AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Hemiplegia

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Hemiplegia is **complete paralysis of one side of the body**; hemiparesis is **partial weakness of one side**. Both are clinical diagnoses based on neurological examination demonstrating a unilateral motor deficit, and **both are coded within the same ICD-10 subcategories and carry the same HCC weight**. In Medicare populations the vast majority of cases represent sequelae of prior cerebrovascular events — the **I69 family** is the appropriate code, not the acute stroke codes (**I63.x**) or the non-specific G81 family. Document at every visit: **laterality** (right vs left), **dominance** (dominant vs non-dominant), **tone** (flaccid vs spastic), **etiology** (post-stroke vs other), and **functional status** (FIM or equivalent).[1]

ICD-10 Codes:

ICD-10 code selection for hemiplegia and hemiparesis depends primarily on timing and underlying etiology. For post-acute or chronic stroke sequelae, the **I69.x** family is preferred: report **I69.351–I69.354** for cerebral infarction (avoiding the unspecified **I69.359**), **I69.15x** for intracerebral hemorrhage, **I69.85x** for other cerebrovascular disease (CVD), and **I69.95x** for unspecified CVD, applying the official coding default of **Right = Dominant** and **Left = Non-Dominant** if documentation lacks lateral dominance. Conversely, assign the **G81.x** family during acute stroke encounters (coded alongside **I63.x**) or for non-stroke etiologies like tumors, demyelinating disease, congenital conditions, or trauma (coded alongside **S06.x**), selecting from flaccid (**G81.01–G81.04**) or spastic (**G81.11–G81.14**) categories while reserving **G81.90** as a last resort. **Z86.73** indicates a personal history of TIA or CVA *without* residual deficits and is strictly inappropriate if any residual weakness, gait abnormality, or functional limitation persists.[1]

Prevalence and Burden: Stroke is the leading cause of long-term disability in the US, with approximately **795,000 strokes annually** and ~87% ischemic.[2] In a population-based cohort of **29,673 community-dwelling older adults with prior stroke**, 74.9% had ≥3 comorbid conditions and average PCP visits exceeded 13/year. **Spasticity affects 25–80%** of stroke survivors (≈ 1.8–5.6 million individuals); **cost of care is 4× higher** when spasticity is present.[3] **Post-stroke depression** affects **26–50%** of survivors, doubles long-term disability risk (OR 2.16), and raises medical expenses by **54%**. MA enrollment is associated with a **7.1% relative increase in 30-day stroke mortality** and **8.9 percentage points fewer discharges to inpatient rehabilitation facilities** compared with traditional Medicare.[4]

HCC/RAF V28 Mapping

ICD-10 CODE[1]	HCC CATEGORY	RAF WEIGHT	DOCUMENTATION REQUIREMENT
I69.35x (Post-Cerebral Infarction Hemiplegia and Hemiparesis)	HCC 253 — Hemiplegia/ Hemiparesis	0.387	Hemiplegia/hemiparesis following **cerebral infarction** with **laterality + dominance**. Preferred for any **residual motor deficit** after a prior ischemic stroke. Documentation must include side, dominance, and explicit causal link to prior stroke ("sequela of," "due to," or "following") 1 = Right dominant | 2 = Left dominant | 3 = Right non-dominant | 4 = Left non-dominant