



# 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).<sup>1</sup>

## 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.<sup>1</sup>

**Prevalence and Burden:** Stroke is the leading cause of long-term disability in the US, with approximately **795,000 strokes annually** and ~87% ischemic.<sup>2</sup> 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 4x higher** when spasticity is present.<sup>3</sup> **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.<sup>4</sup>

## HCC/RAF V28 Mapping

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

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