

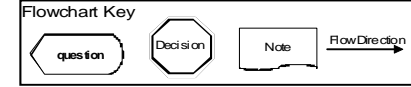
**VI.**  
**Flowchart Format – Multiple Primary and Histology Coding Rules**



# Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

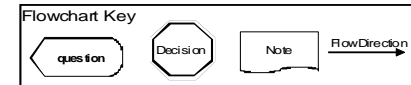
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
<p><b>M1</b></p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Unknown if Single or Multiple Tumors</p>	<p><b>NOTES</b></p> <p>Tumor(s) not described as metastasis.</p> <p>Use this rule only after all information sources have been exhausted.</p> <p><i>Example 1:</i> History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary.</p> <p><i>Example 2:</i> Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.</p>
<p><b>SINGLE TUMOR</b></p>	<p><b>DECISION</b></p>	<p><b>NOTES</b></p> <p>1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive</p>
<p><b>M2</b></p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Single Tumor.</p>	<p><b>NOTES</b></p> <p>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</p>

### Head and Neck Multiple Primary Rules-Flowchart

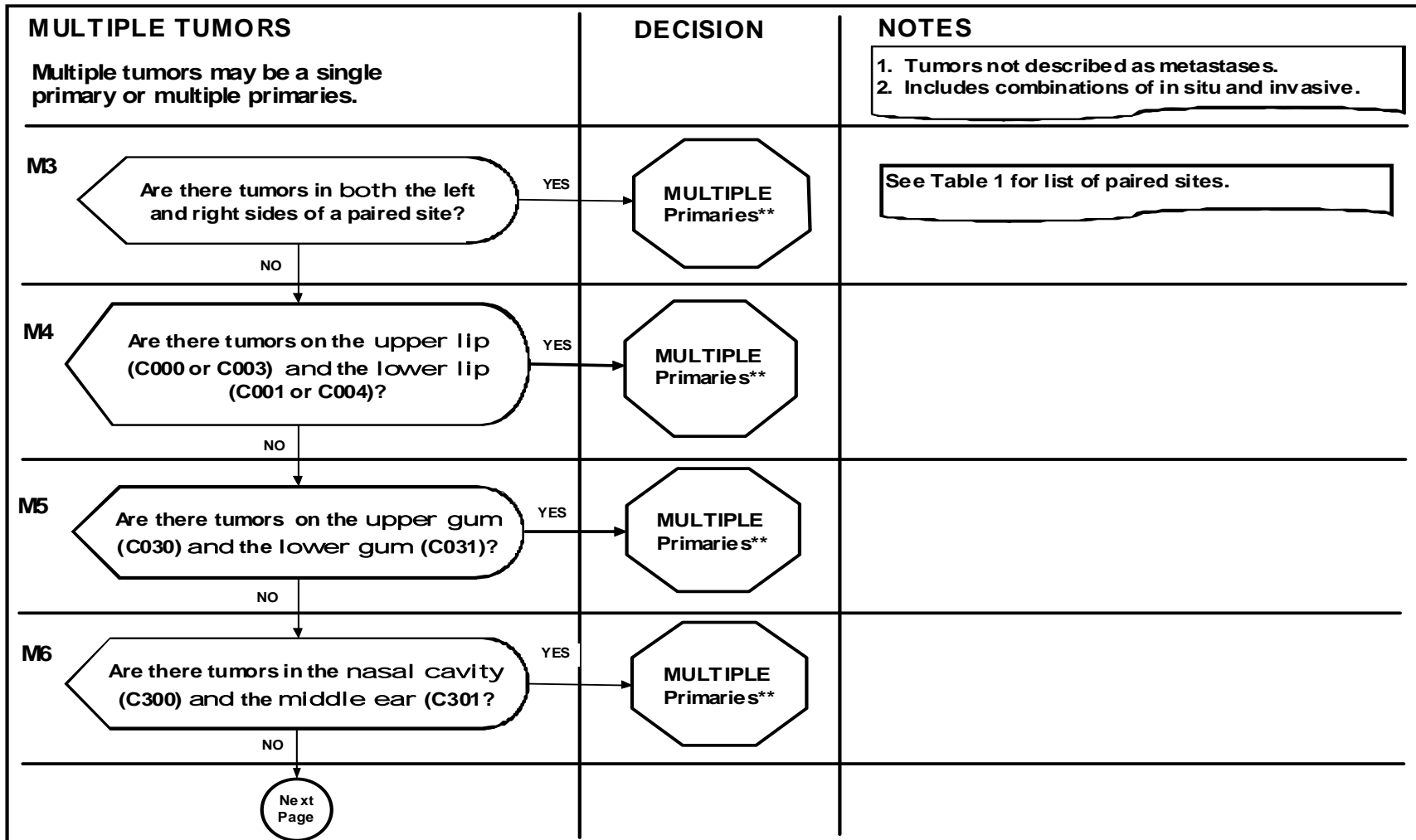
(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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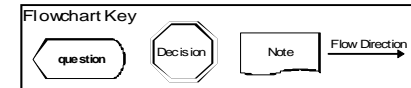
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



# Head and Neck Multiple Primary Rules-Flow chart

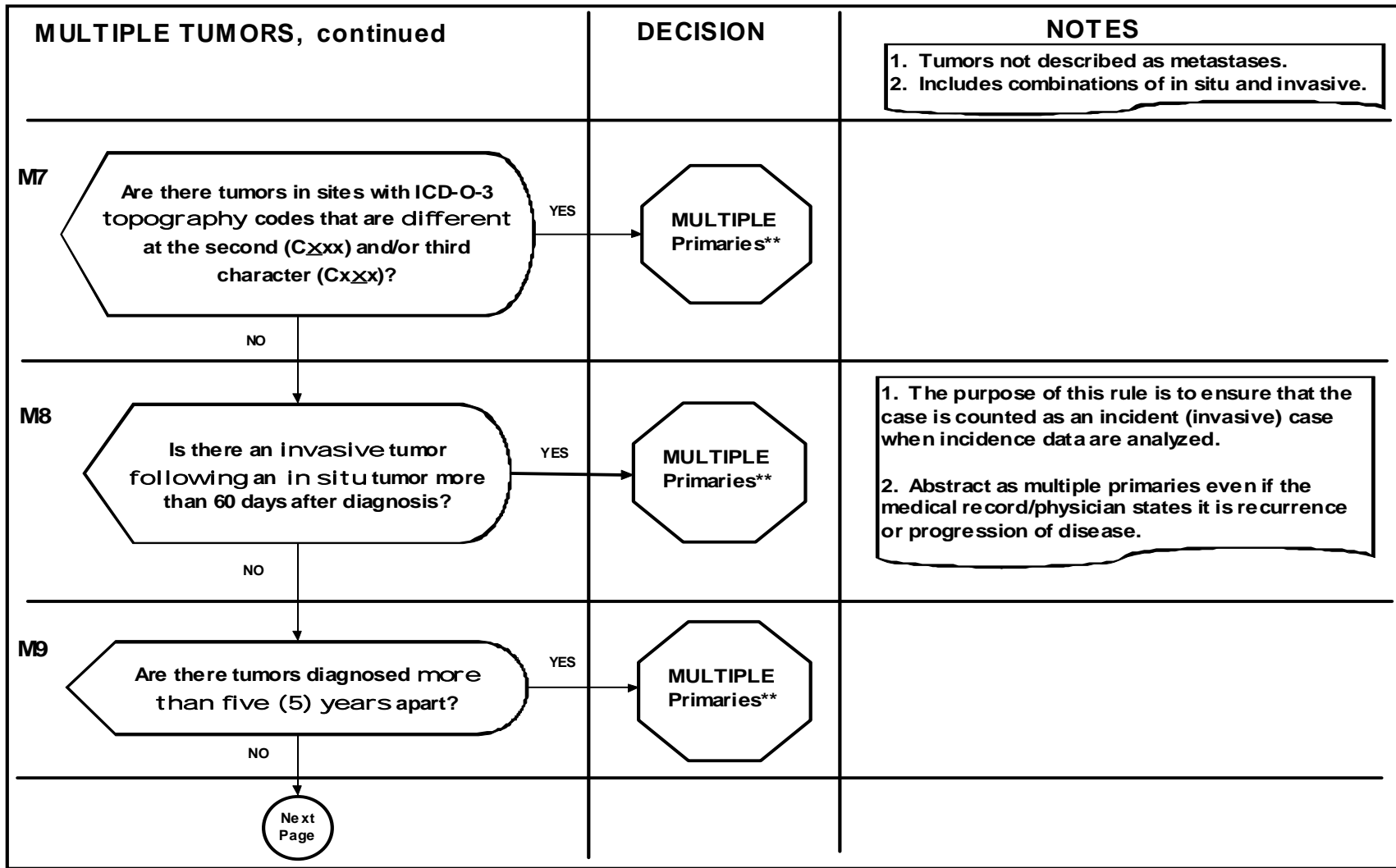
(C000-C148, C300-C329)

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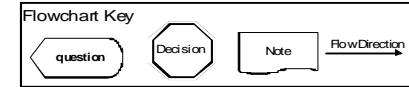
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### Head and Neck Multiple Primary Rules-Flow chart

