



Western Australian Coding Rule

0511/05 Familial adenomatous polyposis (FAP)

Q.

FAP patient admitted for surveillance colonoscopy. A single tubular adenoma is excised. Following pathway Polyposis, familial gives morphology M8220/0 Adenomatous polyposis coli. Should this be assigned, or should we follow the histology report findings and assign M8211/0 Tubular adenoma?

A.

Familial adenomatous polyposis (FAP) is an inherited disorder caused by gene mutation. Patients with the gene mutation are required to have regular surveillance colonoscopies to identify the onset of polyposis. Colectomy is subsequently required to prevent the polyps becoming cancerous. Advice from a Pathwest histopathologist is that because FAP is a clinical finding rather than a histological one, the histology report will indicate the type of adenoma e.g. Tubular adenoma, and FAP may not be mentioned. In determining which morphology code to assign, the coder should be guided by the documentation. If it is confirmed the patient has FAP and adenomas are found, assign morphology code M8220/0 Adenomatous polyposis coli and the appropriate Z code to indicate family history as per ACS 0052 *Same-day endoscopy - Surveillance*. If patient has a family history of FAP but no documentation that the patient is confirmed to have inherited the condition, assign morphology according to histology findings and the appropriate Z code to indicate family history.

DECISION

Assign M8220/0 Adenomatous polyposis coli (rather than the histological type of adenoma) for adenomas in FAP patients.

This advice has a minor modification to correspond with an update in ICD-10-AM/ACHI/ACS Ninth Edition.

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