Government of Western Australia
Department of Health

Western Australian Coding Rule

0725/28 Cerebral palsy with developmental dysplasia of hip

Q.
The documented diagnosis for cerebral palsy patients admitted for varus de-rotation 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.

Is it appropriate to follow the below Alphabetic Index pathway for acquired developmental dysplasia of the hip?

Dysplasia
- developmental (congenital) of hip NEC Q65.89

A.
Although 'congenital' is a non-essential modifier in the Alphabetic Index, it is incorrect to assign Q65.89 *Other congenital deformities of the hip* for acquired (non congenital) developmental dysplasia of hip.

Instead, assign a code from category M21 *Other acquired deformities of limbs* via the lead term 'Deformity'.

For spastic cerebral palsy, see Q3761 *Principal diagnosis for treatment of cerebral palsy manifestations*, which instructs: for an admission to treat a manifestation of spastic cerebral palsy (e.g. developmental dysplasia of hip), the manifestation should be sequenced as an additional diagnosis, with a code from subcategory G80.0 *Spastic cerebral palsy* sequenced as principal diagnosis. This Q3761 logic conflicts with ACS 0001 *Principal diagnosis*/*3. Problems and underlying conditions/3.2 Coding the problem as the principal diagnosis* and should not be extrapolated to other situations.

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DECISION
For acquired developmental dysplasia of hip, assign the appropriate code from category M21 *Other acquired deformities of limbs*, via the lead term *Deformity*.

This WA Coding Rule 0725/28 *Cerebral palsy with developmental dysplasia of hip* supersedes WA Coding Rule 0511/02 *Hip dysplasia in cerebral palsy*.

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Thirteenth Edition.

Effective 1 July 2025, ICD-10-AM/ACHI/ACS 13th Ed.

As per the Patient Activity Data Policy (MP 0164/21) Western Australian Coding Rules must be followed.

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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 7th Ed.]