

Medicare Risk Adjustment Coding Focus

Sequelae of Stroke: Hemiplegia



Overview

Hemiplegia is defined as paralysis of partial or total body function on one side of the body,¹ whereas hemiparesis is characterized by one-sided weakness but without complete paralysis. This condition affects 8 out of 10 stroke survivors.² Hemiplegia occurs when one of the corticospinal tracts in the cerebral hemisphere of the brain has been damaged. This neurological condition affects everyone differently, with variations in the degree of weakness and lack of body control on the affected side. If the infarction damages the right side of the brain, the neurological effects would be to the left side of the body and vice versa.

Signs and Symptoms

Signs and symptoms may vary and will depend upon the amount of damage that has occurred. As a result, symptoms that may occur due to hemiplegia can range from difficulty with walking, problems with balance, difficulty swallowing, bladder and bowel control issues, speech difficulty, muscle weakness/contractions, and chronic muscle pain, to name a few.³ These conditions can have a major impact on daily living functions.

Causes

There are multiple causes of hemiplegia, but having a stroke is the most common and can occur at any age. Adults aged 50 years and older are at a higher risk for having a stroke. Additionally, those with a secondary condition, such as diabetes and hypertension, or being a smoker, have an increased risk. Most often, stroke sufferers experience the less severe form of hemiplegia, called hemiparesis. However, if over time residuals do not diminish, the long term effect can be hemiplegia.

Treatment

Recovery from hemiplegia may be immediate for some, whereas others may take months or even years and some may never fully recover. The first step of treatment is geared toward controlling the underlying cause and then providing rehabilitation to help restore optimal daily living functions. Intensive rehabilitative services such as physical, speech, and occupational therapy, when provided soon after the onset of the condition, will help minimize loss of function.

Coding Guidance

Category I69 of ICD-10-CM contains codes related to the sequelae of cerebrovascular disease.⁴ A sequela is a residual effect following an acute phase of an illness or injury which has terminated. To properly code a sequela, documentation must specify the underlying cause, the type of late effect, and whether the dominant or non-dominant side is affected, including laterality. If no residuals deficits exist,

code Z86.73 for personal history of cerebral infarction without residual deficits should be utilized.

Hemiplegia and Hemiparesis Following Cerebral Infarction (Sequela) HCC 103

I69.351 – affecting right dominant side

I69.352 – affecting left dominant side

I69.353 – affecting right non-dominant side

I69.354 – affecting left non-dominant side

I69.359 – affecting unspecified side

Z86.73 – Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits (no HCC value)

Resources:

¹ Hemiplegia. (n.d.) Spinal Cord. Retrieved January 2, 2018 from spinalcord.com/hemiplegia

² Hemiparesis and Hemiplegia. (n.d.) Stroke-Rehab. Retrieved January 2, 2018 from stroke.org

³ Hemiparesis. (n.d.) We Can Help. Retrieved January 3, 2018 from stroke.org

⁴ Schmidt, A., & Patterson, L. (2017). ICD-10 2018 Professional for Physicians. Optuminsight Inc.