

## CEREBRAL PALSY

The term Cerebral Palsy (CP) refers to a group of nonprogressive lesions or disorders in the brain characterized by paralysis, spasticity, or abnormal control of movement or posture, such as poor coordination or lack of balance. These disorders may be due to developmental anomalies of the central nervous system or injury of the brain during intrauterine life, the perinatal period, or within the first few months of life, and are usually manifested during early childhood.

Common prenatal causes of CP are maternal infections such as toxoplasmosis, rubella, and cytomegalic inclusion disease. Examples of perinatal causes are cerebral trauma, anoxia, or intracerebral bleeding during birth. In the first few months of life, important etiological factors are kernicterus, meningitis, encephalitis, or child abuse.

Although diagnoses of later-onset neurological disorders (e.g., cerebrovascular disease and tumors) and well-defined neurodegenerative diseases (e.g., Early Onset Primary Dystonia or Friedreich Ataxia) are excluded from this CP definition, the motor dysfunction associated with such conditions are similar to CP and, therefore, should be coded in this section. (See **Presence of Cerebral Palsy** on page 2 of this section)

In this section, attention is given both to Cerebral Palsy and to other conditions with motor dysfunction that are similar to Cerebral Palsy. Items are provided below for recording either Cerebral Palsy or other significant motor dysfunction. For example, if an older child with homocystinuria suffered a stroke, causing severe left cerebral damage in the motor area giving rise to a right hemiplegia, the code for motor dysfunction similar to CP could be used.

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In this example, the items for etiology would be reflected by codes 434.0 (cerebral thrombosis) and 270.4 (homocystinuria).

### **PRESENCE OF CEREBRAL PALSY (Item 17)**

This item is for recording whether the consumer has Cerebral Palsy or some other condition that produces a significant motor dysfunction.



#### **Completing the Hard-Copy CDER Form** **Item 17: Presence of Cerebral Palsy**

Users of the hard-copy form should enter the appropriate code, as presented below, for Item 17:

#### ***Presence of Cerebral Palsy***

- 0 No CP or other significant motor dysfunction
- 2 Has CP
- 3 Has other significant motor dysfunction

#### ***When coding Presence of Cerebral Palsy***

- If the consumer does not have Cerebral Palsy or another condition that produces a significant motor dysfunction, enter a "0" in Item 17 and leave Items 18a-22 blank.
- If the consumer has Cerebral Palsy, enter code "2"; then complete Items 18a-22.
- If the consumer has a condition that produces a significant motor dysfunction, enter code "3"; then complete Items 18a-22.

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### ***Example of Coding Presence of Cerebral Palsy on the Hard-Copy Form***

The following example shows the coding for a consumer who has Cerebral Palsy.

#### 17. 2 **Presence of Cerebral Palsy**

- |   |  |
|---|--|
| 0 | No CP or other significant motor dysfunction |
| 2 | Has CP                                       |
| 3 | Has other significant motor dysfunction      |

### **ETIOLOGY OF CEREBRAL PALSY (Items 18a. & 18b.)**

The Etiology items are used to record the major cause(s) of or contributing factor(s) to Cerebral Palsy or other significant motor dysfunction. Record the etiologic factor(s) using the ICD-9-CM codes. Etiology does not mean the severity, type, or location of motor dysfunction. These descriptors are addressed as separate items and are discussed in detail later in this section (see pages 4 through 8).



### **Completing the Hard-Copy CDER Form**

#### **Items 18a & 18b: Etiology Of Cerebral Palsy**

Users of the hard-copy form should complete Items 18a and 18b as follows:

- If the consumer does not have Cerebral Palsy or other significant motor dysfunction, as indicated in Item 17, leave this item blank.
- If the consumer has Cerebral Palsy or other significant motor dysfunction, enter the appropriate ICD-9-CM code that indicates the major cause or factor contributing to the disability in the five spaces provided in Item 18a. Add any additional factor in Item 18b.
- If the etiology of the consumer's motor dysfunction is not known, enter "799.9" in Item 18a and leave Item 18b blank.

