Oregon Spinal Cord Injury Data Report: Quantifying Prevalence, Utilization, Costs, and Health Disparities

A report by Oregon Spinal Cord Injury Connection (OSCI) in partnership with the Oregon Health Authority (OHA), August 2025

About This Report

This is the first comprehensive analysis of spinal cord injury in Oregon, using more than a decade of healthcare claims data from the All Payer All Claims (APAC) database. The findings reveal:

- Nearly 10,000 Oregonians are living with spinal cord injury (SCI).
- The cost of SCI-related healthcare exceeded $380 million in 2022 alone.
- Most expenses are tied to inpatient care, long-term facilities, and preventable complications such as pressure injuries and urinary tract infections.

By publishing this data, OSCI aims to raise awareness, equip stakeholders with reliable evidence, and inspire collaborative action that improves health outcomes for people with SCI while reducing costs to hospitals, insurers, and the State.

Executive Summary

For too long, people living with spinal cord injuries (SCI) in Oregon have faced steep and often invisible barriers to health and well-being. Navigating the healthcare system is complicated, fragmented, and costly — and without clear data, the true scope of the problem has remained hidden. Until now, no statewide effort has measured how many Oregonians are living with SCI, what their needs look like, or what it costs our healthcare system to meet (or fail to meet) those needs.

This report changes that. This is Oregon's first comprehensive analysis of spinal cord injury, built from more than a decade of healthcare claims data. The findings are striking: more than **10,000[1] people in Oregon** are living with SCI, and in 2022 alone, the cost of their care **exceeded $380 million**. Much of this spending is tied to preventable complications like pressure injuries and urinary tract infections, and to frequent hospital visits and rehospitalizations. **Behind every number is a person whose health and quality of life depend on access to coordinated, community-centered care.**

Key Findings

- **Prevalence & Incidence**: 10,000 Oregonians with SCI from 2011–2022, with incidence rising in older adults.
- **Cost of Care**: SCI-related healthcare spending surpassed $380 million in 2022, with steep increases in inpatient and long-term care costs.
- **Healthcare Utilization**: High levels of outpatient visits, emergency department use, and rehospitalizations highlight complex ongoing needs.
- **Secondary Complications**: Conditions such as pressure ulcers, urinary tract infections, pneumonia, and depression contribute significantly to both costs and reduced quality of life.

[1] Estimates of the total SCI population from APAC do not include certain populations whose data do not appear in APAC, or are not able to be released to most data requestors. In particular, approximately 19.4% of people with a spinal cord injury in Oregon in 2022 with data in APAC only had traditional, fee-for-service, Medicare coverage over the course of the year, with no other medical insurance coverage. Traditional Medicare data could not be released to OSCI due to OHA's Data Use Agreement (DUA) with CMS, so detailed data on this significant population is missing.

The message is clear: Oregon has an opportunity — and a responsibility — to do better. By investing in solutions that bridge medical care and lived experience, such as Community Health Workers with SCI, we can improve health outcomes while reducing costs to hospitals, insurers, and the State. Hospitals and health systems can lead the way by funding these positions, strengthening care coordination, and preventing complications that drive up spending.

Our goal in publishing this report is to raise awareness, put reliable data into the hands of policymakers, health systems, and advocates, and spark collaborative action. With the right investments, Oregon can ensure that people with SCI not only survive, but thrive — and move closer to its 2030 vision of eliminating health inequities.

I. Organizational background

In 2013, West Livaudais sustained a spinal cord injury. Through his own experience, he recognized a serious lack of community, resources and support for people living with spinal cord injuries, so in 2015 he founded Oregon Spinal Cord Injury Connection (OSCI), a community-based, 501c3 non-profit. Its mission is to ensure that everyone with a spinal cord injury (SCI) living in Oregon has the care, community and resources they need to thrive.

With a public health background and an eye toward addressing systemic barriers, Livaudais oriented this small organization to meet immediate needs and to grow intentionally to have the greatest impact at the individual, community, and systems levels by centering lived-experience at every point. **The work aims to make the road of spinal cord injury easier for those who must take it.**

OSCI's Community Health Worker (CHW) program is central to the organization's culture and achieving its mission. A CHW is more than a healthcare professional—they connect deeply with their community and its unique needs. The OSCI CHW team possesses lived experience of spinal cord injury and has an in-depth knowledge of the barriers and challenges the community faces, as well as has the skills to access resources and services members and clients need to thrive. By bridging individuals, healthcare, and social services, CHWs help people access essential resources. Moreover, through outreach, education, counseling, support, and advocacy, they empower individuals and strengthen the community by boosting health knowledge and promoting self-sufficiency. This gives OSCI a deep understanding of the type and magnitude of need experienced by people living with SCI in Oregon. To learn more about our community health workers visit www.oregonsci.org/programs/community-health-workers/

OSCI is a learning organization that strives to maximize resources and opportunities to achieve the greatest positive impact for people living with spinal cord injury by working through partnerships and exploring innovative approaches.

II. Data supports health equity: State of Oregon does not track SCI incidence/prevalence

In Oregon, there is no coordinated effort to track the incidence or prevalence of spinal cord injury. Access to group-specific data facilitates the effort to achieve health equity. Without data, people living with SCI are at a significant disadvantage to demonstrate health disparities they face. Supporting data can more appropriately describe the needs of people living with SCI and together we can collectively respond to those needs. It can also demonstrate changes and/or improvements to SCI incidence, prevalence or other health status metrics. Without this data, advocating for policy, system, and environmental changes is difficult.

The Oregon Health Authority (OHA) has a goal of eliminating health inequities by 2030. Spinal cord injury is a preventable disability, and this population is a high utilizer of healthcare that lives with multiple complicated secondary health conditions. The State can take action to address these health disparities to reach its 2030 health equity goal.

As a champion of health equity for people living with spinal cord injury, OSCI has utilized available health data in Oregon to estimate the prevalence/incidence and other metrics of SCI. It has developed a data dashboard to facilitate analysis and discussion that supports this group of people, and to advocate for positive systemic changes that bring about health equity for this historically oppressed and structurally disadvantaged population.

III. National spinal cord injury data in the United States

In the U.S., there are two prevailing estimates of the prevalence of spinal cord injury, but the numbers are not close. The National Statistical Center of Spinal Cord Injury (NSCSCI) at the University of Alabama Birmingham estimates that the prevalence of SCI in the United States is ~350k cases. The Paralysis Prevalence and Health Disparity Survey (PPHDS) estimates that the prevalence is ~1.46M cases. This estimate was conducted by the Christopher & Dana Reeve Foundation in 2013 through a cooperative funding agreement with the Centers for Disease Control and Prevention (CDC).

Which is correct? Well, both. It depends on how spinal cord injury is defined and the process of counting.

