



Western Australian Coding Rule

0725/38 Follow-up of Familial Adenomatous Polyposis (FAP)

Q.

A patient with a history of Familial Adenomatous Polyposis (FAP) previously treated with a total proctocolectomy is admitted for follow-up. A duodenal adenomatous polyp is discovered. Is this considered to be a recurrence of FAP?

A.

The literature indicates that FAP patients commonly develop duodenal adenomata. It is therefore appropriate to classify the morphology as 'familial adenomatous polyposis' even though the Alphabetic Index defaults to colon topography. For a same-day endoscopy for follow-up of FAP with duodenal adenomatous polyp detected, apply ACS 0052 *Same-day endoscopy – Surveillance/Directive 2* and assign:

D13.2 *Benign neoplasm of duodenum*
M8220/0 *Adenomatous polyposis coli*

This is consistent with the logic in Q3669 *Nonmalignant neoplastic polyps detected during screening for family history of malignant neoplasm*, effective 1 April 2022, updated 16 June 2025.

DECISION

ACS 0052/Directive 2 is applicable for duodenal adenomatous polyp detected during same-day endoscopy for follow-up of FAP.

This WA Coding Rule 0725/38 *Follow-up of Familial Adenomatous Polyposis (FAP)* supersedes WA Coding Rule 0318/44 *Follow-up of Familial Adenomatous Polyposis (FAP)*.

This Rule has been modified to correspond with updates in ICD-10-AM/ACHI/ACS Eleventh and Thirteenth Editions.

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.



Western Australian Coding Rule

0318/44 Follow-up of Familial Adenomatous Polyposis (FAP)

Q.

A patient with a history of Familial Adenomatous Polyposis (FAP) previously treated with a total proctocolectomy is admitted for follow-up. A duodenal adenomatous polyp is discovered. Is this considered to be a recurrence of FAP?

A.

The literature says that duodenal adenomata developing into duodenal cancer is the most common cause of death in proctocolectomised FAP patients. It is therefore correct to link this to the previously diagnosed FAP. As per ACS 0052 *Same-day endoscopy – Surveillance*, assign:

D13.2 *Benign neoplasm of duodenum*

M8220/0 *Adenomatous polyposis coli*

Z09.0 *Follow-up after surgery for other conditions*

Note: Z09.0 may be assigned as per the following instruction in ACS 0052 *Same-day endoscopy – Surveillance*:

Assign as additional diagnosis:

- codes from Z08 or Z09 Follow-up examination after treatment for... or Z11, Z12 and Z13 Special screening examination for... **as appropriate**.

WACCA have submitted a query to ACCD for clarification on this statement, in particular the terminology “as appropriate”.

DECISION

It is correct to code the duodenal adenomatous polyp as a recurrence of the previously treated FAP in a patient previously treated with a proctocolectomy.

This WA Coding Rule 0318/44 *Follow-up Familial Adenomatous Polyposis (FAP)* supersedes WA Coding Rule 1012/03 *Follow-up Familial Adenomatous Polyposis (FAP)*.

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

[Effective 1 Jul 2017, ICD-10-AM/ACHI/ASC 10th Ed.]



Western Australian Coding Rule

**1012/03
(FAP)**

Follow-up of Familial Adenomatous Polyposis

Q.

A patient with a history of FAP previously treated with a total proctocolectomy is admitted for follow-up. A duodenal adenomatous polyp is discovered is this considered to be a recurrence of FAP?

A.

The literature says that duodenal adenomata developing into duodenal cancer is the most common cause of death in proctocolectomised FAP patients. It is therefore correct to link this to the previously diagnosed FAP. The case would be coded:

D13.2 Benign neoplasm of duodenum

M8220/0 Adenomatous polyposis coli

Z09.0 Follow-up after surgery for other conditions

DECISION

It is correct to code the duodenal adenomatous polyp to the previously treated FAP in a patient previously treated with a proctocolectomy.

[Effective 26 Oct 2012, ICD-10-AM/ACHI/ASC 7th Ed.]