

# Physical Therapy: 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:

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Email your completed form to us at [ICD-10testing@floridablue.com](mailto: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 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](mailto: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](mailto: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.				
S021	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
S025	<p>A 45-year-old male comes in with a chief complaint of pain in the right shoulder. Patient denies a fall or injury. No significant health reported. Musculoskeletal examination performed which reveals tenderness and limited range of motion in the right shoulder region. Plan includes x-ray of the right shoulder, NSAID, and follow-up in 2 weeks.</p> <p><b>Impression:</b> Pain in shoulder joint region.</p>				
S064	<p>The patient is 32-year-old female who comes to the clinic complaining of pain in the pelvic region and lower leg for more than 2 months. Patient states the pain level is 8 on a scale of 1 to 10. The pain increases with activity and she gets some relief with rest. She denies any trauma or accident. Physical examination was performed and findings revealed limited ROM in left hip and knee with weak muscle strength in left leg.</p> <p><b>Plan:</b> x-rays of the left hip and leg, application of heat and cold pads, physical therapy, and Ibuprofen as needed for pain. To follow up in 2 weeks for reassessment.</p> <p><b>Impressions:</b> Pain in pelvic region and thigh, and knee joint pain.</p>				
S065	<p>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.</p> <p><b>Plan:</b> 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.</p> <p><b>Impressions:</b> Displacement of lumbar intervertebral disk without myelopathy; and ankle and foot pain.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S073	<p>A 28-year-old female patient comes into office with complaints of throbbing and aching pain in left leg due to a slip and fall while showering about 1 week ago. Patient also states that prior to the fall she had been having muscle spasms in her lower back and can not recall any accidents or injuries. She has no previous history. Physical examination revealed tender spots and swelling in left leg. Laboratory tests and x-rays of the pelvis and left leg were performed.</p> <p><b>Plan:</b> prescription of pain medication and muscle relaxant and application of ice/heat pack on the back. Follow up in 4 weeks if pain persists for further evaluation.</p> <p><b>Impressions:</b> Pain in limb, and muscle spasm</p>				
S092	<p>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.</p> <p><b>Plan:</b> pain management (pain medications and muscle relaxants), chiropractic and physical therapy services.</p> <p><b>Impressions:</b> Lumbosacral spondylosis without myelopathy, and sciatica.</p>				
S093	<p>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.</p> <p><b>Plan:</b> initial pain management with subsequent physical therapy exercises once pain was controlled to regain normal arm and shoulder function.</p> <p><b>Impression:</b> Radiculitis of shoulder.</p>				
S095	<p>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.</p> <p><b>Plan:</b> Nerve conduction study, non-steroidal anti-inflammatory drug (NSAID), and Vitamin B6 level. Follow-up in 6 weeks.</p> <p><b>Impression:</b> Lumbosacral neuritis.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S096	<p>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.</p> <p><b>Plan:</b> Prescription for NSAID, hot and cold packs application, and x-ray of the back. Follow-up in 2 weeks.</p> <p><b>Impression:</b> Backache, unspecified.</p>				
S097	<p>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.</p> <p><b>Plan:</b> CBC, ESR, Chem profile, and EMG. Ultram 50 mg, hot and cold application, and physical therapy. Follow-up in 2 weeks.</p> <p><b>Impressions:</b> Myalgia and myositis, unspecified.</p>				
S098	<p>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.</p> <p><b>Plan:</b> MRI of the neck, NSAID, hot and cold pack application, physical therapy 3X per week, and follow-up in 3 weeks.</p> <p><b>Impression:</b> Nonallopathic lesion of cervical region, NEC.</p>				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
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><b>Plan:</b> MRI thoracic spine, hot and cold pack application, Tylenol III with codeine for pain, and physical therapy.</p> <p><b>Impression:</b> Nonallopathic lesion of the thoracic region, NEC.</p>				
S100	<p>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.</p> <p><b>Impression:</b> Nonallopathic lesion of lumbar 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><b>Plan:</b> referral for physical therapy, use of walker for poor balance, muscle relaxant, and follow-up in 4 weeks</p> <p><b>Impression:</b> Gait abnormality.</p>				