1. For 50 years, the NSCSCI has collected and analyzed patient data from 18 teaching hospitals from across the U.S. This longitudinal study has nearly 55,000 people in its database. The NSCSCI extrapolates statistics from this dataset to approximate the prevalence of SCI in the U.S. at 54 cases per every one million people. With a U.S. population of ~335 million, that's a prevalence of 350,000 cases and incidence of 18,000 new cases each year.

The NSCSCI and the 18 teaching hospitals are grantees of the Model Systems Knowledge Translation Center, which is funded by National Institute on Disability, Independent Living, and Rehabilitation Research through Administration for Community Living under the U.S. Department of Health and Human Services.

The NSCSCI uses this definition of traumatic spinal cord injury:
A case of spinal cord injury is defined as the occurrence of an acute traumatic lesion of neural elements in the spinal canal (spinal cord and cauda equina), resulting in temporary or permanent sensory and/or motor deficit. This clinical definition of spinal cord injury excludes intervertebral disc disease, vertebral injuries in the absence of spinal cord injury, nerve root avulsions and injuries to nerve roots and peripheral nerves outside the spinal canal, cancer, spinal cord vascular disease, and other non-traumatic spinal cord diseases. Essentially, traumatic cases would involve an external event to trigger the injury rather than disease or degeneration. A traumatic spinal cord injury would also exclude neonatal spinal cord injury as a result of birth trauma. The presence of concomitant nerve root avulsions, injuries to nerve roots, and vascular infarcts does not preclude the presence of spinal cord injury.
https://bpb-us-w2.wpmucdn.com/sites.uab.edu/dist/f/392/files/2025/01/Definition-and-Eligibility-1.pdf

2. In 2008, the U.S. federal government funded the Paralysis Prevalence and Health Disparities Survey (PPHDS). The PPHDS was developed and executed through a cooperative funding agreement by the CDC with the Christopher & Dana Reeve Foundation. Its goal was to estimate paralysis prevalence, causes, and health effects among the U.S. population.

   Experts used a broad definition of paralysis as “difficulty moving arms or legs” due to a condition of the central nervous system. Unlike the NSCSCI, the PPHDS allowed the survey participants to identify their diagnosis of paralysis by asking them questions about functional ability. Respondents answering “yes” were asked to identify the cause of the difficulty from a list of medical conditions. PPHDS suggests a larger prevalence of spinal cord injury in the U.S. at ~1.46M cases in 2013.

   Researchers performed a national random-digit-dialed telephone survey of the civilian, noninstitutionalized US population. The survey sampled landlines and cell phones. From the 584,000 eligible telephone numbers, 70,000 interviews were completed and 1305 individuals identified with paralysis.

IV. History of OSCI data project: how OSCI sought out data to support its mission

In early 2023, OSCI identified an opportunity to partner with OHA's All Payer All Claims (APAC) Reporting Program to analyze the APAC dataset on spinal cord injury data in Oregon. By utilizing APAC data, OSCI could report the incidence, prevalence, mortality, demographics, healthcare utilization, and cost of this priority population. These data would allow the State, as well as OSCI, to better serve this community by advocating for inclusive and accessible policy, system and environmental changes that reduce SCI incidence and improve the coordination of care and health outcomes for those living with SCI.

APAC is a large database that houses administrative healthcare data for Oregon's insured populations. In particular, APAC includes medical and pharmacy claims, non-claims payment summaries, member enrollment data, billed premium information, and provider information for Oregonians who receive coverage through commercial insurers, as well as through public payers such as Medicaid and Medicare. At any point in time, the database contains data for approximately 3.4 to 3.9 million individuals – representing about 87% to 98% of Oregon's population (SOURCE: https://www.oregon.gov/oha/HPA/ANALYTICS/APAC%20Page%20Docs/APAC-Overview.pdf ,p2)

APAC data is provided by:

- Commercial health plans and third-party administrators (TPAs) with 5,000 or more covered lives in Oregon
- All pharmacy benefit managers (PBMs)
- All coordinated care organizations (CCOs)
- Any payer with a dual eligible special needs plans (SNPs)
- Any payers that participate in Oregon's health insurance exchange, and
- All insurers providing group health insurance plans to PEBB and OEBB members.

In addition, OHA provides data from Medicaid fee-for-service plans and coordinated care organizations (CCOs), and the Centers for Medicare and Medicaid Services (CMS) provides Medicare Parts A and B data. All data submitters follow an established method for reporting data to APAC, including a set of required data elements and file formats that are detailed in the Data Submission Instruction Memo. Data collection for APAC began in March 2011 and takes place quarterly."
(SOURCE: https://www.oregon.gov/oha/HPA/ANALYTICS/APAC%20Page%20Docs/APAC-Overview.pdf ,p2)

V. Methods, research questions, statistics, and data limitations

Methods

In March 2023, OSCI submitted a research proposal application to OHA APAC Reporting Program to query the APAC dataset to acquire the incidence, prevalence, demographics, mortality, healthcare utilization, and cost of people with a spinal cord injury in Oregon. Its request was granted in May 2023; the APAC research team agreed to run the search, review and analyze the data, and provide summary data sets from the years 2011 to 2022. No IRB approval was determined necessary.

Over the course of 18 months, the OSCI and APAC teams met eight times to discuss and clarify the research questions, review data parameters as well as confirm the limitations. The OSCI team worked with three researchers at APAC. The research questions are outlined below.

OSCI consulted with a physiatrist and a certified medical biller to determine the most appropriate health insurance claims codes to define spinal cord injury for the APAC query. These were confirmed by the APAC researchers. The codes were drawn from ICD 9 and 10. The full list is provided in Appendix 2.

The APAC research team analyzed health insurance claims against these ICD 9 and 10 codes and in August 2024 the final databook was completed. It did not include the raw data because OSCI does not have the capacity or experience to manage Health Insurance Portability and Accountability Act (HIPAA) protected health information.

Research questions

1. What is the prevalence and incidence of spinal cord injury in Oregon?

Prevalence and incidence data is aggregated and disaggregated by gender, age group, ethnicity, geography, and by year:

A. # of unique SCI cases/year from 2011-2022 (using ICD 10 CM codes after Oct. 1, 2015, and ICD 9 CM codes before that)
B. Payer
    a. # cases per payer type
    b. # cases multiple payers (Medicare/Medicaid and private/public payer)

2. What is the utilization of the Oregon healthcare system by people with spinal cord injury and what are the corresponding costs of this care?

Utilization/Costs data is disaggregated by payer, gender, age group, ethnicity, and geography:

A. Total cost and # of SCI-specific claims
B. Total cost and # of SCI-specific wound care claims due to pressure sores
C. Total cost and # of SCI-specific UTI claims
D. Total cost and # of SCI-specific respiratory infection claims
E. Total cost and # of SCI-specific emergency department claims
F. Total cost and # of SCI-specific inpatient stays
G. Total cost and # of SCI-specific rehospitalizations

3. What is the mortality rate of people living with spinal cord injury in Oregon?

Mortality data for people with SCI was acquired from the OHA Center for Health Statistics. APAC staff linked these data with the list of individuals identified as having a spinal cord injury in order to determine mortality rates for each year of data.

