



Western Australian Coding Rule

1015/09 Botox injections for cerebral palsy

WA Coding Rule 1214/03 *Botox injections for cerebral palsy* is superseded by ACCD Coding Rule **Injection of botulinum toxin (Botox) for manifestations of cerebral palsy** (Ref No: Q2979) effective 1 October 2015; (log in to view on the [ACCD CLIP portal](#)).

DECISION

WA Coding Rule 1214/03 *Botox injections for cerebral palsy* is retired.

[Effective 1 Oct 2015, ICD-10-AM/ACHI/ACS 9th Ed.]



Western Australian Coding Rule

1214/03 Botox injections for cerebral palsy

Q.

What is the principal diagnosis for cerebral palsy (CP) patients admitted for Botox injections?

A.

CP patients receive Botox (Botulinum toxin type A) injections for temporary relief of symptoms/manifestations such as excessive drooling or muscle spasticity. Botox only provides temporary relief, so repeat injections are necessary. The most common form of CP is spastic cerebral palsy.

Excessive drooling (sialorrhoea)

Botox injected into salivary glands reduces salivary secretions to alleviate excessive drooling.

For CP patients admitted for Botox for excessive drooling, follow ACS 0001 *Principal diagnosis*, 'Problems and underlying conditions,' point 2 and assign the problem (excessive drooling) as the principal diagnosis, followed by the underlying condition (CP) as an additional diagnosis:

PDx K11.7 *Disturbances of salivary secretion*
ADx G80.x *Cerebral palsy*

Muscle spasticity

Spasticity is the dominant component of spastic CP but it can also occur in dyskinetic, ataxic, and mixed CP. Botox injected into spastic muscles (e.g. elbow/biceps, ankle/gastrocnemius) acts as a muscle relaxing agent. Once spasticity is reduced the patient undergoes mobilisation therapy to improve movement at the associated joint.

Recent research has shown that the use of Botox to treat spasm aids in the brain developing new motor control pathways. This research indicates that the patient will eventually have a permanent reduction in the severity of their CP above that due to the temporary relief of spasm by Botox. This is significant as CP was once considered a static encephalopathy which did not improve.

For CP patients admitted for Botox for muscle spasticity, assign a code from G80.x *Cerebral palsy* as the principal diagnosis, following the index pathway:

Palsy
- cerebral



The “See also condition” instruction at “Spasm(s), spastic, spasticity” in the index makes it incorrect to assign R25.5 *Cramp and spasm* as the principal diagnosis in an effort to satisfy the instructions of ACS 0001, ‘Problems and underlying conditions.’

Note that if the spasticity has developed into a documented spastic deformity such as talipes, this condition should be assigned as the principal diagnosis, with CP as an additional diagnosis, following ACS 0001 *Principal diagnosis – problems and underlying conditions*.

Muscle contracture

Botox is **not** a treatment for muscle contracture. A muscle contracture is a permanent shortening of a muscle, occurring as a complication of prolonged muscle spasticity, as seen in patients with CP. Prolonged muscle spasticity can result in atrophy/fibrosis of a muscle/tendon with contracture of the associated muscle/joint. Contractures are treated with progressive casting or surgery. Botox injected into spastic muscles may prevent the future development of muscle contracture.

Where there is no diagnosis given or where CP alone is documented as the principal diagnosis in episodes for Botox, the clinician should be queried as to: 1) which specific symptom/manifestation of CP is being treated by Botox; and 2) the specific type of CP if not documented.

DECISION

The April 2014 WACCAG advice for “Botox in cerebral palsy” will be retired.

This query will be forwarded on to the ACCD for clarification. In the interim, coders should follow the advice below.

For cerebral palsy patients admitted for Botox injections for excessive drooling, follow ACS 0001 *Principal diagnosis* and assign K11.7 *Disturbances of salivary secretion* as the principal diagnosis, followed by G80.x *Cerebral palsy* as an additional diagnosis.

For cerebral palsy patients admitted for Botox for muscle spasticity, assign a code from G80.x *Cerebral palsy* as the principal diagnosis.

Where there is no diagnosis given or where CP alone is documented as the principal diagnosis in episodes for Botox, the clinician should be queried as to: 1) which specific symptom/manifestation of CP is being treated by Botox; and 2) the specific type of CP if not documented.

[Effective 5 December 2014, ICD-10-AM/ACHI/ACS 8th Ed.]



Western Australian Coding Rule

0414/02 Botox injections for cerebral palsy

Q.

What principal diagnosis should be assigned when patients are admitted for Botox injections to treat cerebral palsy?

A.

Botox injections are usually performed for leg contractures or muscle spasticity in cerebral palsy patients. However, the treating clinician must document the principal diagnosis for each episode of care. Cerebral palsy is unlikely to be the correct principal diagnosis in these cases, rather it would be coded as additional diagnosis as per ACS 0001 *Principal diagnosis*, 'Problems and underlying conditions', point 2.

If only 'cerebral palsy' is documented, coders should query with the clinician which manifestation of the cerebral palsy is being treated.

DECISION

Cerebral palsy is unlikely to be the correct principal diagnosis for patients receiving Botox injections to the legs. If cerebral palsy alone is documented, the coder should clarify the principal diagnosis with the treating clinician.

[Effective 16 April 2014, ICD-10-AM/ACHI/ACS 8th Ed.]