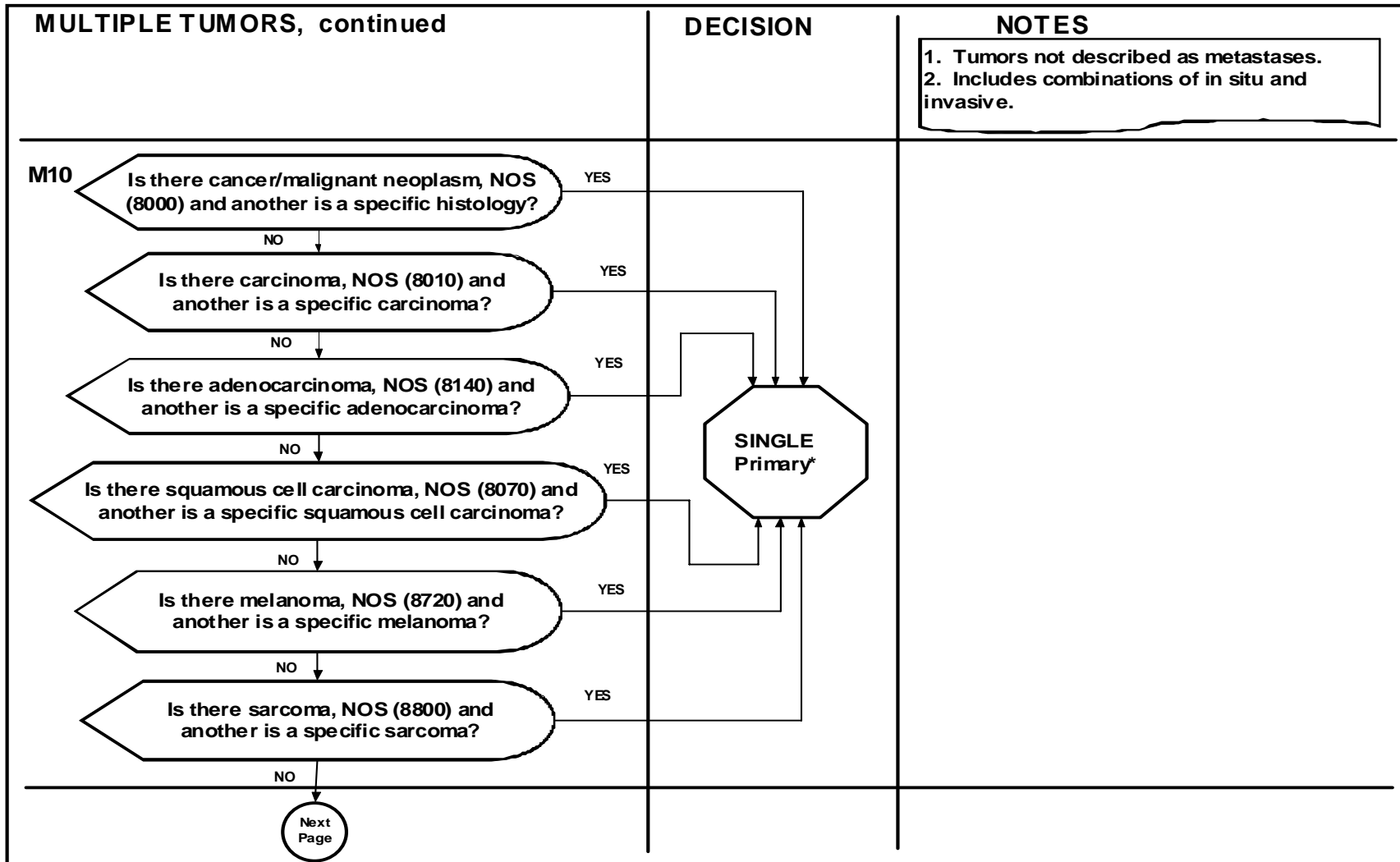
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(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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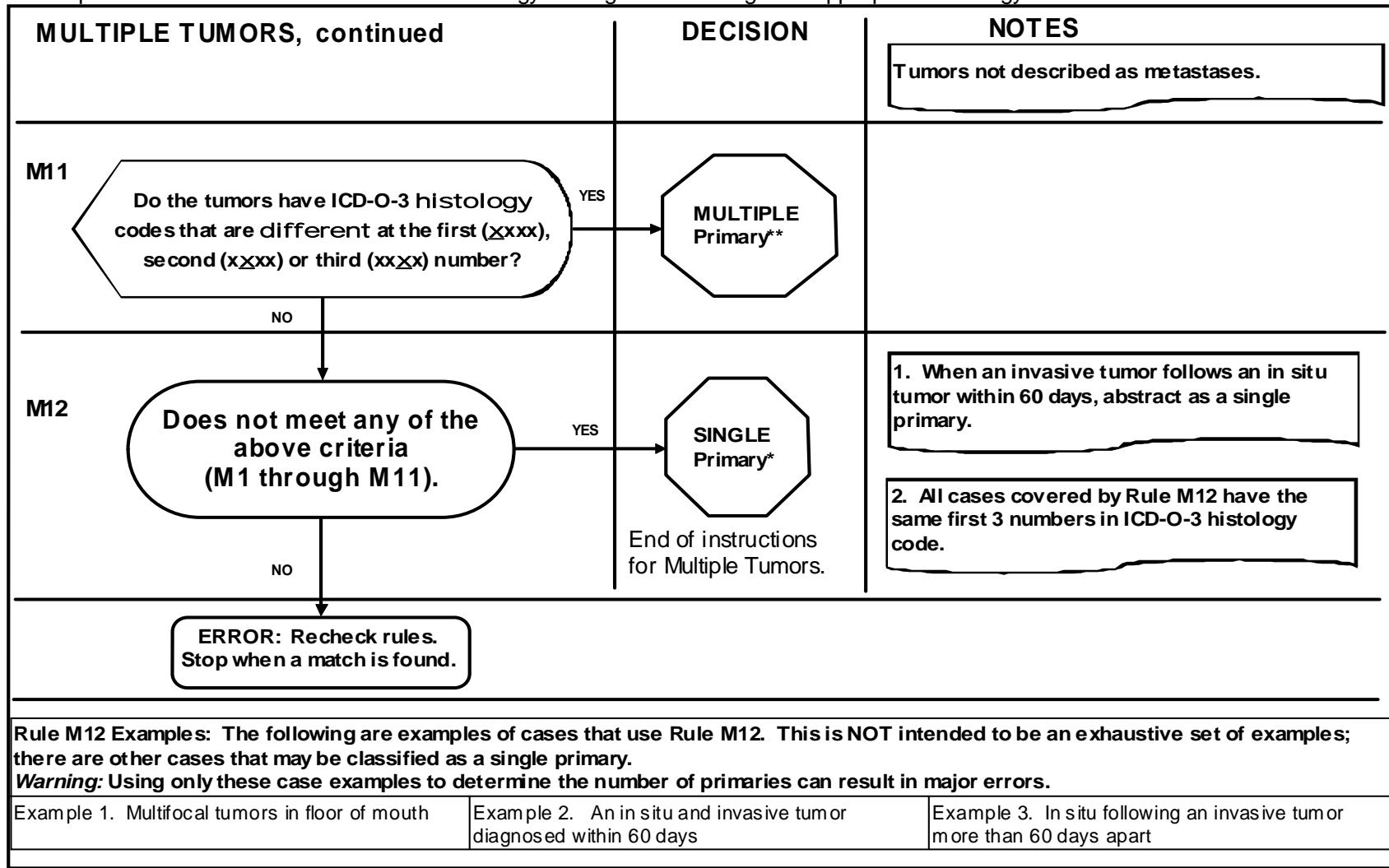
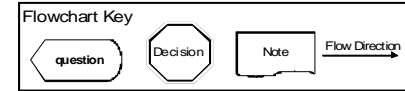
# Head and Neck Multiple Primary Rules

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

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Head and Neck Histo

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR



Rule	Action	Notes and Examples
<p><b>H1</b></p>		<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology                     <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT, PET or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H2</b></p>		
<p><b>H3</b></p>		<p><b>Example:</b> Squamous cell carcinoma. Code 8070.</p> <p>Do not code terms that do not appear in the histology description.</p> <p><b>Example:</b> Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.</p>
<p><b>H4</b></p>		<p><b>Example:</b> The final diagnosis is keratinizing squamous cell carcinoma (8071) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8071).</p>

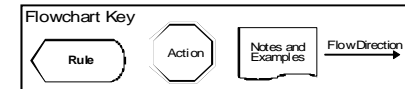


# Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR



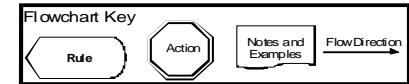
Rule	Action	Notes and Examples
<p><b>H5</b></p> <p>Are there multiple histologies within the same branch such as:</p> <ul style="list-style-type: none"> <li>● cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR</li> <li>● carcinoma, NOS (8010) and a more specific carcinoma? OR</li> <li>● squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR</li> <li>● adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR</li> <li>● melanoma, NOS (8720) and a more specific melanoma? OR</li> <li>● sarcoma, NOS (8800) and a more specific sarcoma?</li> </ul> <p style="text-align: right;">Yes</p> <p style="text-align: center;">NO</p>	<p>Code the most specific histologic term using Chart 1</p>	<p>1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p>2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p><i>Example:</i> The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)</p>
<p><b>H6</b></p>	<p>Code the numerically higher ICD-O-3 histology code.</p>	

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.

### Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



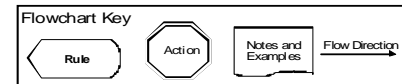
#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H7</b></p> <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p>	<p>Code the histology documented by the physician.</p>	<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT, PET or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
<p><b>H8</b></p> <p>Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site)?</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>
<p><b>H9</b></p> <p>Is only one histologic type identified?</p>	<p>Code the histology.</p>	<p><i>Example:</i> Squamous cell carcinoma. Code 8070.</p> <p>Do not code terms that do not appear in the histology description.</p> <p><i>Example:</i> Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.</p>
<p>Next Page</p>		

# Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



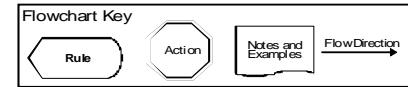
## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H10</b></p> <p>Is one tumor in situ and the other invasive or are both tumors invasive?</p>	<p>Code the histology of the most invasive tumor.</p>	<p>1. See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>○ One tumor is in situ and one is invasive, code the histology from the invasive tumor.</li> <li>○ Both/all histologies are invasive, code the histology of the most invasive tumor.</li> </ul> <p>2. If tumors are equally invasive, go to the next rule.</p>
<p>NO</p> <p>Next Page</p>		

### Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

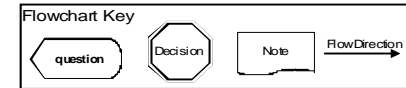
Rule	Action	Notes and Examples
<p><b>H11</b></p> <p>Are there multiple histologies within the same branch such as:</p> <ul style="list-style-type: none"> <li>● cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR</li> <li>● carcinoma, NOS (8010) and a more specific carcinoma? OR</li> <li>● squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR</li> <li>● adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR</li> <li>● melanoma, NOS (8720) and a more specific melanoma? OR</li> <li>● sarcoma, NOS (8800) and a more specific sarcoma?</li> </ul> <p style="text-align: right;">Yes</p> <p style="text-align: center;">NO</p>	<p style="text-align: center;">Code the most specific histologic term using Chart 1</p>	<p>1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p>2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p><i>Example:</i> The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)</p>
<p><b>H12</b></p>	<p style="text-align: center;">Code the numerically higher ICD-O-3 histology code.</p>	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