Research questions included:

A. Annual counts of deaths for Oregon residents with a primary or contributing cause of death related to SCI
B. Annual counts of deaths for APAC project people with a primary or contributing cause of death related to SCI

Summary Statistics

The full set of statistics can be found at www.oregonsci.org/data/

Prevalence and Incidence of SCI in Oregon by sex, region, age group, and ethnicity

Prevalence: 9,983 prevalent cases of SCI in Oregon in 2022
Incidence: 1,742 new cases of SCI in Oregon in 2022

Trends by sex

- **Male** - **54% (average)**
  Increasing trend for age groups 0-17; 65+
  Decreasing trend for age groups 18-39; 40-64

- **Female - 46% (average)**
  Increasing trend for age groups 18-39; 40-64;
  Decreasing trend for age groups 18-39; 65+
- **For both sexes**
  Highest proportion of cases is age group 40-64 (40% in 2022)

Region: Distribution of cases by region in 2022
(data also available by tri-county Multnomah, Clackamas or Washington)

- **43.2%** of cases were in the Portland tri-county area
- **~72%** of cases live near Portland, Salem, and Eugene

Table 1: Regional residence of Oregon residents with a spinal cord injury - prevalent cases, 2022

Region in Oregon	# of Individuals[2]	% of total
R1. Portland suburbs	2,398	24%
R2. Eugene/Willamette Valley	1,414	14.2%
R3. Salem/Willamette Valley	1,319	13.2%
R4. Central/Southern OR	608	6.1%
R5. Oregon Coast	657	6.6%
R6. East/Central OR	631	6.3%
R7. Southern OR	1,228	12.3%
R8. Multnomah County (Portland proper)	2,388	23.9%

1 (Portland Suburbs): Clackamas, Washington, Yamhill
2 (Eugene and Willamette Valley): Benton, Lane, Linn
3 (Salem and Willamette Valley): Marion, Polk
4 (Central/South Oregon): Deschutes, Klamath, Lake
5 (Oregon Coast): Clatsop, Columbia, Coos, Curry, Lincoln, Tillamook
6 (East and Central Oregon): Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler
7 (Southern Oregon): Douglas, Jackson, Josephine
8 (Portland): Multnomah

Table 2: Race/ethnicity of individuals with any indication of a spinal cord injury in Oregon from 2011-2022, alone or in combination with any other race, overall and by line of business*

[2] The total of these numbers is greater than the 2022 prevalence (9,983) because some people are counted more than once because they lived in more than one place in the same year.

Race/ethnicity	Number of distinct individuals[3]	Percent of individuals	Percent of individuals, excluding unknown/null
American Indian or Alaska Native	195	2.0%	2.2%
Asian	227	2.3%	2.6%
Black or African American	486	4.9%	5.5%
Hispanic or Latino	682	6.8%	7.7%
Native Hawaiian or Pacific Islander**	53	0.5%	0.6%
White	7,755	77.7%	87.4%
Other or multiple	745	7.5%	8.4%
Null, unknown, missing or refused	1,111	11.1%	NA
TOTAL distinct individuals	**11,254**	**100.0%**	**NA**

Cost to and use of Oregon health system

- Total claims spending average 2018-2022 $328,765,369 (**$386,839,476 in 2022**)
- Average total claims per year 2018-2022 for Medicaid $154,642,876, Medicare $115,772,778 (note: claim data totals also available by Region)
- Average yearly 2018-2022 total number of days in care:
    - Outpatient = 75,114 days
    - Emergency Department = 14,290
    - Professional = 165,216
    - Other = 77,231
- Average number of days in care per person per year 2018-2022:
    - Outpatient = 8.0
    - Emergency Department = 1.5
    - Professional = 17.7
    - Other = 8.3
- Average yearly cost:
    - Inpatient (excludes SNF & residential facilities) = $86,459,276
        - This is a 39% increase from 2018 to 2022
    - SNF & residential facilities = $66,821,128
        - This is a 42% increase from 2018 to 2022
- Yearly average spending 2018-2022 in Oregon:
    - Pressure Ulcer ~ $8M
    - UTI ~$7M
    - Pneumonia ~$2M
    - Incontinence ~$1.5M
    - Depression ~$1M (This data is also available by sex, age group, and region; NOT included are respiratory and pain management

[3]The total of these numbers is greater than the 2022 prevalence (9,983) because some people indicate more than one race/ethnicity over time.

diagnoses/costs)

- Cost and frequency of rehospitalizations 2018-2022 (data available by insurance, sex, age group, and region)

Table 3: Cost/frequency of rehospitalizations 2018-2022

Year	Total spending per year on all rehospitalizations	Total number of rehospitalizations per year	Rehospitalization within 30 days
2018	$6,248,064	908	24.2%
2019	$6,307,166	1,001	25.8%
2020	$8,711,557	1,091	28.2%
2021	$11,024,836	1,144	27.5%
2022	$8,671,615	1,255	29.1%

Data limitations

This dataset has several limitations that have led to undercounting people with spinal cord injuries in Oregon. Individuals who only had coverage from Medicare Fee for Service over the course of the period studied, and in any given year, do not appear in the dataset due to OHA's Data Use Agreement (DUA) with the Centers for Medicare and Medicaid Services (CMS). Even though APAC receives data from CMS, the terms of its DUA only allow sharing or publication of this data with and by Oregon State agencies.

As a result, the overall number of Medicare-eligible individuals with a SCI in Oregon – and consequently, the 65+ population with a spinal cord injury in Oregon – were under-counted in the data able to be released to OSCI. For 2022, around 19.4% of the total population of individuals with a spinal cord injury who have data in APAC were excluded from data released to OSCI.

Also of note, the percentage of Medicare-eligible individuals in Oregon with Medicare Advantage changed over the time period covered by this data set. Relative to the later years in this data, the number of individuals aged 65+ in earlier years is more of an under-count of this population because fewer people had Medicare Advantage coverage earlier in the period. In 2011, around 23.0% of the total population of individuals with a spinal cord injury who are in APAC were excluded because they only had traditional Medicare, compared to 19.4% in 2022.

Other populations that might not be represented in APAC at all include information on individuals without health insurance, claims from certain federal programs such as the VA or Tricare, or claims paid by Indian Healthcare or auto insurance companies related to motor vehicle accidents. Individuals with commercial insurance products that are “self-funded” may also be missing from APAC.

For a full explanation of these data limitations, see Appendix 1.

