

CLINICAL DOCUMENTATION

Cerebral Palsy

Cerebral palsy (CP) is a group of disorders in which chronic but nonprogressive brain lesions cause damage to the motor function of the brain. These lesions can develop early in pregnancy while the brain is still developing or they may occur later in pregnancy, during delivery, or early in a baby's life. CP affects muscle control, movement, and motor skills. The functional impairment may range from disorders of movement or coordination to paresis. Vital functions such as bladder and bowel control, breathing, eating, and learning may be affected. Cerebral palsy can also cause other health issues, including hearing, vision, speech problems, and learning disabilities. Spastic cerebral palsy is the most commonly diagnosed variety of CP, affecting 70 to 80 percent of patients with CP. Spastic CP causes a child's muscles to be rigid and jerky, making it difficult to get around. Symptoms generally appear in the first few years of life and once they appear, they generally do not progress with age. Spastic cerebral palsy is classified as quadriplegic, diplegic, and hemiplegic.

ICD-10 CODES

- G80.0** Spastic quadriplegic cerebral palsy
- G80.1** Spastic diplegic cerebral palsy
- G80.2** Spastic hemiplegic cerebral palsy
- G80.3** Athetoid cerebral palsy
- G80.4** Ataxic cerebral palsy
- G80.8** Other cerebral palsy
- G80.9** Cerebral palsy, unspecified

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support cerebral palsy.

Diagnosis: Cerebral palsy

Evidence: Bilateral lower extremity paresis with muscle atrophy since birth

Evaluation: Spastic diplegic cerebral palsy

Plan: Continue PT as necessary, refill Baclofen 1mg BID

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis

Cerebral palsy

- Type of functional impairment

Status

Cerebral palsy

- Vital functions affected
- Secondary disabilities

Plan

- Symptom control
 - Medications
 - Surgical interventions
- Assistance devices
- Therapies

BEST PRACTICES & TIPS

- Always document the **extent of the impairments**, vital functions affected as well as any secondary disabilities along with a diagnosis of cerebral palsy.
- DSP should be provided for any **secondary disabilities** that are present alongside cerebral palsy.
- **Avoid** using terms such as “probable”, “suspected”, “likely”, “questionable”, “possible”, with a confirmed and active, and untreated diagnosis of cerebral palsy.
- Documentation should **always include DEEP elements** to show clinical evidence of cerebral palsy disabilities. Incorporate imaging results, signs, symptoms, as well as any associated treatments.
- Distinctly **document any associated assistance devices or medications** that are used to manage symptoms of cerebral palsy.
- Documenting “history of cerebral palsy” indicates a **resolved status** and should not be used for conditions that are not expected to resolve.
- Avoid using **uncertain terms** for present and confirmed conditions, which include: probable, suspected, likely, questionable, possible, still to be ruled out, compatible with, or consistent with.



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