

## Long-Term Care Survey Alert

### MDS Coding: Tips Help You Choose The Right Quadriplegia Code

#### Learn the difference between functional and spinal quadriplegia.

If you haven't quite got the hang of reporting quadriplegia on the MDS 3.0, it's time to refine your skills. The **Centers for Medicare & Medicaid Services** (CMS) thinks that many nursing facilities don't know how to appropriately code for quadriplegia, the agency indicated in a Feb. 14 Open Door Forum (ODF).

CMS has found errors in MDS 3.0 coding regarding functional quadriplegia versus quadriplegia caused by a spinal cord injury, **Liz Sether**, a nurse consultant and policy analyst, said in a recent article for Aging Services of Minnesota.

"In order to code I5100, Quadriplegia on the MDS, there must be a physician documented diagnosis of quadriplegia," according to the **National Association for the Support of Long Term Care** (NASL). "Quadriplegia, as defined medically, is an injury to the spinal cord at the C1-C8 levels that causes total paralysis of all four limbs (arms and legs)."

Don't Code I5100 for Secondary Functional Quadriplegia

**Problem:** But where errors are occurring is when the resident has functional quadriplegia that's secondary to a disease like Cerebral Palsy, NASL says. You cannot code this under I5100 on the MDS.

"The functional quadriplegia diagnosis refers to complete immobility due to severe physical disability or frailty that extends to all limbs," Sether explained.

**Right way:** If the resident has functional quadriplegia that is a secondary result of a debilitating disease like severe arthritis, you would check off on the MDS the primary diagnosis  Arthritis. Then, you "can code functional quadriplegia in item I8000 by entering the appropriate ICD code in the spaces provided," NASL instructs. Functional quadriplegia is ICD-9-CM code 780.72 (Complete immobility due to severe physical disability or frailty).