



# Western Australian Coding Rule

## 0511/02 Hip dysplasia in cerebral palsy

### Q.

The documented diagnosis for cerebral palsy patients admitted for varus derotation osteotomy (VDRO) procedure is developmental dysplasia of hip (DDH), sometimes described as acetabular dysplasia. These patients have fixed flexion deformities or "windswept hips" or "scissoring gait" or "coxa valga" deformity

Following the pathway dysplasia - developmental (congenital) of hip NEC = Q65.89 *Other congenital deformities of the hip*.

Other look up for this would be dysplasia - acetabular, congenital (this time the term congenital is not a non essential modifier) so could not really be used.

As this dysplasia is not a congenital condition but acquired over time, Q65.89 does not seem correct in these instances.

Could you offer a suggestion of a more appropriate code to use in this case - or do we just code back to Q65.89 even though we know it is not congenital?

### A.

We agree that a Q code is inappropriate as the hip dysplasia is an acquired deformity. We advise to use a code from block M21, using the lead term *deformity*.

## DECISION

**Assign the appropriate code from block M21, following the lead term *deformity*.**

[Effective 18 May 2011, ICD-10-AM/ACHI/ACS 7<sup>th</sup> Ed.]