



Chronic Condition Coding Awareness: **Monoplegia, Paraplegia, and Quadriplegia** with a focus on spinal cord injuries

Monoplegia

Monoplegia is defined as paralysis that affects just one limb, usually the arm and the majority of the time comes from cerebral palsy. Head and spinal cord injuries as well as strokes, aneurysms, and cancer of the brain or spinal cord can also cause monoplegia. Individuals experience a gradual deterioration that can lead to full or partial paralysis³.

Paraplegia

Paraplegia is defined as partial or complete paralysis of the lower half of the body (trunk) with involvement of both legs and pelvic organs that is usually due to an injury or a disease of the spinal cord in the thoracic or lumbar region^{1, 2}.

Quadriplegia

Quadriplegia is defined as partial or complete paralysis of all four limbs (both arms and legs) including the abdominal and chest muscles, resulting from a spinal cord injury or a disease in the region of the neck. The injury is usually located at the thoracic level T1 or above. A ventilator, a device used to mechanically assist breathing by transporting air to the lungs, may be required to assist with breathing either short term or long term^{1, 2}.

Spinal Cord Injuries

A complete spinal cord injury can happen at any level of the spinal cord and is defined as having no function (sensory and motor) below the level of the injury with both sides of the body equally affected. An incomplete spinal cord injury can happen at any level of the spinal cord and is defined as having some function (feeling or movement) in either one or both sides below the level of the injury¹. Common symptoms of spinal cord injuries include: muscle weakness, loss of feeling, along with breathing, digestive, and urinary problems¹.

Monoplegia, Paraplegia and Quadriplegia Coding

TIPS: ICD-10 Mapping & Education				
➤ ICD-10-CM	Use this category only when the listed conditions are reported without further specification or are known to be old or longstanding:			
	Paraplegia, unspecified	G82.20	Quadriplegia, unspecified	G82.50
	Paraplegia, complete	G82.21	Quadriplegia, C1-C4 complete	G82.51
	Paraplegia, incomplete	G82.22	Quadriplegia, C1-C4 incomplete	G82.52
			Quadriplegia, C5-C7 complete	G82.53
			Quadriplegia, C5-C7 incomplete	G82.54
	Use this category for other paralytic syndromes, i.e. Diplegia and Monoplegia; use only when the listed conditions are reported without further specification or are known to be old or longstanding:			
	Provider should document dominant vs nondominant side; if not documented, the following applies:			
	ambidextrous patients default is dominant left side is affected, default is nondominant right side is affected, default is dominant			
	Monoplegia of lower limb	G83.1-series	Include 4th character...	
Monoplegia of upper limb	G83.2-series	0: unspecified side		
Monoplegia, unspecified	G83.3-series	1: right dominant side		
		2: left dominant side		
Diplegia of upper limbs	G83.0	3: right nondominant side		
		4: left nondominant side		
Use this category for additional related syndromes involving the spinal cord with or without an injury where there may be some paralysis:				
Cauda equine syndrome	G83.4	Other specified paralytic syndromes	G83.8- series	
Locked-in-State	G83.5	Paralytic syndrome, unspecified	G83.9	



home state health.



➤ Current Injuries: Additional coding tips related to injury and cause of the injury...	If injury is current, code spinal cord injuries first , followed by the vertebral fracture, <i>if applicable</i> :			
	IF documentation reveals...		THEN assign First...	Include 7th character...
	Injury of nerves & spinal cord- neck		S14.- series	A: initial encounter D: subsequent encounter S: sequela
	Injury of nerves & spinal cord- thorax		S24.- series	
	Injury of nerves & spinal cord- lumbar/sacral		S34.- series	
	Fracture codes...		THEN assign Second...	Include 7th character...
	Fracture of cervical vertebra		S12- series	A: initial encounter, closed fracture B: initial encounter, open fracture D: subsequent encounter for fracture routine healing G: subsequent encounter for fracture, delayed healing K: subsequent encounter, for fracture, with nonunion S: sequela
	Fracture of thoracic vertebra		S22- series	
	Fracture of lumbar vertebra		S32- series	
	Code the external cause related to the injury, as applicable, as secondary diagnoses:		Include 7th character... as applicable	
Transport Accidents		V00-V99-series	A: initial encounter D: subsequent encounter S: sequela	
Other External Causes of Accidental Injuries		W00-W99-series		
Exposure to-, Contact with-, Assaults-, Legal-, Complications of-, Place of-		X00-X99-series Y00-Y99-series		
➤ Coding tips related to status...	Use additional code , when applicable. The following status codes carry a risk adjusted weight and should be coded when documented for any associated condition :			
	Dependence on respirator (Ventilator) status	Z99.11	Dependence on supplemental oxygen status	Z99.81
	Tracheostomy status	Z93.0	Gastrostomy status	Z93.1

1. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/acute-spinal-cord-injury>
2. <https://www.brainandspinalcord.org/paraplegia-vs-quadruplegia-tetraplegia/>
3. <https://www.spinalcord.com/monoplegia>
4. ICD-10-CM Official Guidelines for Coding and Reporting [ICD-10-CM Guidelines FY 2023 \(cms.gov\)](https://www.cms.gov/ICD10)

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➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Questions?

Contact Provider Relations at 1-855-694-4663.