VI. Conclusion

This report represents Oregon’s first comprehensive effort to quantify the population and healthcare needs of people living with spinal cord injuries using statewide administrative health claims data. The analysis identified nearly 10,000 people with SCI in Oregon between 2011 and 2022, with rising incidence in the older adult populations.

Costs associated with SCI care are substantial, exceeding $380 million in 2022 alone, with high expenditures tied to inpatient care, skilled nursing facilities, and secondary complications such as pressure injuries and urinary tract infections.

Utilization patterns highlight the complex healthcare needs of this population, marked by frequent outpatient visits, emergency care, and rehospitalizations. This dataset provides critical foundational knowledge to support advocacy, program development, and policy change aimed at advancing health equity for people living with SCI in Oregon. OSCI’s work in partnership with the Oregon Health Authority represents a key step toward addressing long-standing structural gaps and bringing the SCI community into focus as a public health priority.

Appendix 1 - Data Limitations

Limitations related to the Medicare-eligible population

Individuals who only had insurance coverage from Medicare Fee-for-Service during the period in question are excluded from the data, as the terms of APAC's data use agreement with the Centers for Medicare and Medicaid Services (CMS) does not allow for the release of these data. As a result, the overall number of Medicare-eligible individuals with a SCI in Oregon - and consequently, the 65+ yo population with a spinal cord injury in Oregon - will be under-counted. The Medicare data in the data set is primarily data on Medicare Advantage enrollees that was submitted to APAC by

commercial insurance carriers who manage these programs. In December of 2021, about 446,541 individuals in Oregon had Medicare Advantage coverage, out of 905,289 Medicare-eligible individuals. This represents approximately 49% of the Medicare-eligible population that was likely represented in the data pulled for this data set. There may be some data on individuals with medical coverage through traditional Medicare, if they have pharmacy coverage enrollment data from a commercial Part D benefits provider.

Of note, the percentage of Medicare-eligible individuals in Oregon with Medicare Advantage changed over the time period covered by this data set. For example, in December of 2016, only about 43.8% of Medicare-eligible individuals in Oregon had coverage through Medicare Advantage. Thus, in interpreting the number and percent of individuals with Medicare Advantage coverage (and thus the number/percent of individuals aged 65+) and a spinal cord injury over time as represented in this data, it is important to remember that these changes are impacted not only by who was being injured but also by who was being left out of the data. Relative to the later years in this data, the number of individuals aged 65+ in earlier years is likely to be more of an under-count of this population because fewer people had Medicare Advantage coverage earlier in the period.

Limitations related to the commercially-insured population

Prior to 2016, data from commercial insurers included data both on individuals with fully-insured and self-insured commercial insurance. In 2016, the Supreme Court of the United States issued a ruling in the Gobeille v. Liberty Mutual Insurance Company case clarifying that states could not require self-insured ERISA-covered health plans to submit data. As a result, beginning in 2016, any submission of data on individuals with self-insured commercial plans was voluntary for commercial insurers. Since almost half of Oregonians with commercial health insurance in Oregon are covered through a self-insured plan, this means that the number of people with a SCI in Oregon and who are covered by a commercial insurer was likely an under-count from 2016 on forward. An analysis carried out by APAC analysts found that in 2018, approximately 36-61% of the commercial self-insured population in Oregon was represented in APAC, in contrast to approximately 100% of the fully-insured population.

Other limitations

In addition to the specific considerations listed above for the Medicare and Commercial lines of business, it is helpful to keep in mind other populations that might not be represented in APAC at all. For example, APAC does not include information on

individuals without health insurance. It also does not include claims from certain Federal programs such as the VA or Tricare, or claims paid by auto insurance companies related to motor vehicle accidents or Indian Healthcare.

Appendix 2 - Diagnosis Codes

ICD_ Type	ICD_ Code	LONG_DESCRIPTION
ICD9	34400	Quadriplegia, unspecified
ICD9	34401	Quadriplegia, C1-C4, complete
ICD9	34402	Quadriplegia, C1-C4, incomplete
ICD9	34403	Quadriplegia, C5-C7, complete
ICD9	34404	Quadriplegia, C5-C7, incomplete
ICD9	34409	Other quadriplegia
ICD9	3441	Paraplegia
ICD9	9072	Late effect of spinal cord injury
ICD9	95200	C1-C4 level with unspecified spinal cord injury
ICD9	95201	C1-C4 level with complete lesion of spinal cord
ICD9	95202	C1-C4 level with anterior cord syndrome
ICD9	95203	C1-C4 level with central cord syndrome
ICD9	95204	C1-C4 level with other specified spinal cord injury
ICD9	95205	C5-C7 level with unspecified spinal cord injury
ICD9	95206	C5-C7 level with complete lesion of spinal cord
ICD9	95207	C5-C7 level with anterior cord syndrome
ICD9	95208	C5-C7 level with central cord syndrome
ICD9	95209	C5-C7 level with other specified spinal cord injury
ICD9	95210	T1-T6 level with unspecified spinal cord injury
ICD9	95211	T1-T6 level with complete lesion of spinal cord
ICD9	95212	T1-T6 level with anterior cord syndrome
ICD9	95213	T1-T6 level with central cord syndrome
ICD9	95214	T1-T6 level with other specified spinal cord injury
ICD9	95215	T7-T12 level with unspecified spinal cord injury
ICD9	95216	T7-T12 level with complete lesion of spinal cord
ICD9	95217	T7-T12 level with anterior cord syndrome
ICD9	95218	T7-T12 level with central cord syndrome
ICD9	95219	T7-T12 level with other specified spinal cord injury
ICD9	9522	Lumbar spinal cord injury without evidence of spinal bone injury
ICD9	9528	Multiple sites of spinal cord injury without evidence of spinal bone injury
ICD9	9529	Unspecified site of spinal cord injury without evidence of spinal bone injury
ICD10	G82	Paraplegia (paraparesis) and quadriplegia (quadriparesis)
ICD10	G822	Paraplegia
ICD10	G8220	Paraplegia, unspecified
ICD10	G8221	Paraplegia, complete

