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2007 Multiple Primary and Histology Coding Rules
"*Beyond the Basics"* Breeze Sessions
Colon
June 18, 2007

Slide 1
Hello and welcome to "Beyond the Basics" ---

Slide 2
Multiple Primary and Histology Coding for Colon.

Slide 3
Today we will cover a variety of subjects: We will work on polyps; we will talk about Multiple Primary and Histology Coding and we will do a Practice Case.

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One of the biggest problems is terminology. The words "exophytic" and "polypoid" appear frequently in medical records. The question is: Should these be coded as a polyp? **Neither** of these words is a synonym for "polyp."

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The word "polypoid" means, "polyp-shaped." It is usually attached by a "stem." The word "exophytic" simply means, "growing outward." Let's look at a couple of descriptions of both of these terms.

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This picture introduces "Polypoid Adenocarcinoma." If you look at this picture you see it looks similar to a polyp. But it is absolutely **not** a polyp. The word "polypoid" is never used as a synonym for the word "polyp."

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The word "exophytic" actually means a lesion that sticks out from the surface. That lesion can be nodular or it can be polypoid; it can be pedunculated which means having a stem; or it can be sessile which means not having a stem.

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If you look at the picture of these two types of polyps you will see what pedunculated and sessile mean. First of all, a pedunculated polyp, as you can see, has an actual stalk. That stalk is a bit away from the colon mucosa so any Adenocarcinoma starting in the head of this polyp would have to travel some distance before getting down to the actual sub-mucosa of the bowel wall.

By contrast, the sessile polyp is a very flat polyp that starts right on the actual colon wall. You can tell that its invasiveness would start almost immediately because the polyp itself is actually *in and on* that colon wall.

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There are several kinds of polyps. I want to discuss the tubular polyp and the tubulovillous polyp, which is related to both the tubular and the villous polyps. Note that the tubular polyp—8210-- is a different code than the tubulovillous—8263— the third digits differ. The villous polyp—8261—has a third digit similar to that of the tubulovillous polyp so those two are actually grouped together. In fact, rule H18 tells you when you have multiple polyps you always code to the tubulovillous polyp because of its prognosis. [Rule H18: *Code **8263**—adenocarcinoma in a tubulovillous adenoma—when multiple in situ or malignant polyps are present, at least one of which is tubulovillous*].

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Next we will talk a bit about polyps in the actual coding rules.

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Adenomatous polyps (or adenomas) are benign neoplasms that are precursors to cancer. Frequently there will be a polyp with cancer and benign polyps surrounding it; the polyps themselves are precursors meaning they will become cancer or have a high probability of becoming cancerous if they are not removed.

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Rule M9 says if you have multiple in situ and/or malignant polyps they are a single primary. Remember that we have already gone past Rule M4 at this point, which says that cancers in different segments of the colon are different primaries. When we get to Rule M9 we are talking about multiple in situ and/or malignant polyps in the same section of the colon and those are a single primary. It does not matter if they are adenomatous, tubulovillous, tubular, villous---any combination of polyps will be considered a single primary.

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Adenomatous polyposis (code 8221) means that there is adenocarcinoma in multiple adenomatous polyps. Rule H19 says to use code 8221 when less than or equal to 100 polyps are identified or there are multiple polyps (you don't know exactly how many there are) and the term *FAP—Familial Adenomatous Polyposis*-- is **not mentioned**.

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We will briefly discuss the disease, Familial Adenomatous Polyposis. As you can see, the picture shows two polyps in the same segment of the colon. You may have other benign polyps surrounding these polyps but this how it looks when there are two polyps with cancer in the same segment of the colon.

Slide 15
We will next discuss the rule concerning FAP—familial adenomatous polyposis. FAP is an inherited condition. People with FAP have numerous colon polyps; there are too many to count. They are at increased risk for colon cancer. By the time they reach their late teens or early 30s they are at 100% risk. These people often undergo complete colectomies.

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Rule M3 says: *Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more malignant polyps is a single primary. Note: Tumors may be present in multiple segments of the colon or in a single segment of the colon.* We will add an explanatory "Note" to this rule in the first revision. That Note will tell people that even if you have only one malignant polyp it is a single primary if there is a diagnosis of FAP. Even if there is no mention of a malignant polyp, if there is a diagnosis of FAP you will use this rule.

