

# Documentation and Coding: Functional Quadriplegia

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At Healthfirst, we're committed to helping providers accurately document and code their patients' health records.

Proper ICD-10 coding can provide a comprehensive view of a patient's overall health. This tip sheet offers guidance on how to submit diagnosis codes for Functional Quadriplegia, which is defined as "the inability to move due to severe disability or frailty caused by another condition without physical injury or damage to the brain or spinal cord."

R53.2 Functional Quadriplegia		
No history of a spinal cord injury or any damage done to the spinal cord	Total assistance is required	High degree of disability/dependence

## Documentation for Functional Quadriplegia should include the following:

- Reason for complete immobility or very limited mobility
- Whether the patient requires total assistance and/or partial assistance (e.g., nursing services such as an in-home health aide)
- Whether the Branden Scale or ADL's assessment was used
- Whether there are any complications such as pressure ulcers, aspiration, nutritional support (feeding assistance), hygiene, and elimination
- Treatment related to any other conditions like morbid obesity, an advanced progressive neuro-degenerative disorder such as amyotrophic lateral sclerosis (ALS), cerebral palsy, or Huntington's disease
- Physical, occupational, language, and speech therapy, exercise plan, and medication
- Any associated conditions (e.g., Dementia, Severe Contractures, Rheumatoid Arthritis, etc.), as appropriate

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Clues to Identify Functional Quadriplegia		
Two-person transfer and/or use of Hoyer lift, etc.	Bedbound, bedfast, chairbound, chairfast	Total or near-total care with advanced debilitating conditions

## Common coding practices to avoid:

- Do not document a suspected and unconfirmed diagnosis as if it were confirmed.
  - Avoid terms such as *"likely," "probable," "apparently," "consistent with,"* etc.

**Please note:** The listing of a diagnosis alone is not enough to support Functional Quadriplegia. To support this condition, you must address how it is treated.

## Questions?

Contact us at [#Risk\\_Adjustments\\_and\\_clinical\\_Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

References: [ICD10Monitor.com](http://ICD10Monitor.com), [EncoderPro.com](http://EncoderPro.com), [HCPro.com](http://HCPro.com).