## Colon Multiple Primary Rules - Flow chart

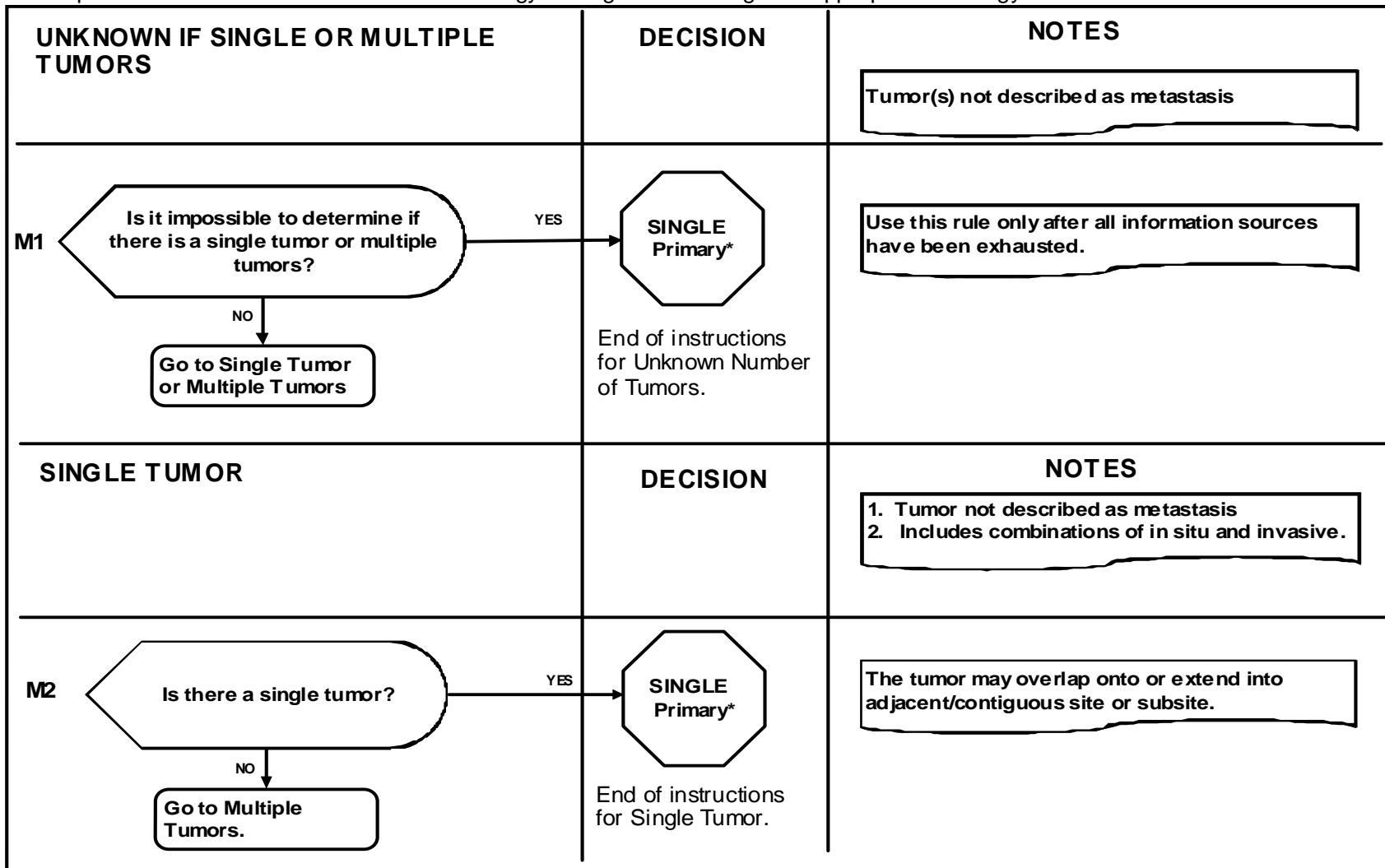
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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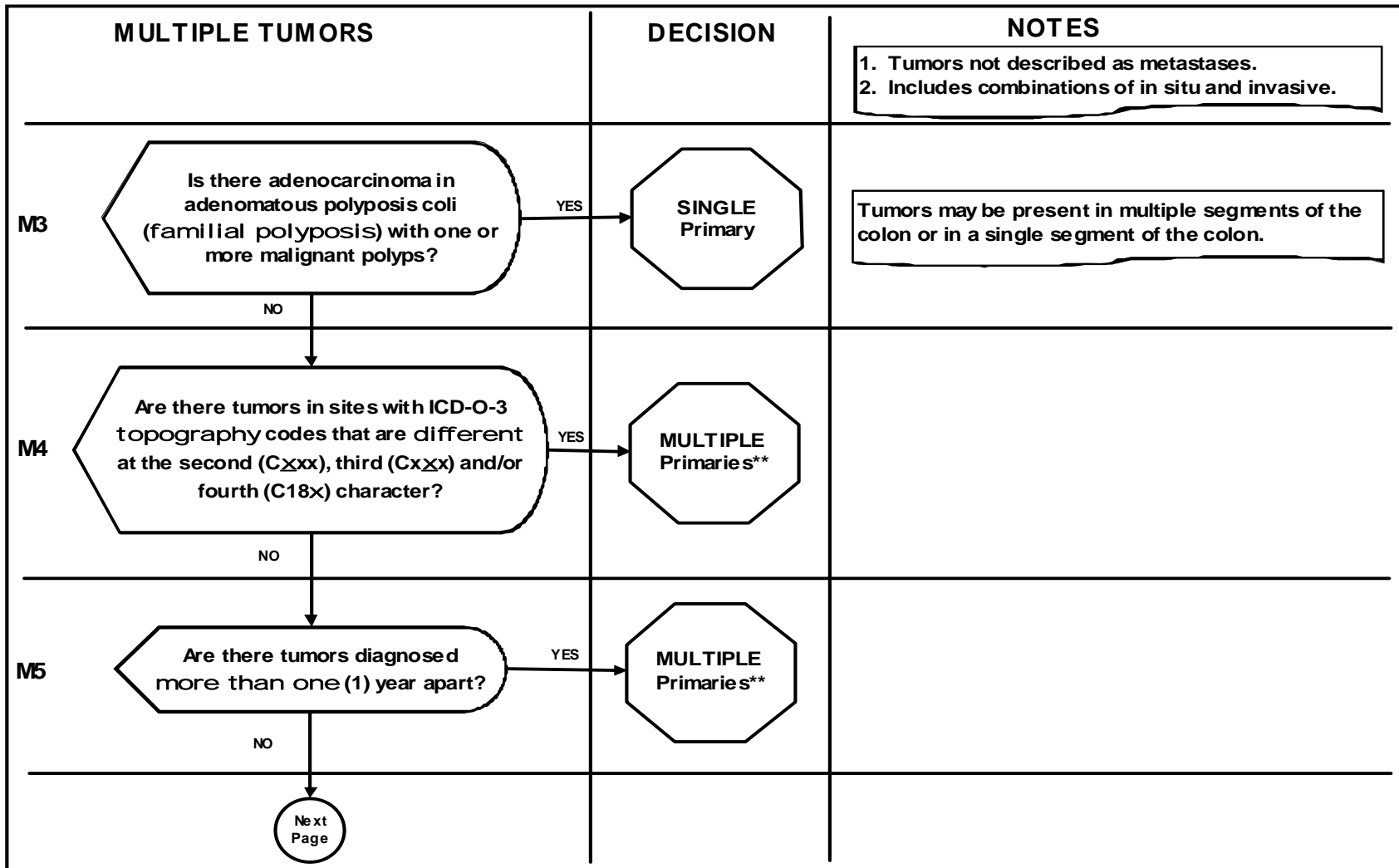
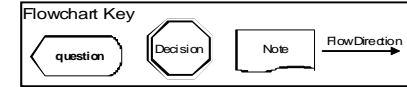
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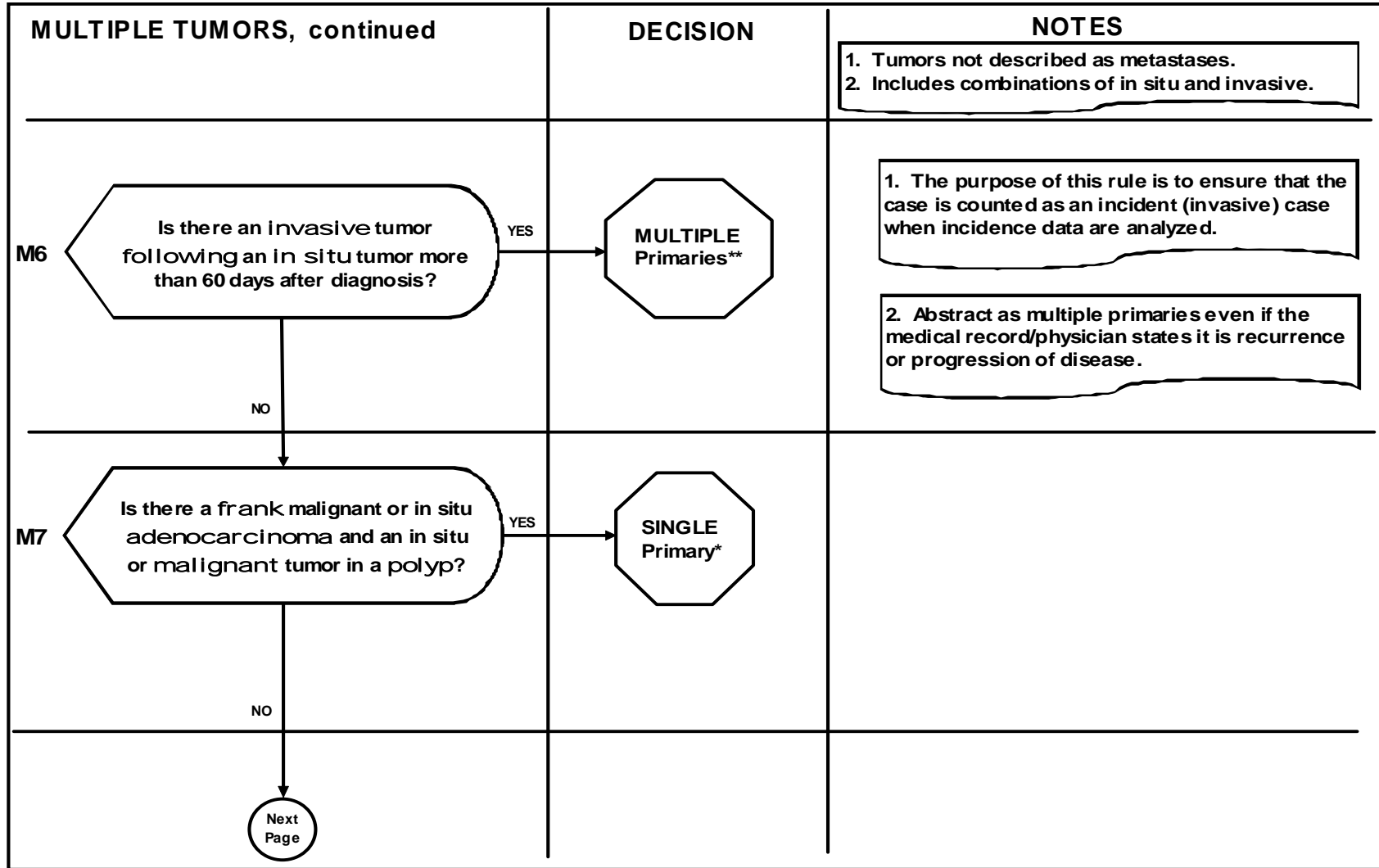
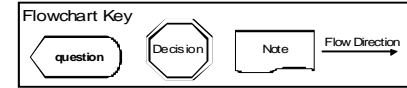
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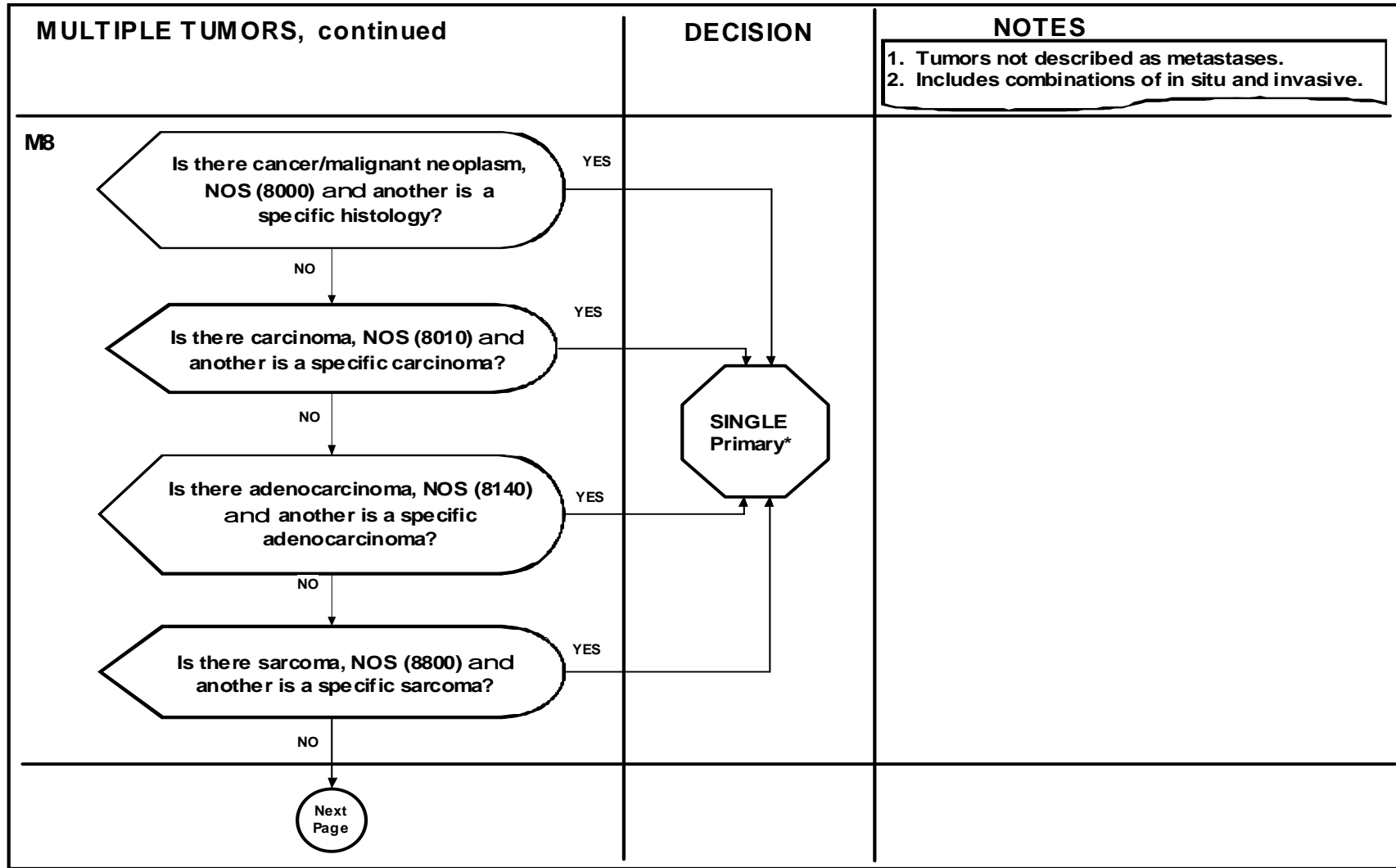
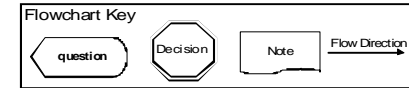
### Colon Multiple Primary Rules - Flowchart

