiffness, fatigue and soreness at the back of his neck. He is unable to turn his head because of severe pain. He feels tightness at the back of his neck, sometimes extending into his upper back, especially after working on the computer. He states the pain subsides when he relaxes and takes Ibuprofen. Physical exam performed. Noted the neck is tender to touch, making massaging very painful and muscle tightness around the neck and restricted cervical range of motion (i.e., flexion, extension, bilateral side bending and rotation). Advised patient to wear cervical collar to support head and allow the neck muscles to rest. Prescribed 800 mg Motrin to take as needed for pain. Additionally, alternate with hot/cold compresses. If patient continues to have these symptoms despite the treatments, a referral to a specialist will be initiated <b>Impression:</b> Neck pain.				
5021	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. <b>Examination performed; labs and imaging done; findings:</b> 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. <b>Impressions:</b> Lumbosacral intervertebral disc degeneration, sodium deficiency, and anemia.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S035	A 32-year-old female patient involved in a motor vehicular accident was transported to the hospital Emergency Department via ambulance. Vital signs were monitored and IV line was started. Due to the accident, she sustained multiple lacerations and injuries to the face and head. She complained of pain in the head and jaw and subsequently lost consciousness. The CT scan of the head confirmed a cerebellar and brain stem laceration. The CT scan of the face revealed a fracture of alveolar border of body of the mandible. Patient was admitted for observation for 72 hours. <b>Impressions:</b> Cerebellar and brain stem laceration and open fracture of the mandible.				
S036	A 25-year-old male construction worker fell to the ground from the 3rd story of a building. Rescue staff found the patient lying on the ground unconscious. The patient was stabilized and immediately transported to the hospital Emergency Department via ambulance. Vital signs were monitored and IV line was started. Upon arrival to ER, multiple laboratory tests and multiple x-rays such as chest, head, cervical/thoracic/lumbar spine x-rays were ordered and performed immediately. The patient remained unconscious while in the emergency room. Neurological assessment was performed and findings show the patient remained unresponsive and unconscious. Blood pressure remained low with a decreased pulse rate. X-rays and CT scan of the head results shows closed fracture at the base of the skull with hemorrhage in the subarachnoid, subdural, and extradural sites. CT scan of the abdomen reveals injuries to portal and splenic veins. Patient was referred for emergency surgery and remained unconscious for 36 hours post-operatively before regaining consciousness. <b>Impressions:</b> Closed fracture at the base of the skull with hemorrhage in the subarachnoid, subdural, and extradural sites and injury to portal and splenic veins.				
5041	A 35-year-old male established patient comes to the office today complaining of poor concentration, speech problems and difficulty remembering. He has a history of viral encephalitis at the age of 10 and in October of 2009 was diagnosed with an intra- abdominal hernia. The patient also indicated that lately his abdomen is distended, feels nauseous, and the pain is worsening. A neurological assessment revealed the patient's symptoms results from late effect of viral encephalitis. A CT scan of the abdomen revealed the presence of obstruction and gangrene at the hernia site. The patient was immediately transported to the OR for surgery. <b>Impressions:</b> Viral encephalitis, late effect and hernia with gangrene.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S045	A 13-year-old male was transported via ambulance to the hospital emergency department for severe injuries he sustained escaping from the second story of his burning home. He was unconscious when the paramedics arrived but was found to have multiple burns to his body and multiple injuries to his head as a result of jumping from the 2nd floor window and landing head first on the concrete driveway. An IV line was established and vital signs were taken. Upon arrival at the ER, an x-ray of the head/skull and a CT scan of the head confirm a fracture at the vault of the skull with cerebral laceration and contusion. The patient underwent emergency surgery and was admitted to ICU where he remained unconscious for more than a week and subsequently expired as a result of his head injuries. <b>Impressions:</b> Closed fracture of vault of skull with cerebral laceration and contusion, loss of consciousness greater than 24 hours, without return to pre-existing conscious level, and burning caused by conflagration in private dwelling.				
S046	A 72-year-old female patient is transported to the hospital via ambulance due to an injury she sustained from an object falling directly on her head while at a department store. She was unconscious upon arrival at the ER. Multiple blood work, a chest-ray and a CT scan of the head were performed immediately. Patient also has a history of quadruple coronary artery bypass surgery 5 months ago. The CT scan results revealed a subarachnoid, subdural and extradural hemorrhage and a fracture at the vault of the skull. She was immediately referred to a neurosurgeon and emergency surgery was performed to control the bleeding. The patient remained unconscious for 4 days. On the 5th day of her hospitalization she regained consciousness and normal neurological levels. <b>Impressions:</b> Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhages and post-procedural aortocoronary bypass status.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S048	The patient is a 55-year-old male who was transported via Life Flight to the Trauma Center due to multiple injuries sustained in a head-on motor vehicle collision. The patient was unconscious and vital signs were dropping slowly. Initial examination showed he had sustained head and abdominal injuries. At the hospital, a CT scan of the head revealed a closed fracture at the base of the skull with subdural, subarachnoid and extradural hemorrhages. The CT of the abdomen disclosed injury to both the celiac and mesenteric arteries. The patient underwent emergency surgery to control the bleeding from the hemorrhage sites and to repair the celiac and mesenteric arteries. The patient remained unconscious after surgery and was admitted to the intensive care unit (ICU) for close monitoring. While in the ICU his blood pressure dropped significantly with a very weak pulse and rapid breathing, indicating he had developed postoperative cardiogenic shock. He did not survive that complication and expired later that day. <b>Impressions:</b> Closed fracture at the base of the skull with subdural, subarachnoid and extradural hemorrhages, postoperative cardiogenic shock, and abdominal injury to the celiac and mesenteric artery.				