ICD10	G8222	Paraplegia, incomplete
ICD10	G825	Quadriplegia
ICD10	G8250	Quadriplegia, unspecified
ICD10	G8251	Quadriplegia, C1-C4 complete
ICD10	G8252	Quadriplegia, C1-C4 incomplete
ICD10	G8253	Quadriplegia, C5-C7 complete
ICD10	G8254	Quadriplegia, C5-C7 incomplete
ICD10	S1410	Unspecified injury of cervical spinal cord
ICD10	S14101	Unspecified injury at C1 level of cervical spinal cord
ICD10	S14101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
ICD10	S14101D	Unspecified injury at C1 level of cervical spinal cord, subsequent encounter
ICD10	S14101S	Unspecified injury at C1 level of cervical spinal cord, sequela
ICD10	S14102	Unspecified injury at C2 level of cervical spinal cord
ICD10	S14102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
ICD10	S14102D	Unspecified injury at C2 level of cervical spinal cord, subsequent encounter
ICD10	S14102S	Unspecified injury at C2 level of cervical spinal cord, sequela
ICD10	S14103	Unspecified injury at C3 level of cervical spinal cord
ICD10	S14103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
ICD10	S14103D	Unspecified injury at C3 level of cervical spinal cord, subsequent encounter
ICD10	S14103S	Unspecified injury at C3 level of cervical spinal cord, sequela
ICD10	S14104	Unspecified injury at C4 level of cervical spinal cord
ICD10	S14104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
ICD10	S14104D	Unspecified injury at C4 level of cervical spinal cord, subsequent encounter
ICD10	S14104S	Unspecified injury at C4 level of cervical spinal cord, sequela
ICD10	S14105	Unspecified injury at C5 level of cervical spinal cord
ICD10	S14105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter
ICD10	S14105D	Unspecified injury at C5 level of cervical spinal cord, subsequent encounter
ICD10	S14105S	Unspecified injury at C5 level of cervical spinal cord, sequela
ICD10	S14106	Unspecified injury at C6 level of cervical spinal cord
ICD10	S14106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter
ICD10	S14106D	Unspecified injury at C6 level of cervical spinal cord, subsequent encounter
ICD10	S14106S	Unspecified injury at C6 level of cervical spinal cord, sequela
ICD10	S14107	Unspecified injury at C7 level of cervical spinal cord
ICD10	S14107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter
ICD10	S14107D	Unspecified injury at C7 level of cervical spinal cord, subsequent encounter
ICD10	S14107S	Unspecified injury at C7 level of cervical spinal cord, sequela
ICD10	S14108	Unspecified injury at C8 level of cervical spinal cord
ICD10	S14108A	Unspecified injury at C8 level of cervical spinal cord, initial encounter
ICD10	S14108D	Unspecified injury at C8 level of cervical spinal cord, subsequent encounter

ICD10	S14108S	Unspecified injury at C8 level of cervical spinal cord, sequela
ICD10	S14109	Unspecified injury at unspecified level of cervical spinal cord
ICD10	S14109A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter
ICD10	S14109D	Unspecified injury at unspecified level of cervical spinal cord, subsequent encounter
ICD10	S14109S	Unspecified injury at unspecified level of cervical spinal cord, sequela
ICD10	S1411	Complete lesion of cervical spinal cord
ICD10	S14111	Complete lesion at C1 level of cervical spinal cord
ICD10	S14111A	Complete lesion at C1 level of cervical spinal cord, initial encounter
ICD10	S14111D	Complete lesion at C1 level of cervical spinal cord, subsequent encounter
ICD10	S14111S	Complete lesion at C1 level of cervical spinal cord, sequela
ICD10	S14112	Complete lesion at C2 level of cervical spinal cord
ICD10	S14112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
ICD10	S14112D	Complete lesion at C2 level of cervical spinal cord, subsequent encounter
ICD10	S14112S	Complete lesion at C2 level of cervical spinal cord, sequela
ICD10	S14113	Complete lesion at C3 level of cervical spinal cord
ICD10	S14113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
ICD10	S14113D	Complete lesion at C3 level of cervical spinal cord, subsequent encounter
ICD10	S14113S	Complete lesion at C3 level of cervical spinal cord, sequela
ICD10	S14114	Complete lesion at C4 level of cervical spinal cord
ICD10	S14114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
ICD10	S14114D	Complete lesion at C4 level of cervical spinal cord, subsequent encounter
ICD10	S14114S	Complete lesion at C4 level of cervical spinal cord, sequela
ICD10	S14115	Complete lesion at C5 level of cervical spinal cord
ICD10	S14115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
ICD10	S14115D	Complete lesion at C5 level of cervical spinal cord, subsequent encounter
ICD10	S14115S	Complete lesion at C5 level of cervical spinal cord, sequela
ICD10	S14116	Complete lesion at C6 level of cervical spinal cord
ICD10	S14116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
ICD10	S14116D	Complete lesion at C6 level of cervical spinal cord, subsequent encounter
ICD10	S14116S	Complete lesion at C6 level of cervical spinal cord, sequela
ICD10	S14117	Complete lesion at C7 level of cervical spinal cord
ICD10	S14117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
ICD10	S14117D	Complete lesion at C7 level of cervical spinal cord, subsequent encounter
ICD10	S14117S	Complete lesion at C7 level of cervical spinal cord, sequela
ICD10	S14118	Complete lesion at C8 level of cervical spinal cord
ICD10	S14118A	Complete lesion at C8 level of cervical spinal cord, initial encounter
ICD10	S14118D	Complete lesion at C8 level of cervical spinal cord, subsequent encounter
ICD10	S14118S	Complete lesion at C8 level of cervical spinal cord, sequela

ICD10	S14119	Complete lesion at unspecified level of cervical spinal cord
ICD10	S14119A	Complete lesion at unspecified level of cervical spinal cord, initial encounter
ICD10	S14119D	Complete lesion at unspecified level of cervical spinal cord, subsequent encounter
ICD10	S14119S	Complete lesion at unspecified level of cervical spinal cord, sequela
ICD10	S1412	Central cord syndrome of cervical spinal cord
ICD10	S14121	Central cord syndrome at C1 level of cervical spinal cord
ICD10	S14121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
ICD10	S14121D	Central cord syndrome at C1 level of cervical spinal cord, subsequent encounter
ICD10	S14121S	Central cord syndrome at C1 level of cervical spinal cord, sequela
ICD10	S14122	Central cord syndrome at C2 level of cervical spinal cord
ICD10	S14122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
ICD10	S14122D	Central cord syndrome at C2 level of cervical spinal cord, subsequent encounter
ICD10	S14122S	Central cord syndrome at C2 level of cervical spinal cord, sequela
ICD10	S14123	Central cord syndrome at C3 level of cervical spinal cord
ICD10	S14123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
ICD10	S14123D	Central cord syndrome at C3 level of cervical spinal cord, subsequent encounter
ICD10	S14123S	Central cord syndrome at C3 level of cervical spinal cord, sequela
ICD10	S14124	Central cord syndrome at C4 level of cervical spinal cord
ICD10	S14124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
ICD10	S14124D	Central cord syndrome at C4 level of cervical spinal cord, subsequent encounter
ICD10	S14124S	Central cord syndrome at C4 level of cervical spinal cord, sequela
ICD10	S14125	Central cord syndrome at C5 level of cervical spinal cord
ICD10	S14125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
ICD10	S14125D	Central cord syndrome at C5 level of cervical spinal cord, subsequent encounter
ICD10	S14125S	Central cord syndrome at C5 level of cervical spinal cord, sequela
ICD10	S14126	Central cord syndrome at C6 level of cervical spinal cord
ICD10	S14126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter
ICD10	S14126D	Central cord syndrome at C6 level of cervical spinal cord, subsequent encounter
ICD10	S14126S	Central cord syndrome at C6 level of cervical spinal cord, sequela
ICD10	S14127	Central cord syndrome at C7 level of cervical spinal cord
ICD10	S14127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter
ICD10	S14127D	Central cord syndrome at C7 level of cervical spinal cord, subsequent encounter