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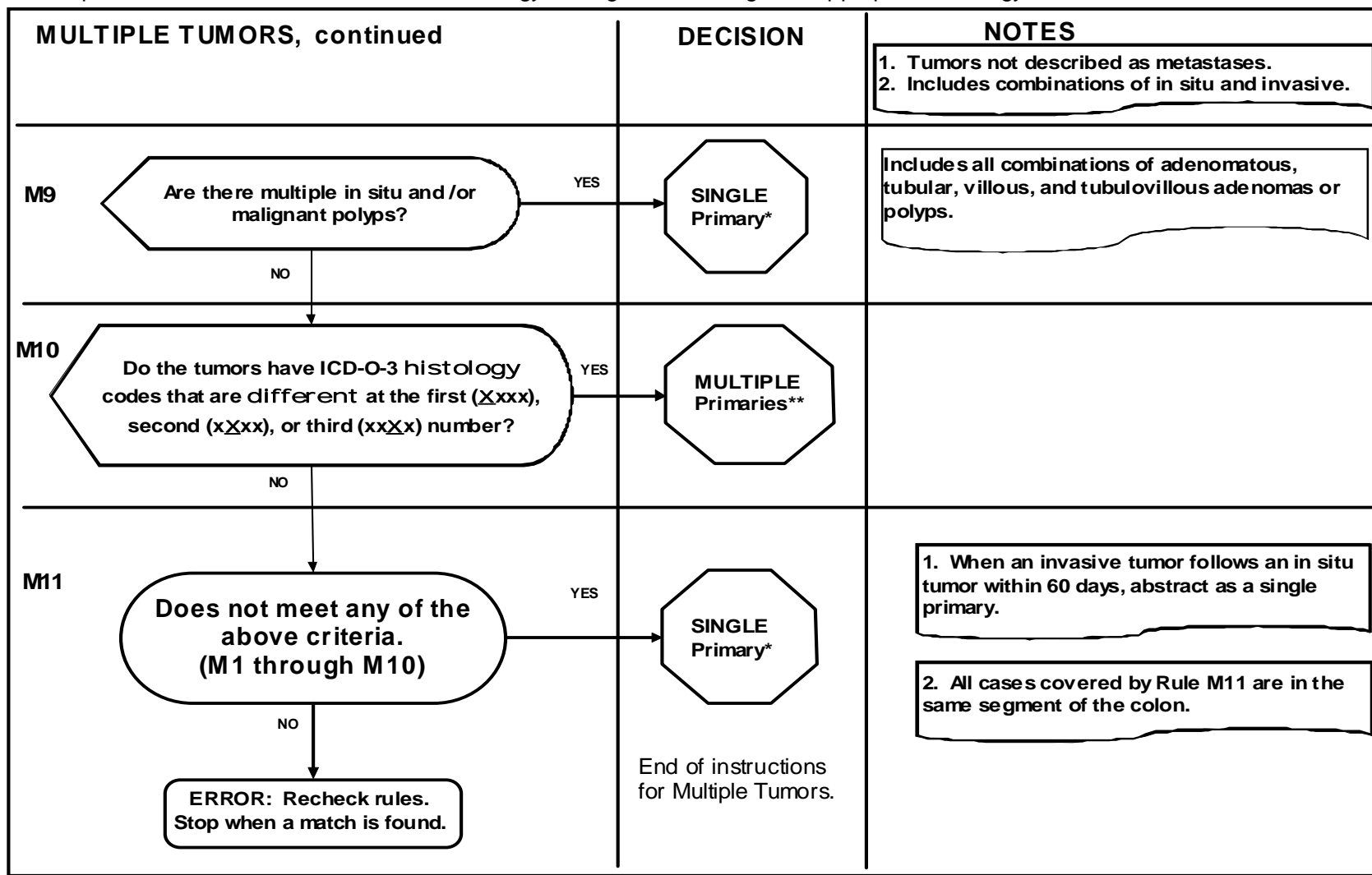
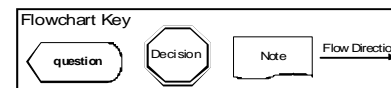
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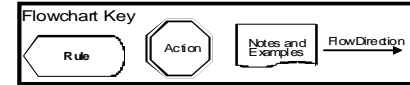
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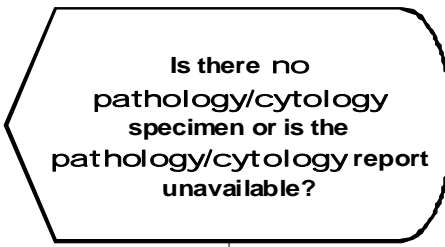
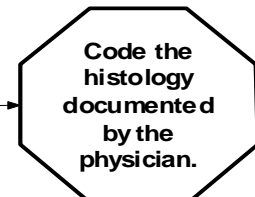
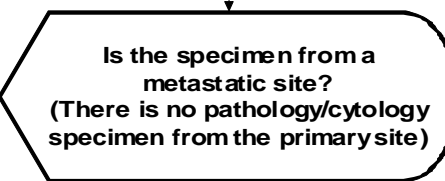
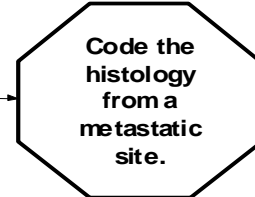
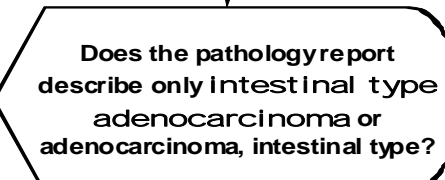
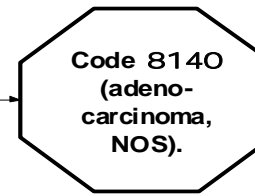

### Colon Histology Coding Rules - Flow chart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



#### SINGLE TUMOR

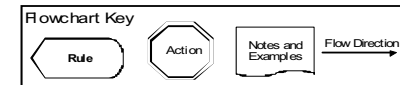
Rule	Action	Notes and Examples
<p><b>H1</b></p>  <p>NO</p>	<p><b>YES</b></p> 	<p><b>1. Priority for using documents to code the histology</b></p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT, PET or MRI scans</li> </ul> <p><b>2. Code the specific histology when documented.</b></p> <p><b>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</b></p>
<p><b>H2</b></p>  <p>NO</p>	<p><b>YES</b></p> 	<p>Code the behavior /3.</p>
<p><b>H3</b></p>  <p>NO</p>	<p><b>YES</b></p> 	<p><b>1. Intestinal type adenocarcinoma usually occurs in the stomach.</b></p> <p><b>2. When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.</b></p>
		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR

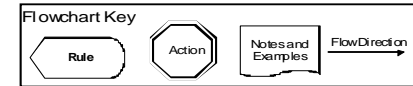


Rule	Action	Notes and Examples
<p><b>H4</b></p> <p>Is the final diagnosis adenocarcinoma in a polyp?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report?</p> <p>NO</p> <p>Is final diagnosis adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p> <p>NO</p> <p>Next Page</p>	<p>Code <b>8210</b> (adenocarcinoma in <b>adenomatous polyp</b>), <b>8261</b> (adenocarcinoma in <b>villous adenoma</b>), or <b>8263</b> (adenocarcinoma in <b>tubulovillous adenoma</b>).</p>	<p>1. It is important to know that the adenocarcinoma originated in the polyp.</p> <p>2. Code adenocarcinoma in a polyp only when the malignancy is in the residual polyp (adenoma) or references to a pre-existing polyp (adenoma) indicate that the malignancy and the polyp (adenoma) are the same lesion.</p>

### Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



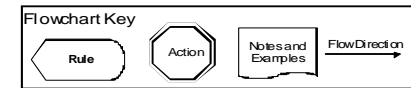
#### SINGLE TUMOR

Rule	Action	Notes and Examples
<p><b>H5</b></p>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



## SINGLE TUMOR

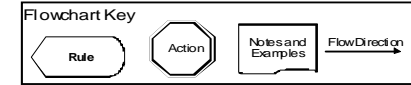
Rule	Action	Notes and Examples
<p><b>H6</b></p> <p>Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% the tumor is mucinous/colloid?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% of the tumor is signet ring cell carcinoma?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma, NOS and the percentage of mucinous/colloid or signet ring cell carcinoma is unknown?</p>	<p>Code 8140 (adenocarcinoma, NOS).</p>	
<p><b>H7</b></p> <p>Is there a combination of mucinous/colloid and signet ring cell adenocarcinoma?</p>	<p>Code 8255 (adenocarcinoma with mixed subtypes).</p>	
<p>Next Page</p>		

### Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR

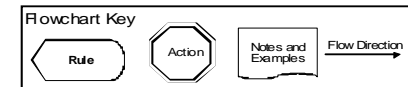


Rule	Action	Notes and Examples
<p>H8</p> <p>Is the diagnosis neuroendocrine (8246) and carcinoid tumor (8240)?</p> <p>NO</p>	<p>Code 8240 (carcinoid tumor, NOS).</p>	
<p>H9</p> <p>Is the diagnosis adenocarcinoma and carcinoid tumor?</p> <p>NO</p>	<p>Code 8244 (composite carcinoid).</p>	
<p>H10</p> <p>Is the diagnosis <u>exactly</u> "adenocarcinoid"?</p> <p>NO</p>	<p>Code 8245 (adenocarcinoid)</p>	
<p>H11</p> <p>Is only one histologic type identified?</p> <p>NO</p>	<p>Code the histology.</p>	
<p>H12</p> <p>Does the tumor have invasive and in situ components?</p> <p>NO</p>	<p>Code the invasive histologic type.</p>	
<p>Next Page</p>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



## SINGLE TUMOR

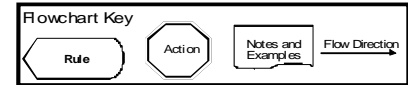
Rule	Action	Notes and Examples
<p><b>H13</b></p>		
<p><b>H14</b></p>		

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.

### Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

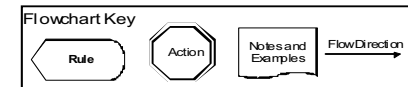
Rule	Action	Notes and Examples
<p><b>H15</b></p>		
<p><b>H16</b></p>		



# Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

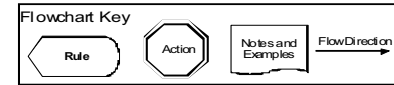
Rule	Action	Notes and Examples
<p><b>H17</b></p> <p>Does the <b>clinical</b> history say <b>familial polyposis</b> and the final diagnosis on the <b>pathology report</b> from resection is adenocarcinoma in adenomatous polyps?</p> <p>NO</p> <p>Are there <b>&gt; 100 polyps</b> identified in the resected specimen?</p> <p>NO</p> <p>Is the number of polyps not given and the diagnosis is <b>familial polyposis</b>?</p> <p>NO</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>Code <b>8220</b> (adenocarcinoma in adenomatous polyposis coli)</p>	
<p><b>H18</b></p> <p>Are there multiple in situ or malignant polyps present, at least one of which is tubulovillous?</p> <p>NO</p>	<p>YES</p> <p>Code <b>8263</b> (adenocarcinoma in a tubulovillous adenoma)</p>	<p>Use this rule only when there are multiple polyps or adenomas. Do not use this rule if there is a frank adenocarcinoma and a malignancy in a single polyp or adenoma.</p>
<p>Next Page</p>		

Colon Histo

**Colon Histology Coding Rules - Flowchart**

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

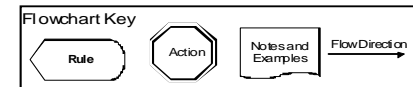
Rule	Action	Notes and Examples
<p><b>H19</b></p>		
<p><b>H20</b></p>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



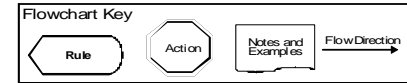
Rule	Action	Notes and Examples
<p><b>H21</b></p> <p>Is the final diagnosis adenocarcinoma and the microscopic description or surgical gross describes polyps?</p> <p>NO</p> <p>Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p>	<p>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</p>	<p>It is important to know that the adenocarcinoma originated in the polyp.</p>
<p><b>H22</b></p> <p>Is only one histologic type identified?</p> <p>NO</p>	<p>Code the histology.</p>	
<p>Next Page</p>		

### Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



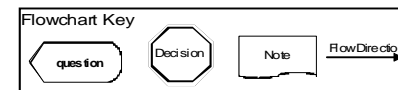
Rule	Action	Notes and Examples
<p><b>H23</b></p> <p>Is there cancer/malignant neoplasm, NOS (8000) and a specific histology?</p> <p>Is there carcinoma, NOS (8010) and a specific carcinoma?</p> <p>Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma?</p> <p>Is there sarcoma, NOS (8800) and a specific sarcoma (invasive only)?</p>	<p>Code the more specific histologic term.</p>	<p>1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p>2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p>
<p><b>H24</b></p>	<p>Code the histology with the numerically higher ICD-O-3 histology code.</p>	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

## Lung Multiple Primary Rules - Flowchart

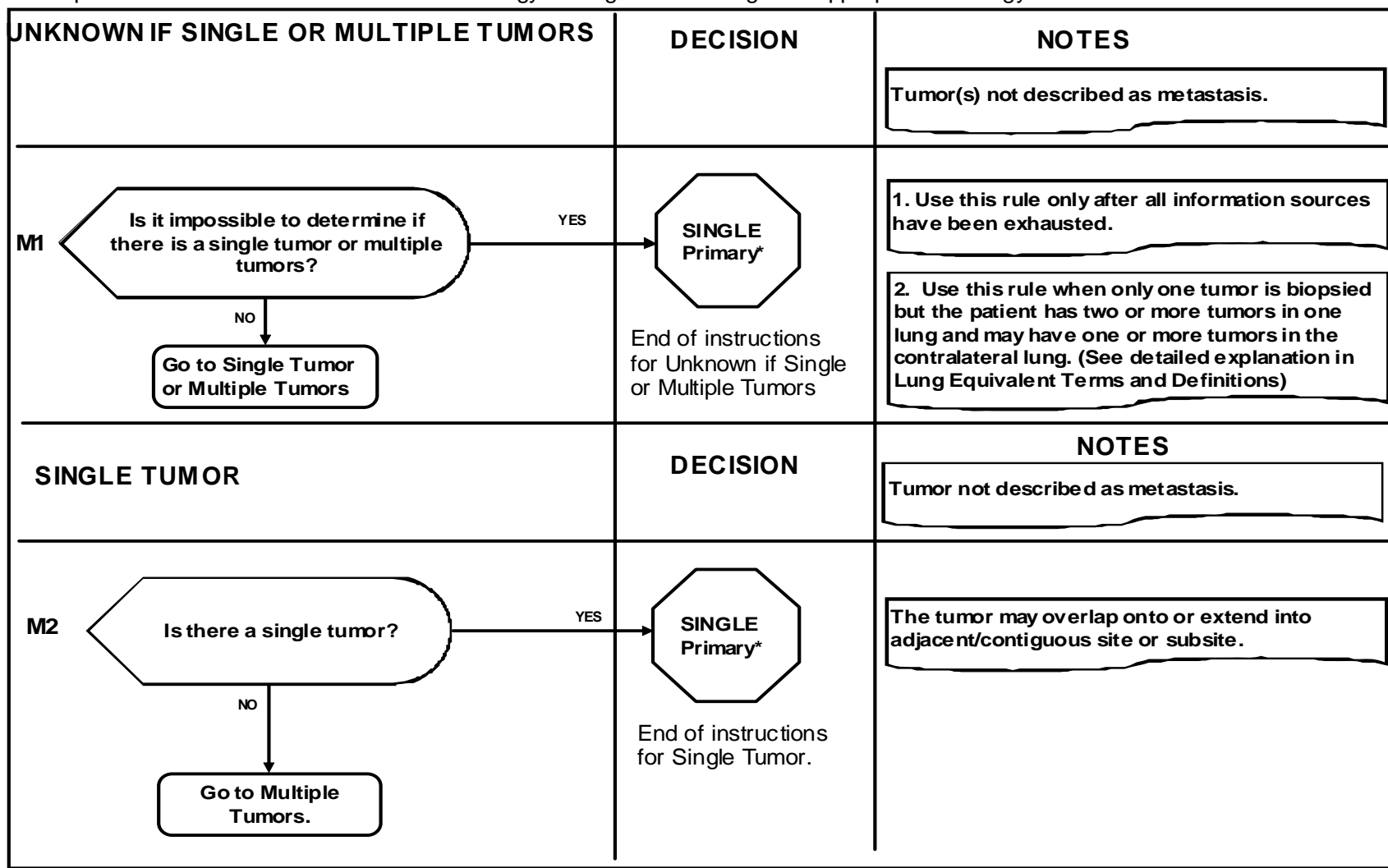
(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

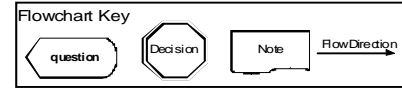
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



### Lung Multiple Primary Rules - Flowchart

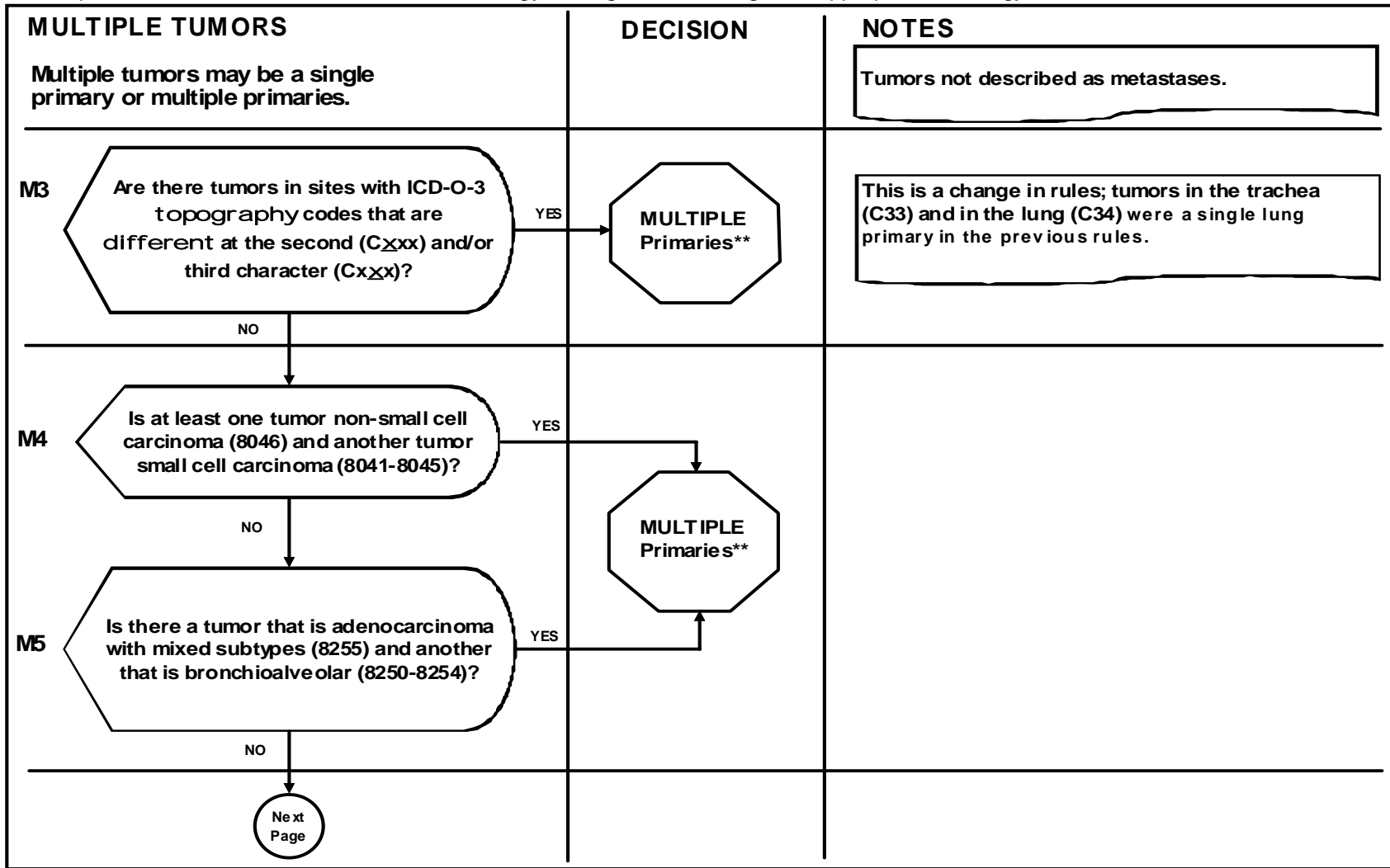
(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



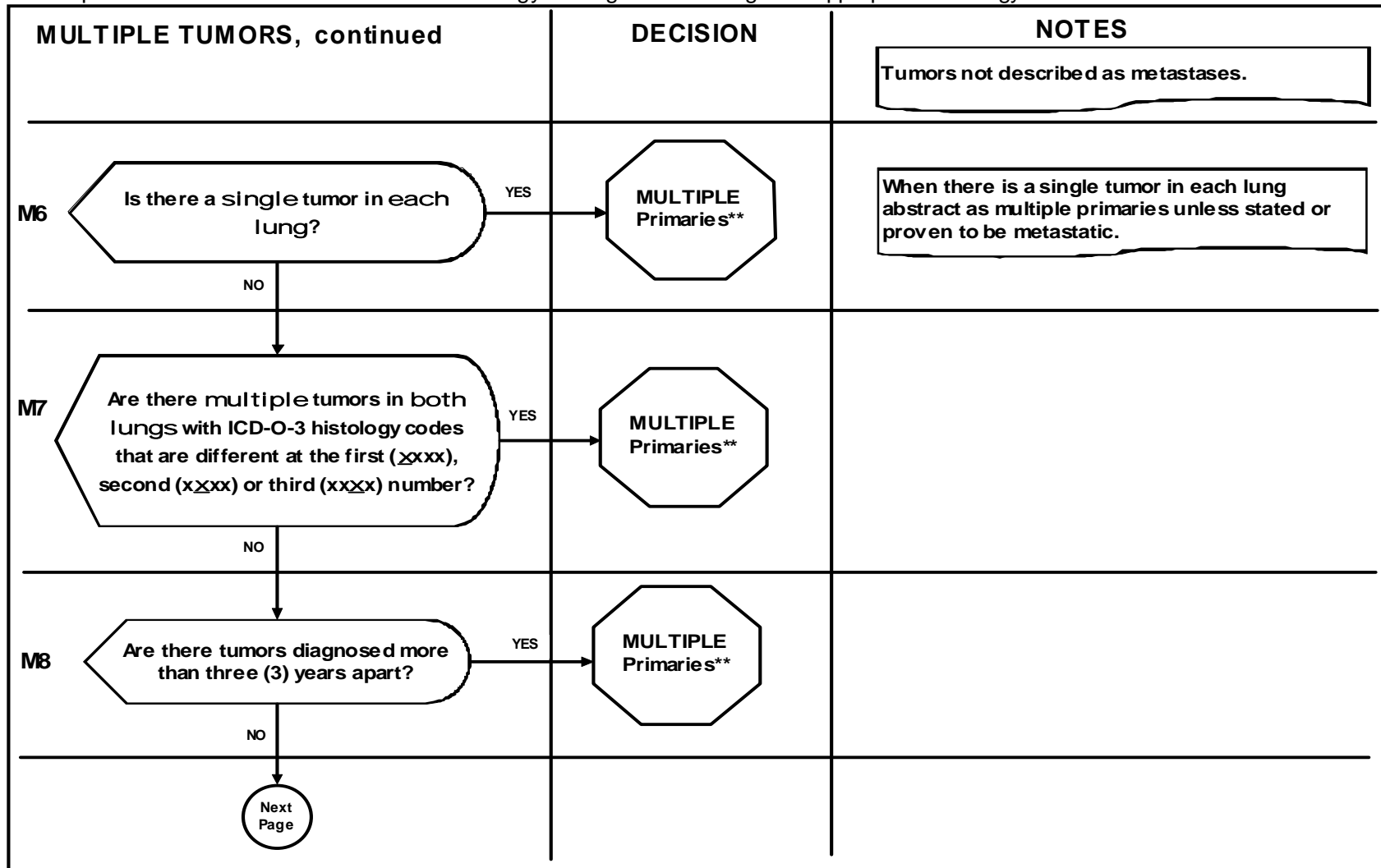
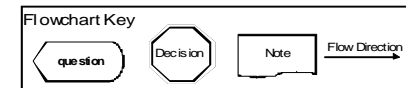
## Lung Multiple Primary Rules - Flowchart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



