

# Rheumatology: 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 seven (7) 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
S003	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. <b>The plan includes</b> 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. <b>Impressions:</b> Osteoarthritis and pneumonia.				
S005	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. <b>Recommendation includes:</b> polysomnography, PT/INR, avoid alcohol, lose weight, and exercise. Return to the office in 4 weeks. <b>Impressions:</b> Obstructive sleep apnea and long term use of anticoagulant.				

Scenario #	Scenario Description	ICD-9 Code	ICD-9 Description	ICD-10 Code	ICD-10 Description
S010	<p>The patient is a 78-year-old female who came to the office for follow up on her osteoporosis risk evaluation. She had a bone density test done a month ago and the result indicates a T-score of less than minus 2.5. She is on calcium with vitamin D supplements. She has been walking 2 miles a day. She had menopause at the age of 50. She weighs 110 pounds and is 5'5" tall. She also complains of excessive thirst, inability to sweat, confusion, and decreased urine output.</p> <p><b>Recommendation includes:</b> hormone replacement therapy, chemistry profile, urinalysis, CBC, increase fluid intake, and follow-up in 6 weeks.</p> <p><b>Impressions:</b> Osteoporosis and dehydration.</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> Nonalopathic 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.</p> <p><b>The plan includes</b> 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>				