



Monoplegia/Monoparesis and Hemiplegia/Hemiparesis A Quick Reference Guide for Providers

Monoplegia is a neurological condition causing complete loss of voluntary motor function in a single limb. Partial loss of voluntary movement in an arm or leg refers to **monoparesis**. Causes include cerebral vascular accident (CVA) or stroke, traumatic brain injury (TBI), spinal cord injury, cerebral palsy and multiple sclerosis.

Hemiplegia is a neurological condition causing complete one-sided paralysis. Partial one-sided weakness refers to **hemiparesis**. Speech, swallowing, breathing, and bladder control may be affected. Potential causes include CVA, traumatic brain injury (TBI), and epilepsy.

These conditions may be temporary or permanent, depending on the underlying cause and extent of damage.

Clear, concise documentation should include the highest known level of specificity during the visit to ensure optimal care and accurate coding. **Please refrain from unspecified verbiage if greater specificity is known.**

Best Documentation Practices

- **Deficit type**, e.g., monoplegia, monoparesis, hemiplegia, hemiparesis
- **Affected upper or lower limb** for monoparesis or monoplegia
- **Laterality** – right or left side dominant, right or left side non-dominant
 - Per ICD-10-CM Guidelines, default affected right side is dominant, default affected left side is nondominant, and default affected (right or left) ambidextrous side is dominant.
- **Acute vs. late effects** – during initial episode of care (acute) or follow up sequelae visit (no time limit)
- **Cause-and-effect linked relationship**, e.g., "due to," "late effect of," "residual deficit of"
 - Provider must clearly document link between previous CVA and hemiplegia or hemiparesis
- **Residual deficits**, e.g., dysphagia, sensory deficits, aphasia, impaired memory, fatigue, pain
- **Treatment**, e.g., physical therapy, occupational therapy, speech therapy, assistive devices, medications

Monoplegia (Monoparesis) and Hemiplegia (Hemiparesis) Examples*	
Description	ICD-10-CM
Monoplegia or monoparesis, upper limb, laterality, right or left (non)dominance	G83.2-
Monoplegia or monoparesis, lower limb, laterality, right or left (non)dominance	G83.1-
Flaccid hemiplegia or hemiparesis, laterality, right or left (non)dominance	G81.0-
Spastic hemiplegia or hemiparesis, laterality, right or left (non)dominance	G81.1-
Unspecified hemiplegia or hemiparesis, laterality, right or left (non)dominance	G81.9-
Hemiplegia or hemiparesis during acute phase of CVA (only CVA is coded)	I60.- to I67.-
Hemiplegia or hemiparesis following previous CVA (sequela), laterality, right or left (non)dominance; additional code G81.- is not required	I69.35-
*Please refer to 2025 ICD-10-CM Coding Manual for an all-inclusive list of codes.	

For questions or more information, please contact:

Julie Eisen, CPC, CRC, CPMA
Provider Educator
JEisen@mvphealthcare.com
518-901-0619

Christine Sutherland, RHIT, CCS, CCS-P, CRC
Provider Educator
CSutherland@mvphealthcare.com
585-885-2555