ICD10	S14127S	Central cord syndrome at C7 level of cervical spinal cord, sequela
ICD10	S14128	Central cord syndrome at C8 level of cervical spinal cord
ICD10	S14128A	Central cord syndrome at C8 level of cervical spinal cord, initial encounter
ICD10	S14128D	Central cord syndrome at C8 level of cervical spinal cord, subsequent encounter
ICD10	S14128S	Central cord syndrome at C8 level of cervical spinal cord, sequela
ICD10	S14129	Central cord syndrome at unspecified level of cervical spinal cord
ICD10	S14129A	Central cord syndrome at unspecified level of cervical spinal cord, initial encounter
ICD10	S14129D	Central cord syndrome at unspecified level of cervical spinal cord, subsequent encounter
ICD10	S14129S	Central cord syndrome at unspecified level of cervical spinal cord, sequela
ICD10	S1413	Anterior cord syndrome of cervical spinal cord
ICD10	S14131	Anterior cord syndrome at C1 level of cervical spinal cord
ICD10	S14131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
ICD10	S14131D	Anterior cord syndrome at C1 level of cervical spinal cord, subsequent encounter
ICD10	S14131S	Anterior cord syndrome at C1 level of cervical spinal cord, sequela
ICD10	S14132	Anterior cord syndrome at C2 level of cervical spinal cord
ICD10	S14132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
ICD10	S14132D	Anterior cord syndrome at C2 level of cervical spinal cord, subsequent encounter
ICD10	S14132S	Anterior cord syndrome at C2 level of cervical spinal cord, sequela
ICD10	S14133	Anterior cord syndrome at C3 level of cervical spinal cord
ICD10	S14133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
ICD10	S14133D	Anterior cord syndrome at C3 level of cervical spinal cord, subsequent encounter
ICD10	S14133S	Anterior cord syndrome at C3 level of cervical spinal cord, sequela
ICD10	S14134	Anterior cord syndrome at C4 level of cervical spinal cord
ICD10	S14134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter
ICD10	S14134D	Anterior cord syndrome at C4 level of cervical spinal cord, subsequent encounter
ICD10	S14134S	Anterior cord syndrome at C4 level of cervical spinal cord, sequela
ICD10	S14135	Anterior cord syndrome at C5 level of cervical spinal cord
ICD10	S14135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter
ICD10	S14135D	Anterior cord syndrome at C5 level of cervical spinal cord, subsequent encounter
ICD10	S14135S	Anterior cord syndrome at C5 level of cervical spinal cord, sequela
ICD10	S14136	Anterior cord syndrome at C6 level of cervical spinal cord
ICD10	S14136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter

ICD10	S14136D	Anterior cord syndrome at C6 level of cervical spinal cord, subsequent encounter
ICD10	S14136S	Anterior cord syndrome at C6 level of cervical spinal cord, sequela
ICD10	S14137	Anterior cord syndrome at C7 level of cervical spinal cord
ICD10	S14137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
ICD10	S14137D	Anterior cord syndrome at C7 level of cervical spinal cord, subsequent encounter
ICD10	S14137S	Anterior cord syndrome at C7 level of cervical spinal cord, sequela
ICD10	S14138	Anterior cord syndrome at C8 level of cervical spinal cord
ICD10	S14138A	Anterior cord syndrome at C8 level of cervical spinal cord, initial encounter
ICD10	S14138D	Anterior cord syndrome at C8 level of cervical spinal cord, subsequent encounter
ICD10	S14138S	Anterior cord syndrome at C8 level of cervical spinal cord, sequela
ICD10	S14139	Anterior cord syndrome at unspecified level of cervical spinal cord
ICD10	S14139A	Anterior cord syndrome at unspecified level of cervical spinal cord, initial encounter
ICD10	S14139D	Anterior cord syndrome at unspecified level of cervical spinal cord, subsequent encounter
ICD10	S14139S	Anterior cord syndrome at unspecified level of cervical spinal cord, sequela
ICD10	S1415	Other incomplete lesions of cervical spinal cord
ICD10	S14151	Other incomplete lesion at C1 level of cervical spinal cord
ICD10	S14151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
ICD10	S14151D	Other incomplete lesion at C1 level of cervical spinal cord, subsequent encounter
ICD10	S14151S	Other incomplete lesion at C1 level of cervical spinal cord, sequela
ICD10	S14152	Other incomplete lesion at C2 level of cervical spinal cord
ICD10	S14152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
ICD10	S14152D	Other incomplete lesion at C2 level of cervical spinal cord, subsequent encounter
ICD10	S14152S	Other incomplete lesion at C2 level of cervical spinal cord, sequela
ICD10	S14153	Other incomplete lesion at C3 level of cervical spinal cord
ICD10	S14153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
ICD10	S14153D	Other incomplete lesion at C3 level of cervical spinal cord, subsequent encounter
ICD10	S14153S	Other incomplete lesion at C3 level of cervical spinal cord, sequela
ICD10	S14154	Other incomplete lesion at C4 level of cervical spinal cord
ICD10	S14154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
ICD10	S14154D	Other incomplete lesion at C4 level of cervical spinal cord, subsequent encounter
ICD10	S14154S	Other incomplete lesion at C4 level of cervical spinal cord, sequela
ICD10	S14155	Other incomplete lesion at C5 level of cervical spinal cord