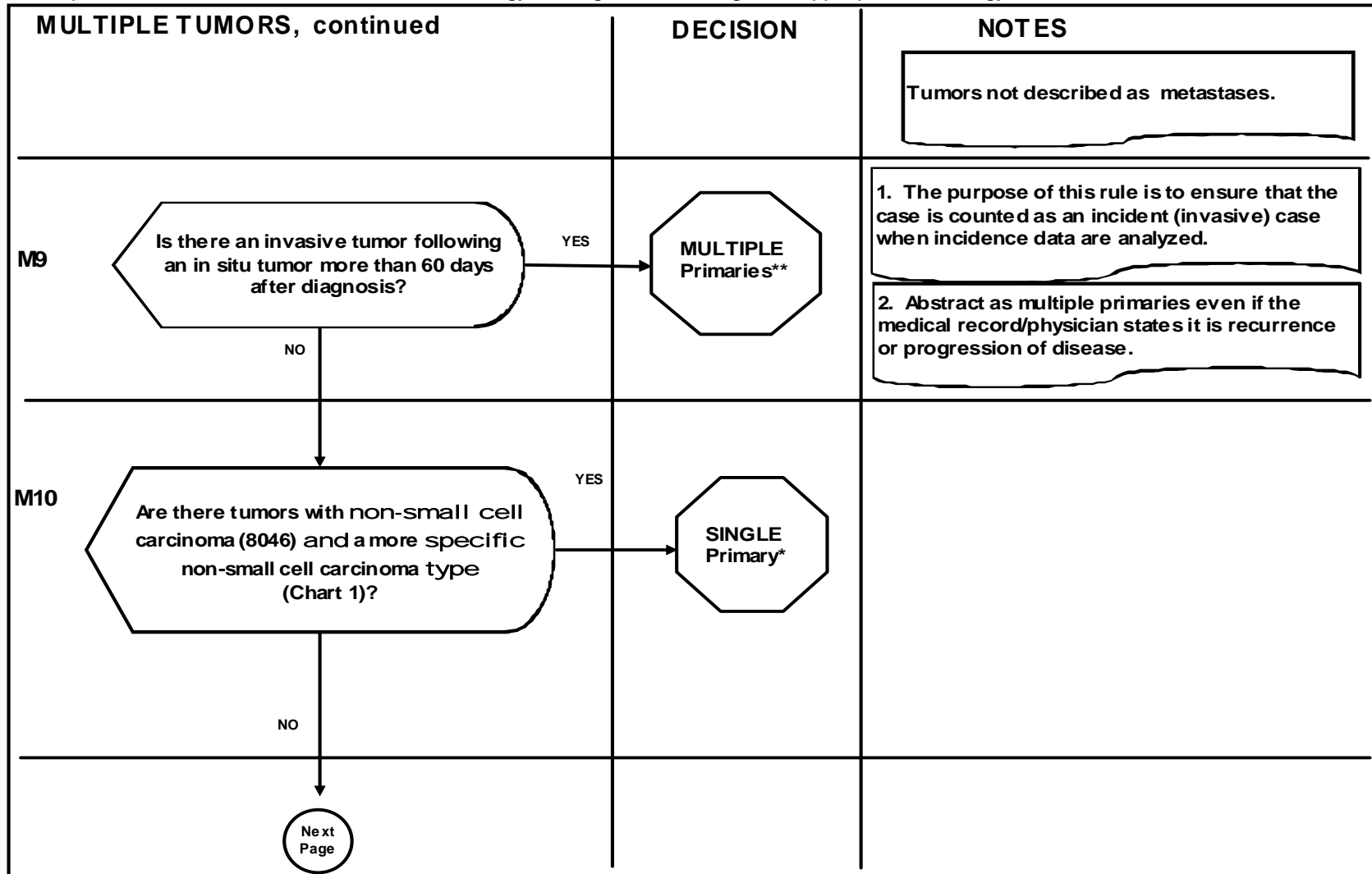
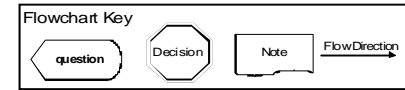
### Lung Multiple Primary Rules - Flowchart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.





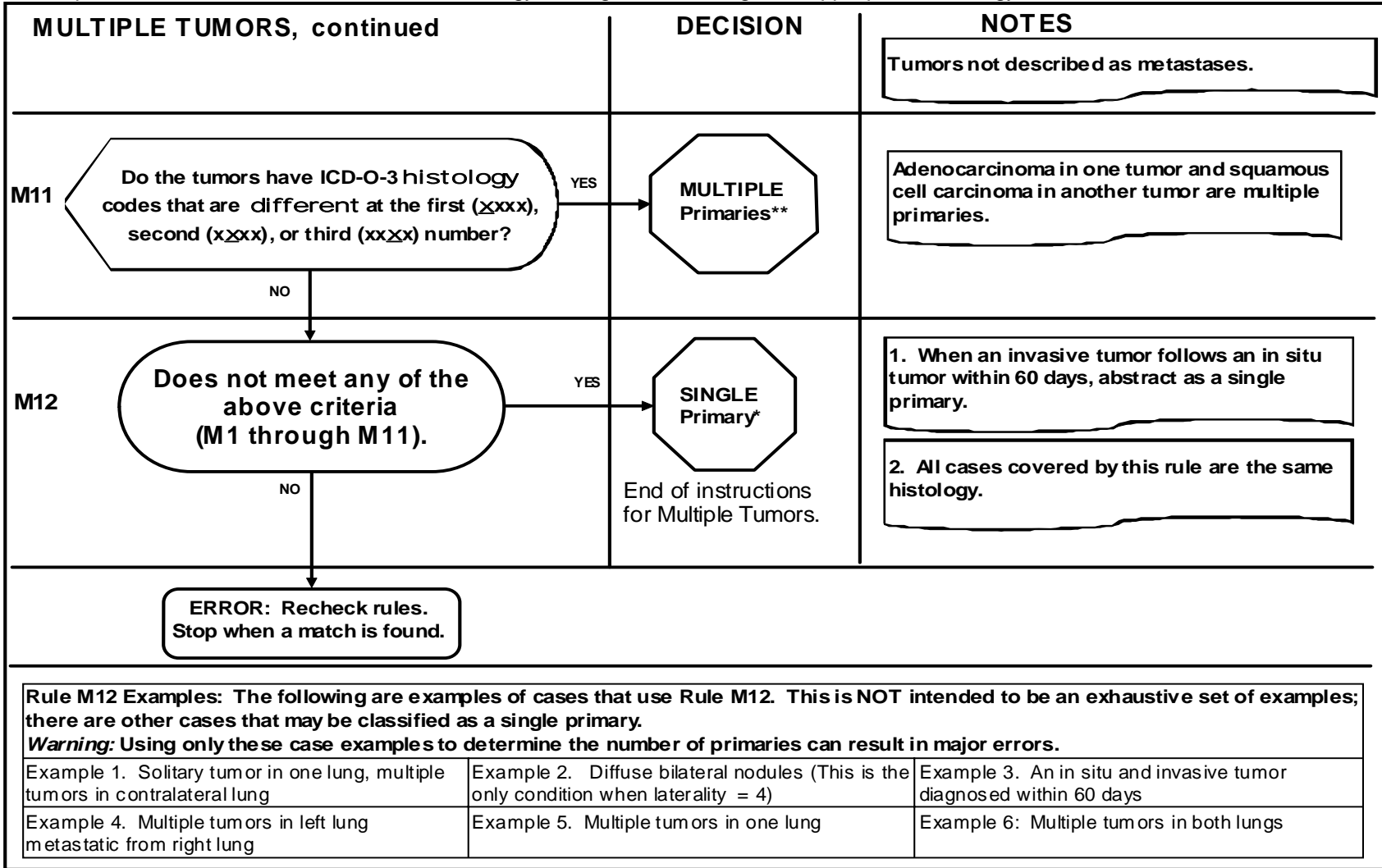
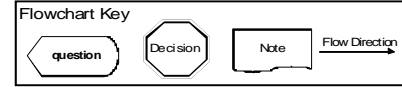
# Lung Multiple Primary Rules - Flowchart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

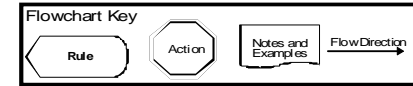


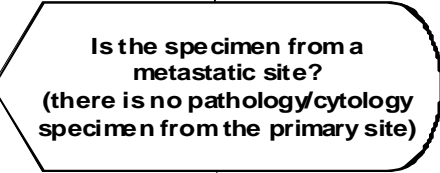

### LUNG Histology Coding Rules - Flowchart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR



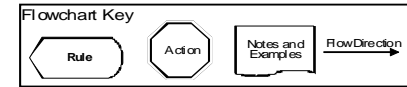
Rule	Action	Notes and Examples
<p>H1</p> <p>YES</p> <p>NO</p>		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT, PET, or MRI scans</li> <li>o Chest x-rays</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
<p>H2</p>  <p>YES</p> <p>NO</p>		
<p>H3</p>  <p>YES</p> <p>NO</p>		<p>Do not code terms that do not appear in the histology description.</p> <p><i>Example 1:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p> <p><i>Example 2:</i> Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.</p>

# LUNG Histology Coding Rules - - Flow chart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR

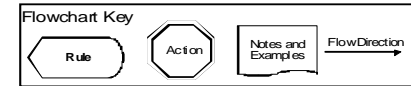


Rule	Action	Notes and Examples
<p><b>H4</b></p> <p>YES</p> <p>NO</p>		
<p><b>H5</b></p> <p>YES</p> <p>NO</p>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p><i>Example 1:</i> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.</p> <p><i>Example 2:</i> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.</p>

### LUNG Histology Coding Rules - Flowchart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



#### SINGLE TUMOR

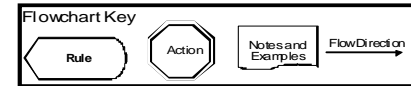
Rule	Action	Notes and Examples
<p><b>H6</b></p> <p>Are there multiple specific histologies or is there a non-specific with multiple specific histologies?</p> <p>YES</p> <p>NO</p>	<p>Code the appropriate combination/mixed code (Table 1).</p>	<p>The specific histologies may be identified as type, subtype, predominantly, with features of, major or with differentiation.</p> <p><i>Example 1 (multiple specific histologies):</i> Solid and papillary adenocarcinoma. Code adenocarcinoma with mixed subtypes 8255.</p> <p><i>Example 2 (multiple specific histologies):</i> Combined small cell and squamous cell carcinoma. Code combined small cell carcinoma 8045.</p> <p><i>Example 3 (non-specific with multiple specific histologies):</i> Adenocarcinoma with papillary and clear cell features. Code adenocarcinoma with mixed subtypes 8255.</p>
<p><b>H7</b></p>	<p>Code the numerically higher ICD-O-3 code.</p>	

This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.