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**NOTE:** *Any risk factors associated with, but not directly causing, the disability should be recorded in Items 35-49.*

### **Example of Coding Etiology of Cerebral Palsy on the Hard-Copy Form**



The following example shows the coding for a consumer born prematurely with hemolytic disease due to RH isoimmunization.

	Etiology
	<u>ICD-9-CM Code</u>
18a. (RH isoimmunization)	<u>773</u> • <u>10</u>
18b. (Prematurity)	<u>765</u> • <u>11</u>

### **SEVERITY OF MOTOR DYSFUNCTION (ITEM 19)**

This item refers to the severity of disability caused by Cerebral Palsy or other significant motor dysfunction.

The categories used to indicate the severity or degree of impairment of Cerebral Palsy or other type of significant motor dysfunction are mild, moderate, and severe; however, there are no commonly accepted standards. Refer below for definitions of the severity of impairment as they pertain to this manual.

Prior to rating the consumer's severity of motor dysfunction, make certain that the correct entry has been made in **Presence of Cerebral Palsy** (Item 17 on the hard-copy form), indicating whether or not Cerebral Palsy or another significant motor dysfunction is present.

The categories for Severity of Motor Dysfunction are as follows:

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## Severity of Motor Dysfunction

**Mild:** Condition exists but does not have limiting effects on daily activities and functions.

**Moderate:** Level of impairment is between mild and severe with respect to performance of daily activities and functions.

**Severe:** The disability significantly limits or precludes daily activities and functions.



### Completing the Hard-Copy CDER Form

#### **Item 19: Severity of Motor Dysfunction**

Users of the hard-copy form should enter the appropriate code, as presented below, for Item 19:

#### ***Severity of Motor Dysfunction Codes***

- 1 Mild: Does not limit activities.
- 2 Moderate: In between mild and severe.
- 3 Severe: Significantly limits or precludes daily activity.

#### ***When Coding Severity of Motor Dysfunction***

- If the consumer does not have Cerebral Palsy or other type of significant motor dysfunction (a "0" in Item 17), leave this item and subsequent items in this section blank.
- If the consumer is diagnosed as having Cerebral Palsy or other significant motor dysfunction, enter the appropriate code as listed above.

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## ***Example of Coding Severity of Motor Dysfunction on the Hard-Copy Form***

Following is an example of a consumer whose severity of motor dysfunction significantly limits his/her daily activities and functions.

### **19. 3 Severity of Motor Dysfunction**

- 1 Mild: Does not limit activities.
- 2 Moderate: In between mild and severe.
- 3 Severe: Significantly limits or precludes daily activity.

## **TYPE OF MOTOR DYSFUNCTION (Item 20)**

The type of motor dysfunction should be included in the consumer's records. The categories used for this item are defined below:

### **Type of Motor Dysfunction Definitions**

**Hypertonic (includes Spasticity and Rigidity):** Hypertonia is defined as a "state of increased muscle tension." The major manifestation of spasticity is increased or exaggerated stretch reflex that exhibits itself by an exaggerated contraction of a muscle when it is suddenly stretched. Rigidity is a form of hypertonia that is independent of the speed or range of movement.

**Ataxic:** This type of motor dysfunction is characterized by "disturbance in postural balance and coordination of muscle activity; usually generalized but may be confined to one side of body or one extremity."

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**Dyskinetic (includes Athetosis, Dystonia, Chorea, and Ballismus):** Dyskinetia, or involuntary movements, may be of four types—athetosis, dystonia, chorea, and ballismus.

- Athetosis is uncontrollable, involuntary and poorly coordinated movements of body, face, and extremities that result in bizarre patterns of muscular activities.
- Dystonia is persistent deviation of a body part due to abnormal muscle contraction. Partial or incomplete dystonia may consist of a tendency to abnormal deviation that can be overcome (at least temporarily) by volitional corrections; repetitious movements may result from this interaction between voluntary and involuntary movements.
- Chorea is faster than athetosis and is typically seen in the trunk and large muscles of the extremities. The motion is jerky, random and complex. The involuntary movement is often incorporated into a voluntary motion.
- Ballismus is a very fast and forceful movement, typically in the shoulder but may include the hips. Ballismus may occur with athetoid and choreiform movements.

