

# Molina Healthcare Coding Education Documentation of Weakness following CVA



## I documented “left side weakness d/t CVA.” Why did this not risk adjust?

“Weakness” is code 728.87 ICD-9, M62.81 ICD-10, which is NOT A HCC.

“Weakness” is a symptom, whereas “paresis” including monoparesis, hemiparesis and even quadriplegia are diagnoses.

Documenting solely to “weakness” does not influence severity or affect risk adjustment.

Document whether the “paresis” impacts the dominant or nondominant side: ICD-10 presumes the right side to be dominant unless stated otherwise.

**Note:** In ICD-9CM and ICD-10, hemiparesis and hemiplegia share the same code.

**Note:** Weakness of a side can be interpreted to be hemiparesis if attributed to a stroke. Not for a single extremity.

## Documentation Examples:

A/P:

- 62 year old female s/p CVA with related dominant right side weakness

**Assessment:** New onset right **hemiparesis**

- **HCC/ICD-9 Code:** 438.40
- **HCC/ICD-10 Code:** I69.351

**Plan:** Refer to neuro rehab now.

A/P:

- Established 72 year old male with RUE weakness after CVA

**Assessment:** Right arm **weakness** d/t CVA. Stable

- **Non-HCC/ICD-9 Code:** 728.87
- **Non-HCC/ICD-10 Code:** M62.81

**Plan:** Continue PT

A/P:

- Established 72 year old male with RUE weakness after CVA

**Assessment:** Right arm **monoparesis** d/t CVA. Stable

- **HCC/ICD-9 Code:** 438.40
- **HCC/ICD-10 Code:** I69.331

**Plan:** Continue PT

Have Questions?

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