# LUNG Histology Coding Rules - Flow chart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



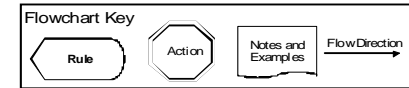
## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H8</b></p> <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p>	<p>Code the histology documented by the physician.</p>	<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT, PET, or MRI scans</li> <li>o Chest x-rays</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H9</b></p> <p>Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>
<p>Next Page</p>		

## LUNG Histology Coding Rules - - Flowchart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



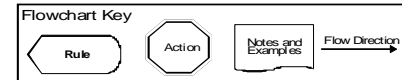
### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H10</b></p> <p>Is only one histologic type identified?</p> <p>YES</p> <p>NO</p>	<p>Code the histology.</p>	<p>Do not code terms that do not appear in the histology description.</p> <p><i>Example 1:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p> <p><i>Example 2:</i> Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.</p>
<p><b>H11</b></p> <p>Is one tumor in situ and the other invasive or are both tumors invasive?</p> <p>YES</p> <p>NO</p>	<p>Code the histology of the most invasive tumor.</p>	<p>1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)</p> <p>2. See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>o If one tumor is in situ and one is invasive, code the histology from the invasive tumor.</li> <li>o If both/all histologies are invasive, code the histology of the most invasive tumor.</li> </ul>
<p>Next Page</p>		

# LUNG Histology Coding Rules - Flow chart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H12</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Are there multiple histologies within the same branch such as:</p> <ul style="list-style-type: none"> <li>● cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR</li> <li>● carcinoma, NOS (8010) and a more specific carcinoma? OR</li> <li>● adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR</li> <li>● squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR</li> <li>● sarcoma, NOS (8800) and a more specific sarcoma?</li> </ul> </div> <p style="text-align: center;">NO</p>	<p style="text-align: center;">YES</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Code the most specific histologic term using Chart 1</p> </div>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with differentiation.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><i>Example 1:</i> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.</p> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><i>Example 2:</i> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.</p> </div>
<p><b>H13</b></p>	<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Code the numerically higher ICD-O-3 code.</p> </div>	

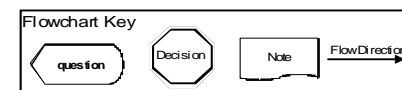
This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

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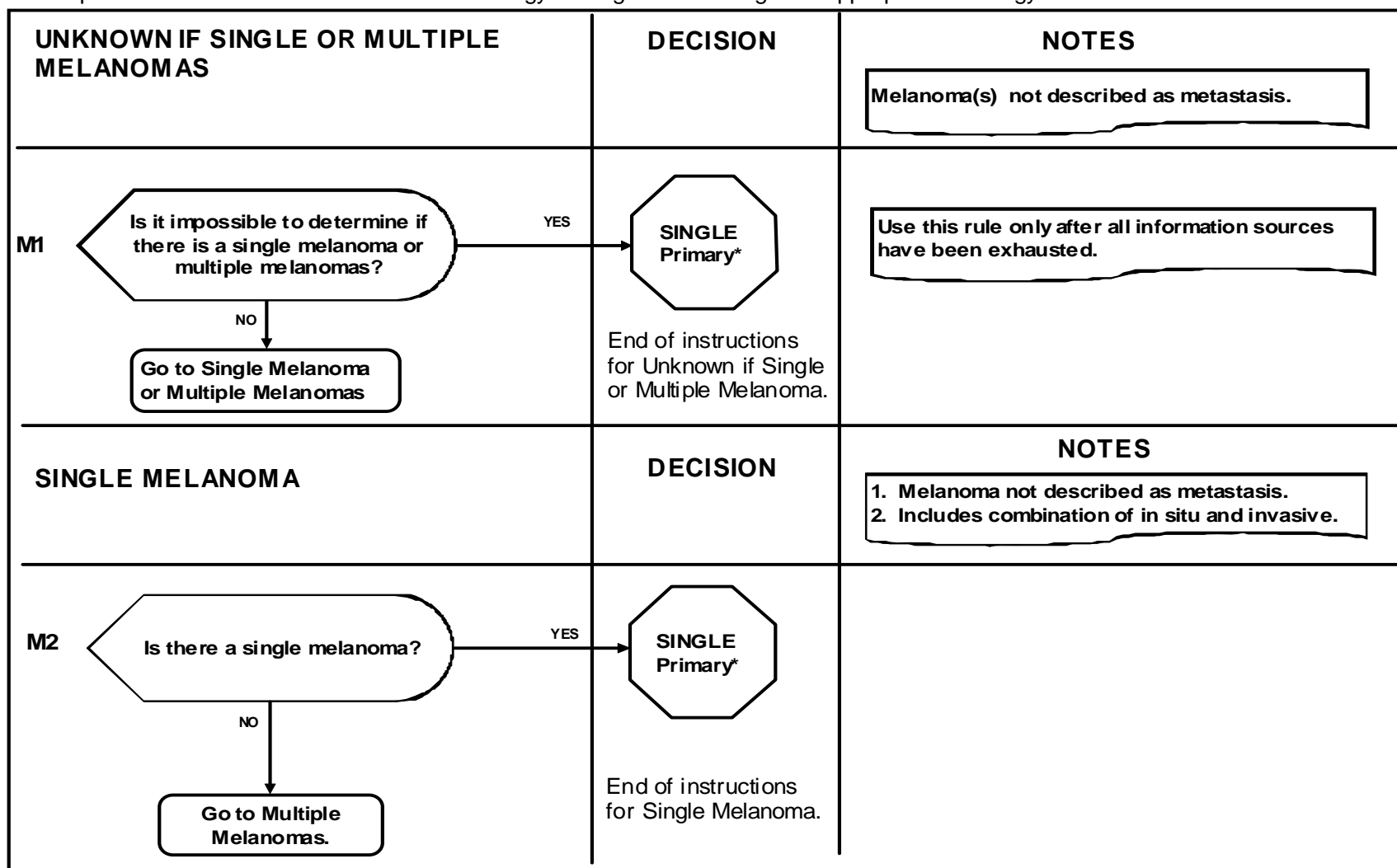
## Cutaneous Melanoma Multiple Primary Rules - Flow chart

(C440 - C449 with Histology 8720 - 8780)  
 (Excludes melanoma of any other site)



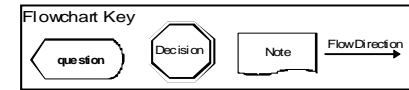
\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



### Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)  
 (Excludes melanoma of any other site)

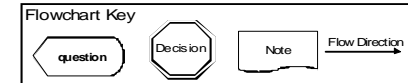


- \* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

<p><b>MULTIPLE MELANOMAS</b></p> <p>Multiple Melanomas may be a single primary or multiple primaries.</p>	<p><b>DECISION</b></p>	<p><b>NOTES</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>1. Melanoma not described as metastases.                      2. Includes combinations of in situ and invasive.</p> </div>
<p><b>M3</b> Are there melanomas in sites with ICD-O-3 topography codes that are different at the second (C<del>x</del>xx), third (Cxx<del>x</del>), and/or fourth character (C44<del>x</del>)?</p>	<p>MULTIPLE Primaries**</p>	
<p><b>M4</b> Do the melanomas have different lateralities?</p>	<p>MULTIPLE Primaries**</p>	<p>Amidline melanoma is a different laterality than right or left.</p> <p><i>Example 1:</i> Melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries.</p> <p><i>Example 2:</i> A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.</p>
<p><b>M5</b> Do the melanomas have ICD-O-3 histology codes that are different at the first (x<del>x</del>xx), second (xx<del>x</del>x), or third (xx<del>x</del>x) number?</p>	<p>MULTIPLE Primaries**</p>	
<p>Next Page</p>		

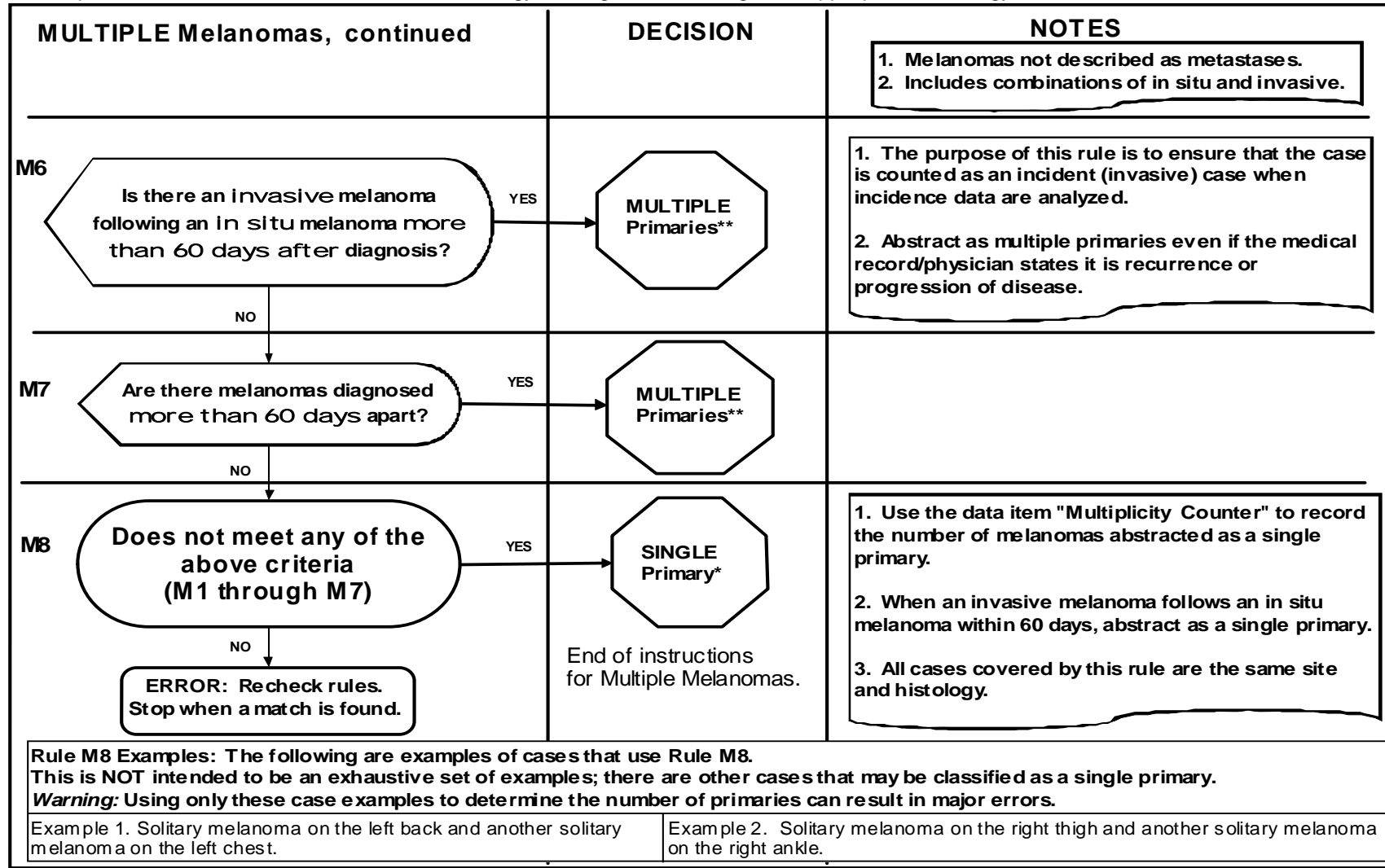
## Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)  
(Excludes melanoma of any other site)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

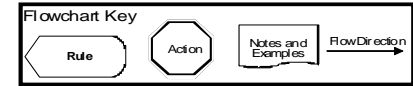
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



### Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)

(Excludes melanoma of any other site)

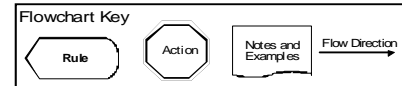


#### SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H1</b></p>		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of melanoma in the medical record</li> <li>o PET scan</li> </ul> <p>2. Code the specific histology when documented.</p>
<p><b>H2</b></p>		<p>Code the behavior /3.</p>
<p><b>H3</b></p>		

# Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)  
 (Excludes melanoma of any other site)

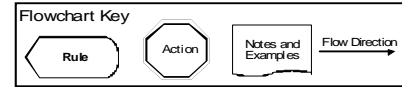


## SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H4</b></p> <p>YES</p> <p>NO</p>		
<p><b>H5</b></p> <p>YES</p> <p>NO</p>		<p><i>Example:</i> Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).</p>
<p><b>H6</b></p> <p>YES</p> <p>NO</p>		<p><i>Example:</i> Malignant melanoma with features of regression. Code 8723.</p>

### Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)  
 (Excludes melanoma of any other site)

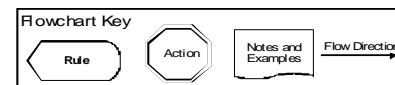


#### SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H7</b></p> <p>Is the diagnosis lentigo maligna melanoma and a histologic type?</p>	<p><b>YES</b></p> <p>Code the histologic type</p>	
<p><b>H8</b></p> <p>Is the diagnosis lentigo maligna melanoma?</p>	<p><b>YES</b></p> <p>Code 8742 (Lentigo maligna melanoma)</p>	
<p>Next Page</p>		

## Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)  
 (Excludes melanoma of any other site)



### SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H9</b></p> <p>YES</p> <p>NO</p>		
<p><b>H10</b></p>		

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary.  
 Code the histology according to the rule that fits the case.