**Hypotonic:** This type of motor dysfunction is characterized by a "lack of normal muscle tone or tension associated with muscle flaccidity and weakness."

**Other:** This category includes mixed motor dysfunctions.

[\(Refer to pages 10 & 11 for examples of coding \*Type of Motor Dysfunction\*\)](#)

### LOCATION OF MOTOR DYSFUNCTION (Item 21)

This item refers to the areas of the body that are affected by a motor dysfunction. The categories used for this item are defined below:

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## Location of Motor Dysfunction Definitions

**Monoplegia:** Involves weakness or paralysis of a single extremity.

**Hemiplegia:** Involves both upper and lower extremities on one side.

**Diplegia:** Involves both sides of the face, both upper extremities, and/or both lower extremities. One area is usually more involved than the other.

**Triplegia:** Involves three extremities.

**Paraplegia:** Involves lower-extremities only.

**Quadriplegia:** Involves all four extremities.

**Other:** Not otherwise specified.

[\(Refer to pages 10 & 11 for examples of coding \*Location of Motor Dysfunction\*\)](#)

## **CONDITION IMPACT (Item 22)**

Condition Impact refers to the extent or degree to which Cerebral Palsy or other significant motor dysfunction determines level of supervision, level of care, ability to maintain a stable residence, and/or type of individual program services. The categories used for this item are defined below:

### Condition Impact Definitions

**None:** No evidence of impairment.

**Mild:** Condition requires some special attention when developing the individual program plan or planning for supervision and care.

**Moderate:** Condition has a major impact upon the individual's need for program services and/or supervision and care.



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**Severe:** Condition is so substantial that it will require significant planning and coordination for service delivery and/or supervision and care.



## **Completing the Hard-Copy CDER Form**

### **Item 22: Condition Impact**

Users of the hard-copy form should enter the appropriate code, as presented below, for Item 22:

#### ***Condition Impact Codes***

- 0 No evidence of impairment
- 1 Mild
- 2 Moderate
- 3 Severe

#### ***When Coding Condition Impact on the Hard-Copy Form***

- If the consumer does not have Cerebral Palsy or other type of significant motor dysfunction (code "0" in Item 17), leave this item (#22) blank.
- If the consumer has Cerebral Palsy or other type of significant motor dysfunction, but it does not have an impact upon the level of supervision and/or care required or on the individual program plan, enter code "0" ("No Evidence of Impairment").

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## EXAMPLES OF CODING TYPE, LOCATION & CONDITION IMPACT

**Example 1:** This example is of a consumer with Spastic Quadraplegia, the impact of which on supervision/care and individual planning process is mild.



### Completing the Hard-Copy CDER Form For Example 1:

#### 20. 1 Type of Motor Dysfunction

- 1 Hypertonic (includes Spasticity and Rigidity)
- 2 Ataxic
- 3 Dyskinetic (includes Athetosis, Dystonia, Chorea, and Ballismus)
- 4 Hypotonic
- 5 Other (includes mixed)

#### 21. 6 Location of Motor Dysfunction

- |              |                |
|--------------|----------------|
| 1 Monoplegia | 5 Paraplegia   |
| 2 Hemiplegia | 6 Quadriplegia |
| 3 Diplegia   | 7 Other        |
| 4 Triplegia  |                |

#### 22. 1 Condition Impact

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**Example 2:** This example is of a consumer with bilateral upper limb reduction causing motor dysfunction. The condition involves the upper extremities on both sides of the body and has a severe impact on supervision/care and individual program planning.



## **Completing the Hard-Copy CDER Form For Example 2:**

### **20. 5 Type of Motor Dysfunction**

- 1 Hypertonic (includes Spasticity and Rigidity)
- 2 Ataxic
- 3 Dyskinetic (includes Athetosis, Dystonia, Chorea, and Ballismus)
- 4 Hypotonic
- 5 Other (includes mixed)

### **21. 3 Location of Motor Dysfunction**

- |              |                |
|--------------|----------------|
| 1 Monoplegia | 5 Paraplegia   |
| 2 Hemiplegia | 6 Quadriplegia |
| 3 Diplegia   | 7 Other        |
| 4 Triplegia  |                |

### **22. 3 Condition Impact**