S049	A 23-year-old male motorcycle passenger was thrown 100 feet from the site of an accident and sustained multiple injuries to the head and other parts of the body. He was unconscious when the paramedics arrived. Initial assessment by the Paramedics revealed both pupils failed to respond to light and oculovestibular responses were absent. Vital signs were taken and monitored. He was transported by helicopter to a Trauma Center where a CI and MRI of the head/ brain revealed fracture of base of skull and presence of bleeding and edema within the brain tissue. During the extensive examination he was also found to have injured his pelvic organ resulting from impact when he was thrown from the motorcycle. He had a seizure while on the examination table due to increased intracranial pressure. He underwent emergency surgery and he remained unconscious upon admission to the intensive care unit (ICU). While at the ICU, he was observed having rapid breathing, decreasing blood pressure, and cold skin, which is indicative of hypovolemic shock. <b>Impressions:</b> Closed fracture of base of skull with laceration and contusion; injury to the exrernal pelvic organ with open laceration into lower pelvis; postoperative shock.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S051	A one-week- old newborn baby girl was observed by her mother with bulging fontanelles, increased head circumference, high pitched cry, persistent vomiting, irritability, and respiratory distress. She was immediately taken to the hospital for evaluation of her symptoms. She was examined and evaluated by the on-call Pediatrician who recommended admission. The baby was admitted and multiple diagnostic tests were carried out. The tests results revealed subdural and cerebral hemorrhages and transitory amino-acid metabolic disorder. The plan of treatment was carried out resulting in improvement to the conditions and subsequent discharge to home. <b>Impressions:</b> Subdural and cerebral hemorrhages; and transitory amino acid metabolic disorders.				
S055	A 45-year-old male patient transported via life flight to Trauma Center due to a head injury sustained in a multi-vehicle accident.The paramedics described the patient as being conscious when examined initially, but lost consciousness while being transported to the Trauma Center. Physical examination at the emergency room revealed enlarged right eye, arm weakness on one side, and an altered level of alertness. He again lost consciousness in the ER and his vital signs dropped slowly. A CT scan of the head revealed an extradural hemorrhage and increased intracranial pressure. The Neurosurgeon performed an emergency craniectomy to reduce pressure within the brain and to allow drainage of the blood from the brain. The surgery went well but the patient remained unconscious. While in the recovery room the nurse observed neurologic deficits upon examination of the patient. The anesthesiologist on-call assessed the patient and findings revealed he had suffered a postoperative stroke. He was admitted to the intensive care unit for close monitoring and management of his conditions. Impressions: Extradural hemorrhages due to injury and postoperative stroke.				
S060	The patient is a 35-year-old male transported via Life Flight to a Trauma Center due to multiple injuries he sustained in a motor vehicular accident. He remained unconscious throughout transport – it was noted his vital signs were slowly declining. Assessment at the hospital revealed a head injury and bleeding from the neck. CT scan of the head confirmed a closed skull fracture and the CT scan of the neck showed massive bleeding from the injured blood vessel in the neck. The patient remained unconscious throughout all procedures. A Neurosurgeon was called in for emergency surgery, but the patient expired before getting to the operating room. <b>Impressions:</b> Injury to blood vessels of head and neck, and closed skull fracture.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
5072	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. <b>Impressions:</b> Pain in thoracic spine and tobacco dependence.				
5092	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. <b>Treatment plan includes</b> pain management (pain medications and muscle relaxants), chiropractic and physical therapy services. <b>Impressions:</b> Lumbosacral spondylosis without myelopathy, and sciatica.				
S093	A 42-year-old male comes into the office complaining of severe pain across the shoulder that began 2 nights ago. A medical history and examination was done and revealed wasted muscles and limited ROM in shoulder. X-rays were taken to rule out a slipped disk or tumor. Prescription for pain medication was given. Also, discussed with patient a plan that included initial pain management with subsequent physical therapy exercises once pain was controlled to regain normal arm and shoulder function. <b>Impression:</b> Radiculitis of shoulder.				
5095	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. <b>Plan:</b> Nerve conduction study, non-steroidal anti-inflammatory drug (NSAID), and Vitamin B6 level. Follow-up in 6 weeks. <b>Impression:</b> Lumbosacral neuritis.				

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. <b>Plan:</b> CBC, ESR, Chem profile, and EMG. Ultram 50 mg, hot and cold application, and physical therapy. Follow-up in 2 weeks. <b>Impressions:</b> Myalgia and myositis, unspecified.				
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. <b>Plan:</b> MRI thoracic spine, hot and cold pack application, Tylenol III with codeine for pain, and physical therapy. <b>Impression:</b> Nonallopathic lesion of the thoracic region, NEC.				
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. <b>Plan includes</b> MRI of the lumbar spine, Ultram 50 mg for pain, hot and cold application, and physical therapy. <b>Impression:</b> Nonallopathic lesion of lumbar region, NEC.				