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Now, we'll go on to Histology Coding Rule H17. Rule H17 says to code 8220 (Adenocarcinoma in Adenomatous Polyposis coli) when:
● there is a **clinical history of familial polyposis** and the final diagnosis is **Adenocarcinoma in adenomatous polyps** OR
● **there are more than 100 polyps** in the specimen OR
● the number of polyps is unknown and the diagnosis is **familial polyposis**

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When you look at this picture of a colon with Familial Adenomatous Polyposis you understand why we are going to add a Note saying that in FAP it is irrelevant whether or not the Pathology report says the cancer started in a polyp because there is almost no place on the colon wall of a patient with FAP where a cancer could start and not be in a polyp. Sometimes a pathologist will not mention that the cancer in a patient with FAP started in a polyp because he/she knows it is almost impossible for the cancer to not be in a polyp; therefore, that statement may be omitted in the report. As long as you know there is a lesion and a diagnosis of FAP you will code 8220. This is a vastly different disease than the prior situation we discussed about two polyps in the same segment of the colon.

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Colon Histology Coding Rule H5 reads:

*Code **8480**(mucinous/colloid adenocarcinoma) or **8490** (signet ring cell carcinoma) when the final diagnosis is:*
*● **Mucinous/colloid** (8480) or **signet ring cell** carcinoma (8490) or*
*● Adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **mucinous/colloid** or*
*● Adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **signet ring cell** carcinoma.*

This rule tells you literally that if the final diagnosis is "Mucinous," you code it. If the final diagnosis is not Mucinous but you do find documentation in the microscopic portion of the pathology report that says that over 50% of the tumor is Mucinous, you still code Mucinous Adenocarcinoma. In the past we have been over-coding Mucinous and we are trying to stress to you that you should **not** code Mucinous unless it is part of the final diagnosis or if greater than 50% of the tumor is Mucinous Adenocarcinoma.

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In colon pathology reports you will at times see "with signet ring cells." Please be aware that "signet ring cells" does not mean "Signet Ring Cell Carcinoma." Just because you see the terms "signet ring cells," you do not automatically code "Signet Ring Cell Carcinoma." Signet ring cells may be present with other types of carcinoma.

Slide 21
Colon Multiple Primary Rule M7 says: "*A **frank** malignant or in situ **adenocarcinoma and** an in situ or **malignant tumor in a polyp** are a single primary.*"

Slide 22
We just want you to remember that any time you see a "frank" [adenocarcinoma] with a polyp or polyps this is a single primary. You may have a "frank" and more than one polyp and that's still a single primary. This Note will be added to the rules in the first revision.

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Colon Histology Coding Rule H 20 also deals with the frank adenocarcinoma and a polyp. It says:
Code the [histology of the] most invasive [tumor] when:
- You have a frank adenocarcinoma and a carcinoma in a polyp OR
- There are in situ and invasive tumors OR
- There are multiple invasive tumors

These multiple tumors are abstracted as a **single primary**. The problem we have here is that a previous rule, H18, talks about coding adenocarcinoma in a tubulovillous adenoma when there are multiple polyps present. A number of people have thought they could not get to Rule H 20 when there are more than one polyp and a frank adenocarcinoma. The fact is you would not stop at H18; you would keep going because Rule H18 does not talk about a scenario where you have a frank adenocarcinoma and a carcinoma in a polyp. There really is no problem in going past Rule H18 to reach Rule H20 and to code the most invasive tumor.

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One thing I want you to know is that 98% of all colon cancers are Adenocarcinoma. Colon tumors are actually easy to code; they are usually a single lesion and Adenocarcinoma. The number of cases you will code with polyps that have FAP are limited.

Slide 25
We will do a Practice Case. I want to remind you there are more cases posted on the Website along with the answers and rationale for each case. You can access the Website at any time and work those cases.

Our Practice Case has a Final Diagnosis of "infiltrating Adenocarcinoma of the cecum." There are two adenomatous polyps and a single hyperplastic polyp present in the resected specimen. The Comment reads: "Immunoperoxidase stain performed. Findings indicate **probable neuroendocrine differentiation.**"

Slide 26
Let's start first by deciding whether or not this is a multiple primary. You have multiple benign polyps and one frank invasive tumor. You count only that frank invasive tumor so you would use the Single Tumor Module in the Colon Multiple Primary Rules and start and stop with Rule M2. Rule M2 tells you this is a single tumor; therefore this is a single primary.

Slide 27
Now we will code the histology using the Final Diagnosis and the Comment. Remember that the word "probable" is an acceptable ambiguous term to use to identify the more specific histology. Those Ambiguous Terms are listed on page 14 in the MP/H Rules. We will go to the Single Tumor Module in the Histology Coding Rules and start with Rule H1.

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You can stop at either Rule H11 or H13 and you will get exactly the same answer: Both rules tell you to code 8574/3.

That concludes our Practice Case. I want to again remind you there are ten cases posted on the Website along with this Breeze Session recording. The answers and rationale for each of those ten cases are also posted. We will not record a practice Breeze Session reviewing all the Practice Cases in this series, "*Beyond the Basics.*"

Thank you for your attendance. I invite you to join us for the other recorded Breeze Sessions in this series.