ICD10	S14155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter
ICD10	S14155D	Other incomplete lesion at C5 level of cervical spinal cord, subsequent encounter
ICD10	S14155S	Other incomplete lesion at C5 level of cervical spinal cord, sequela
ICD10	S14156	Other incomplete lesion at C6 level of cervical spinal cord
ICD10	S14156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
ICD10	S14156D	Other incomplete lesion at C6 level of cervical spinal cord, subsequent encounter
ICD10	S14156S	Other incomplete lesion at C6 level of cervical spinal cord, sequela
ICD10	S14157	Other incomplete lesion at C7 level of cervical spinal cord
ICD10	S14157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
ICD10	S14157D	Other incomplete lesion at C7 level of cervical spinal cord, subsequent encounter
ICD10	S14157S	Other incomplete lesion at C7 level of cervical spinal cord, sequela
ICD10	S14158	Other incomplete lesion at C8 level of cervical spinal cord
ICD10	S14158A	Other incomplete lesion at C8 level of cervical spinal cord, initial encounter
ICD10	S14158D	Other incomplete lesion at C8 level of cervical spinal cord, subsequent encounter
ICD10	S14158S	Other incomplete lesion at C8 level of cervical spinal cord, sequela
ICD10	S14159	Other incomplete lesion at unspecified level of cervical spinal cord
ICD10	S14159A	Other incomplete lesion at unspecified level of cervical spinal cord, initial encounter
ICD10	S14159D	Other incomplete lesion at unspecified level of cervical spinal cord, subsequent encounter
ICD10	S14159S	Other incomplete lesion at unspecified level of cervical spinal cord, sequela
ICD10	S2410	Unspecified injury of thoracic spinal cord
ICD10	S24101	Unspecified injury at T1 level of thoracic spinal cord
ICD10	S24101A	Unspecified injury at T1 level of thoracic spinal cord, initial encounter
ICD10	S24101D	Unspecified injury at T1 level of thoracic spinal cord, subsequent encounter
ICD10	S24101S	Unspecified injury at T1 level of thoracic spinal cord, sequela
ICD10	S24102	Unspecified injury at T2-T6 level of thoracic spinal cord
ICD10	S24102A	Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter
ICD10	S24102D	Unspecified injury at T2-T6 level of thoracic spinal cord, subsequent encounter
ICD10	S24102S	Unspecified injury at T2-T6 level of thoracic spinal cord, sequela
ICD10	S24103	Unspecified injury at T7-T10 level of thoracic spinal cord
ICD10	S24103A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter
ICD10	S24103D	Unspecified injury at T7-T10 level of thoracic spinal cord, subsequent encounter
ICD10	S24103S	Unspecified injury at T7-T10 level of thoracic spinal cord, sequela
ICD10	S24104	Unspecified injury at T11-T12 level of thoracic spinal cord

ICD10	S24104A	Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter
ICD10	S24104D	Unspecified injury at T11-T12 level of thoracic spinal cord, subsequent encounter
ICD10	S24104S	Unspecified injury at T11-T12 level of thoracic spinal cord, sequela
ICD10	S24109	Unspecified injury at unspecified level of thoracic spinal cord
ICD10	S24109A	Unspecified injury at unspecified level of thoracic spinal cord, initial encounter
ICD10	S24109D	Unspecified injury at unspecified level of thoracic spinal cord, subsequent encounter
ICD10	S24109S	Unspecified injury at unspecified level of thoracic spinal cord, sequela
ICD10	S2411	Complete lesion of thoracic spinal cord
ICD10	S24111	Complete lesion at T1 level of thoracic spinal cord
ICD10	S24111A	Complete lesion at T1 level of thoracic spinal cord, initial encounter
ICD10	S24111D	Complete lesion at T1 level of thoracic spinal cord, subsequent encounter
ICD10	S24111S	Complete lesion at T1 level of thoracic spinal cord, sequela
ICD10	S24112	Complete lesion at T2-T6 level of thoracic spinal cord
ICD10	S24112A	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter
ICD10	S24112D	Complete lesion at T2-T6 level of thoracic spinal cord, subsequent encounter
ICD10	S24112S	Complete lesion at T2-T6 level of thoracic spinal cord, sequela
ICD10	S24113	Complete lesion at T7-T10 level of thoracic spinal cord
ICD10	S24113A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter
ICD10	S24113D	Complete lesion at T7-T10 level of thoracic spinal cord, subsequent encounter
ICD10	S24113S	Complete lesion at T7-T10 level of thoracic spinal cord, sequela
ICD10	S24114	Complete lesion at T11-T12 level of thoracic spinal cord
ICD10	S24114A	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter
ICD10	S24114D	Complete lesion at T11-T12 level of thoracic spinal cord, subsequent encounter
ICD10	S24114S	Complete lesion at T11-T12 level of thoracic spinal cord, sequela
ICD10	S24119	Complete lesion at unspecified level of thoracic spinal cord
ICD10	S24119A	Complete lesion at unspecified level of thoracic spinal cord, initial encounter
ICD10	S24119D	Complete lesion at unspecified level of thoracic spinal cord, subsequent encounter
ICD10	S24119S	Complete lesion at unspecified level of thoracic spinal cord, sequela
ICD10	S2413	Anterior cord syndrome of thoracic spinal cord
ICD10	S24131	Anterior cord syndrome at T1 level of thoracic spinal cord
ICD10	S24131A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter
ICD10	S24131D	Anterior cord syndrome at T1 level of thoracic spinal cord, subsequent encounter
ICD10	S24131S	Anterior cord syndrome at T1 level of thoracic spinal cord, sequela
ICD10	S24132	Anterior cord syndrome at T2-T6 level of thoracic spinal cord
ICD10	S24132A	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter

ICD10	S24132D	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, subsequent encounter
ICD10	S24132S	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, sequela
ICD10	S24133	Anterior cord syndrome at T7-T10 level of thoracic spinal cord
ICD10	S24133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
ICD10	S24133D	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, subsequent encounter
ICD10	S24133S	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, sequela
ICD10	S24134	Anterior cord syndrome at T11-T12 level of thoracic spinal cord
ICD10	S24134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
ICD10	S24134D	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, subsequent encounter
ICD10	S24134S	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, sequela
ICD10	S24139	Anterior cord syndrome at unspecified level of thoracic spinal cord
ICD10	S24139A	Anterior cord syndrome at unspecified level of thoracic spinal cord, initial encounter
ICD10	S24139D	Anterior cord syndrome at unspecified level of thoracic spinal cord, subsequent encounter
ICD10	S24139S	Anterior cord syndrome at unspecified level of thoracic spinal cord, sequela
ICD10	S2415	Other incomplete lesions of thoracic spinal cord
ICD10	S24151	Other incomplete lesion at T1 level of thoracic spinal cord
ICD10	S24151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
ICD10	S24151D	Other incomplete lesion at T1 level of thoracic spinal cord, subsequent encounter
ICD10	S24151S	Other incomplete lesion at T1 level of thoracic spinal cord, sequela
ICD10	S24152	Other incomplete lesion at T2-T6 level of thoracic spinal cord
ICD10	S24152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
ICD10	S24152D	Other incomplete lesion at T2-T6 level of thoracic spinal cord, subsequent encounter
ICD10	S24152S	Other incomplete lesion at T2-T6 level of thoracic spinal cord, sequela
ICD10	S24153	Other incomplete lesion at T7-T10 level of thoracic spinal cord
ICD10	S24153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
ICD10	S24153D	Other incomplete lesion at T7-T10 level of thoracic spinal cord, subsequent encounter
ICD10	S24153S	Other incomplete lesion at T7-T10 level of thoracic spinal cord, sequela
ICD10	S24154	Other incomplete lesion at T11-T12 level of thoracic spinal cord
ICD10	S24154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter

ICD10	S24154D	Other incomplete lesion at T11-T12 level of thoracic spinal cord, subsequent encounter
ICD10	S24154S	Other incomplete lesion at T11-T12 level of thoracic spinal cord, sequela
ICD10	S24159	Other incomplete lesion at unspecified level of thoracic spinal cord
ICD10	S24159A	Other incomplete lesion at unspecified level of thoracic spinal cord, initial encounter
ICD10	S24159D	Other incomplete lesion at unspecified level of thoracic spinal cord, subsequent encounter
ICD10	S24159S	Other incomplete lesion at unspecified level of thoracic spinal cord, sequela
ICD10	S3401	Concussion and edema of lumbar spinal cord
ICD10	S3402	Concussion and edema of sacral spinal cord
ICD10	S3410	Unspecified injury to lumbar spinal cord
ICD10	S34101	Unspecified injury to L1 level of lumbar spinal cord
ICD10	S34101A	Unspecified injury to L1 level of lumbar spinal cord, initial encounter
ICD10	S34101D	Unspecified injury to L1 level of lumbar spinal cord, subsequent encounter
ICD10	S34101S	Unspecified injury to L1 level of lumbar spinal cord, sequela
ICD10	S34102	Unspecified injury to L2 level of lumbar spinal cord
ICD10	S34102A	Unspecified injury to L2 level of lumbar spinal cord, initial encounter
ICD10	S34102D	Unspecified injury to L2 level of lumbar spinal cord, subsequent encounter
ICD10	S34102S	Unspecified injury to L2 level of lumbar spinal cord, sequela
ICD10	S34103	Unspecified injury to L3 level of lumbar spinal cord
ICD10	S34103A	Unspecified injury to L3 level of lumbar spinal cord, initial encounter
ICD10	S34103D	Unspecified injury to L3 level of lumbar spinal cord, subsequent encounter
ICD10	S34103S	Unspecified injury to L3 level of lumbar spinal cord, sequela
ICD10	S34104	Unspecified injury to L4 level of lumbar spinal cord
ICD10	S34104A	Unspecified injury to L4 level of lumbar spinal cord, initial encounter
ICD10	S34104D	Unspecified injury to L4 level of lumbar spinal cord, subsequent encounter
ICD10	S34104S	Unspecified injury to L4 level of lumbar spinal cord, sequela
ICD10	S34105	Unspecified injury to L5 level of lumbar spinal cord
ICD10	S34105A	Unspecified injury to L5 level of lumbar spinal cord, initial encounter
ICD10	S34105D	Unspecified injury to L5 level of lumbar spinal cord, subsequent encounter
ICD10	S34105S	Unspecified injury to L5 level of lumbar spinal cord, sequela
ICD10	S34109	Unspecified injury to unspecified level of lumbar spinal cord
ICD10	S34109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
ICD10	S34109D	Unspecified injury to unspecified level of lumbar spinal cord, subsequent encounter
ICD10	S34109S	Unspecified injury to unspecified level of lumbar spinal cord, sequela
ICD10	S3411	Complete lesion of lumbar spinal cord
ICD10	S34111	Complete lesion of L1 level of lumbar spinal cord
ICD10	S34111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter

ICD10	S34111D	Complete lesion of L1 level of lumbar spinal cord, subsequent encounter
ICD10	S34111S	Complete lesion of L1 level of lumbar spinal cord, sequela
ICD10	S34112	Complete lesion of L2 level of lumbar spinal cord
ICD10	S34112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter
ICD10	S34112D	Complete lesion of L2 level of lumbar spinal cord, subsequent encounter
ICD10	S34112S	Complete lesion of L2 level of lumbar spinal cord, sequela
ICD10	S34113	Complete lesion of L3 level of lumbar spinal cord
ICD10	S34113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter
ICD10	S34113D	Complete lesion of L3 level of lumbar spinal cord, subsequent encounter
ICD10	S34113S	Complete lesion of L3 level of lumbar spinal cord, sequela
ICD10	S34114	Complete lesion of L4 level of lumbar spinal cord
ICD10	S34114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter
ICD10	S34114D	Complete lesion of L4 level of lumbar spinal cord, subsequent encounter
ICD10	S34114S	Complete lesion of L4 level of lumbar spinal cord, sequela
ICD10	S34115	Complete lesion of L5 level of lumbar spinal cord
ICD10	S34115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter
ICD10	S34115D	Complete lesion of L5 level of lumbar spinal cord, subsequent encounter
ICD10	S34115S	Complete lesion of L5 level of lumbar spinal cord, sequela
ICD10	S34119	Complete lesion of unspecified level of lumbar spinal cord
ICD10	S34119A	Complete lesion of unspecified level of lumbar spinal cord, initial encounter
ICD10	S34119D	Complete lesion of unspecified level of lumbar spinal cord, subsequent encounter
ICD10	S34119S	Complete lesion of unspecified level of lumbar spinal cord, sequela
ICD10	S3412	Incomplete lesion of lumbar spinal cord
ICD10	S34121	Incomplete lesion of L1 level of lumbar spinal cord
ICD10	S34121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter
ICD10	S34121D	Incomplete lesion of L1 level of lumbar spinal cord, subsequent encounter
ICD10	S34121S	Incomplete lesion of L1 level of lumbar spinal cord, sequela
ICD10	S34122	Incomplete lesion of L2 level of lumbar spinal cord
ICD10	S34122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter
ICD10	S34122D	Incomplete lesion of L2 level of lumbar spinal cord, subsequent encounter
ICD10	S34122S	Incomplete lesion of L2 level of lumbar spinal cord, sequela
ICD10	S34123	Incomplete lesion of L3 level of lumbar spinal cord
ICD10	S34123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter
ICD10	S34123D	Incomplete lesion of L3 level of lumbar spinal cord, subsequent encounter
ICD10	S34123S	Incomplete lesion of L3 level of lumbar spinal cord, sequela
ICD10	S34124	Incomplete lesion of L4 level of lumbar spinal cord
ICD10	S34124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter
ICD10	S34124D	Incomplete lesion of L4 level of lumbar spinal cord, subsequent encounter

ICD10	S34124S	Incomplete lesion of L4 level of lumbar spinal cord, sequela
ICD10	S34125	Incomplete lesion of L5 level of lumbar spinal cord
ICD10	S34125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter
ICD10	S34125D	Incomplete lesion of L5 level of lumbar spinal cord, subsequent encounter
ICD10	S34125S	Incomplete lesion of L5 level of lumbar spinal cord, sequela
ICD10	S34129	Incomplete lesion of unspecified level of lumbar spinal cord
ICD10	S34129A	Incomplete lesion of unspecified level of lumbar spinal cord, initial encounter
ICD10	S34129D	Incomplete lesion of unspecified level of lumbar spinal cord, subsequent encounter
ICD10	S34129S	Incomplete lesion of unspecified level of lumbar spinal cord, sequela