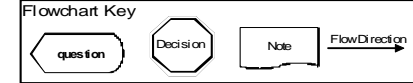
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# Breast Multiple Primary Rules - Flowchart

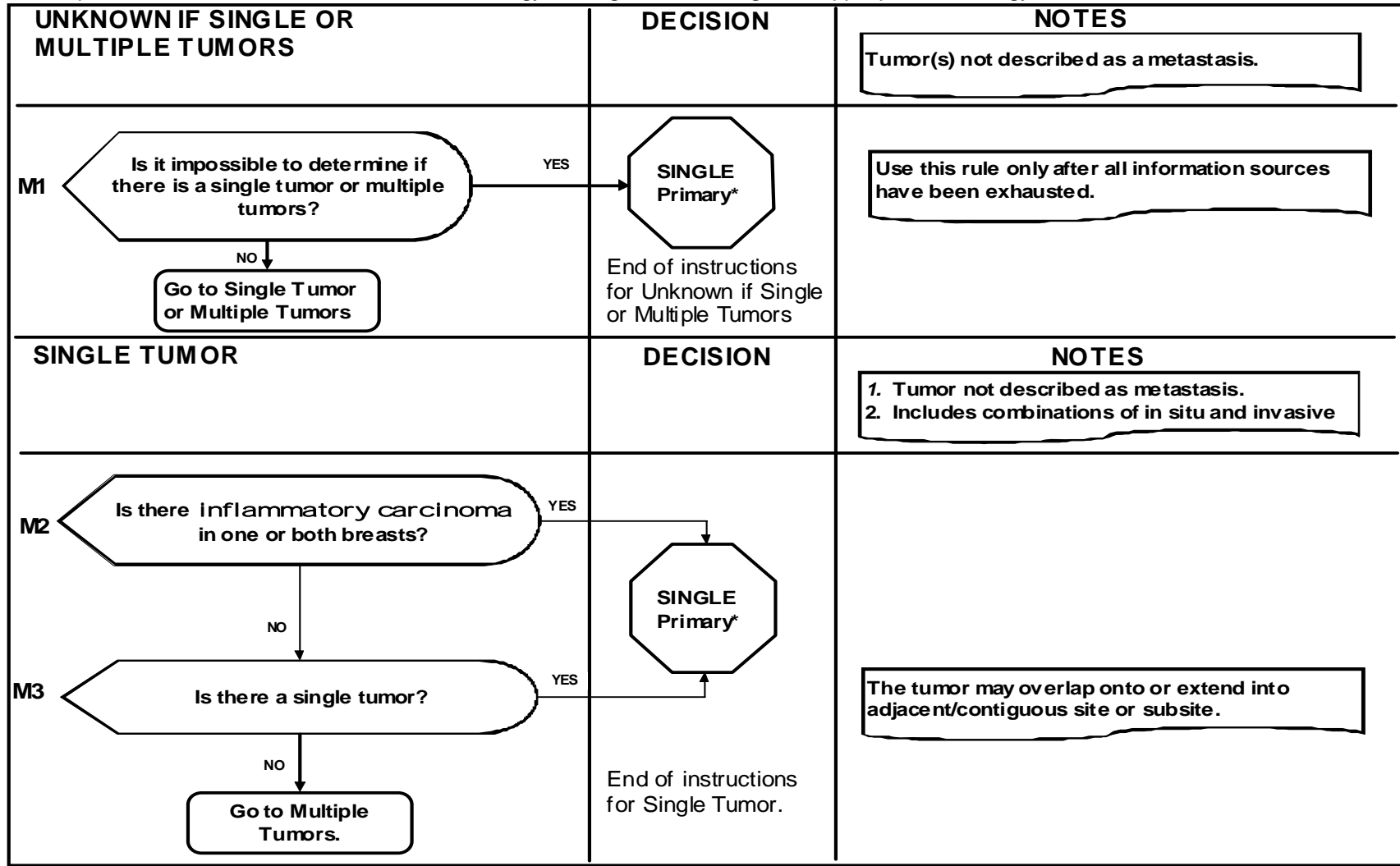
(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



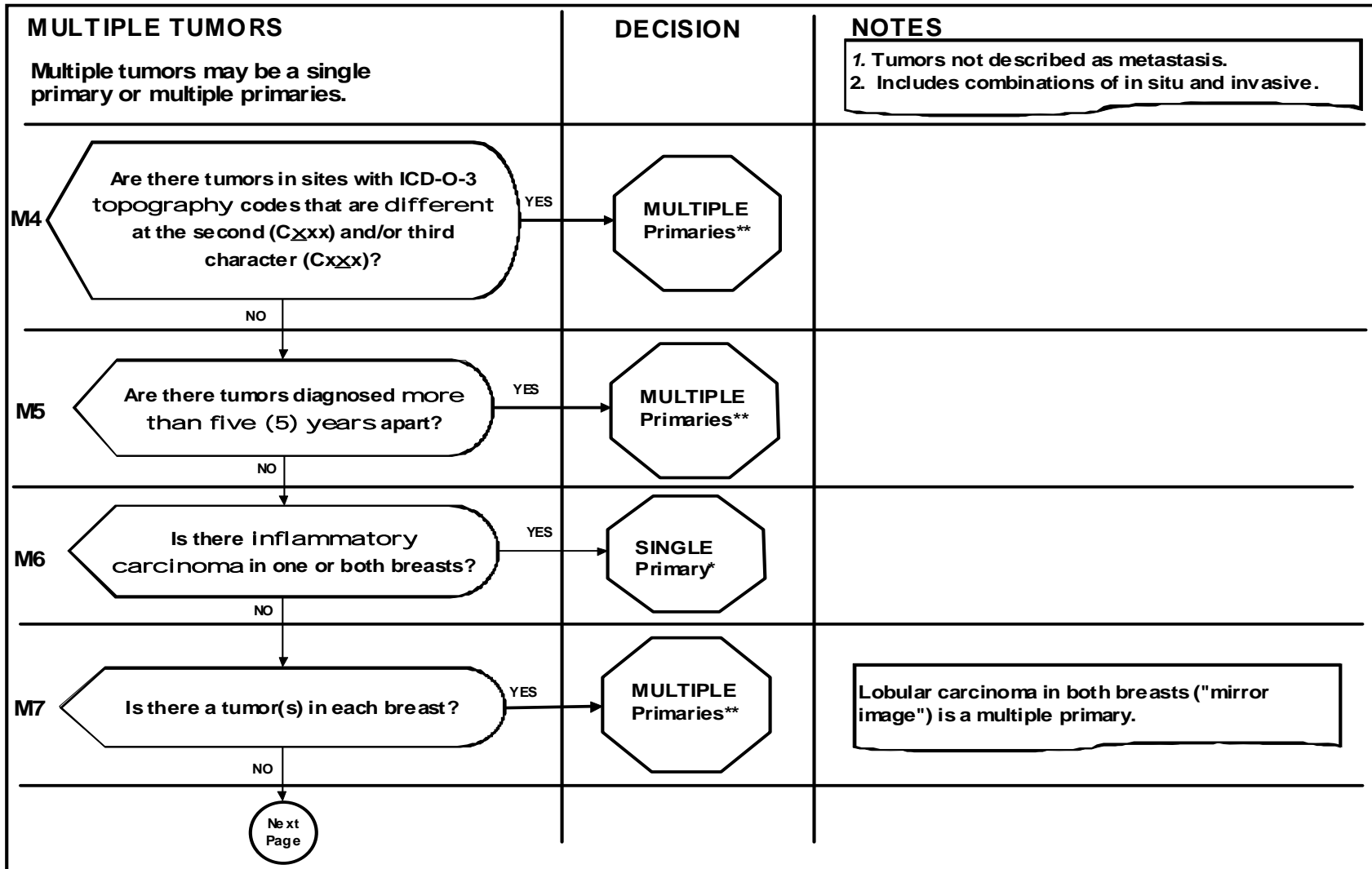
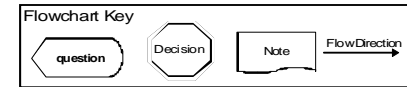
### Breast Multiple Primary Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

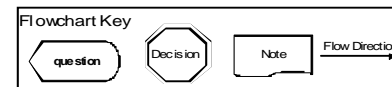
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



## Breast Multiple Primary Rules - Flow chart

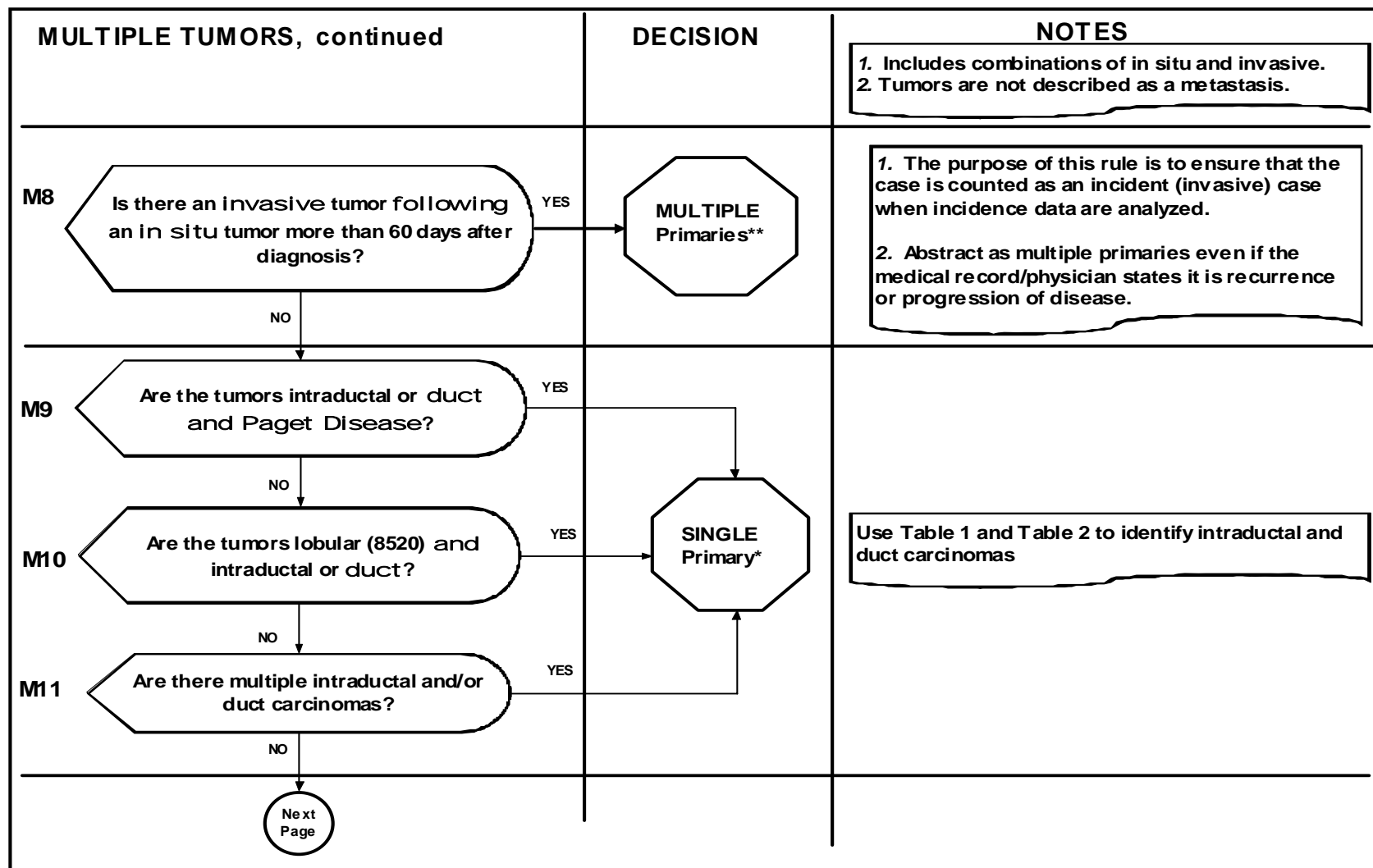
(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



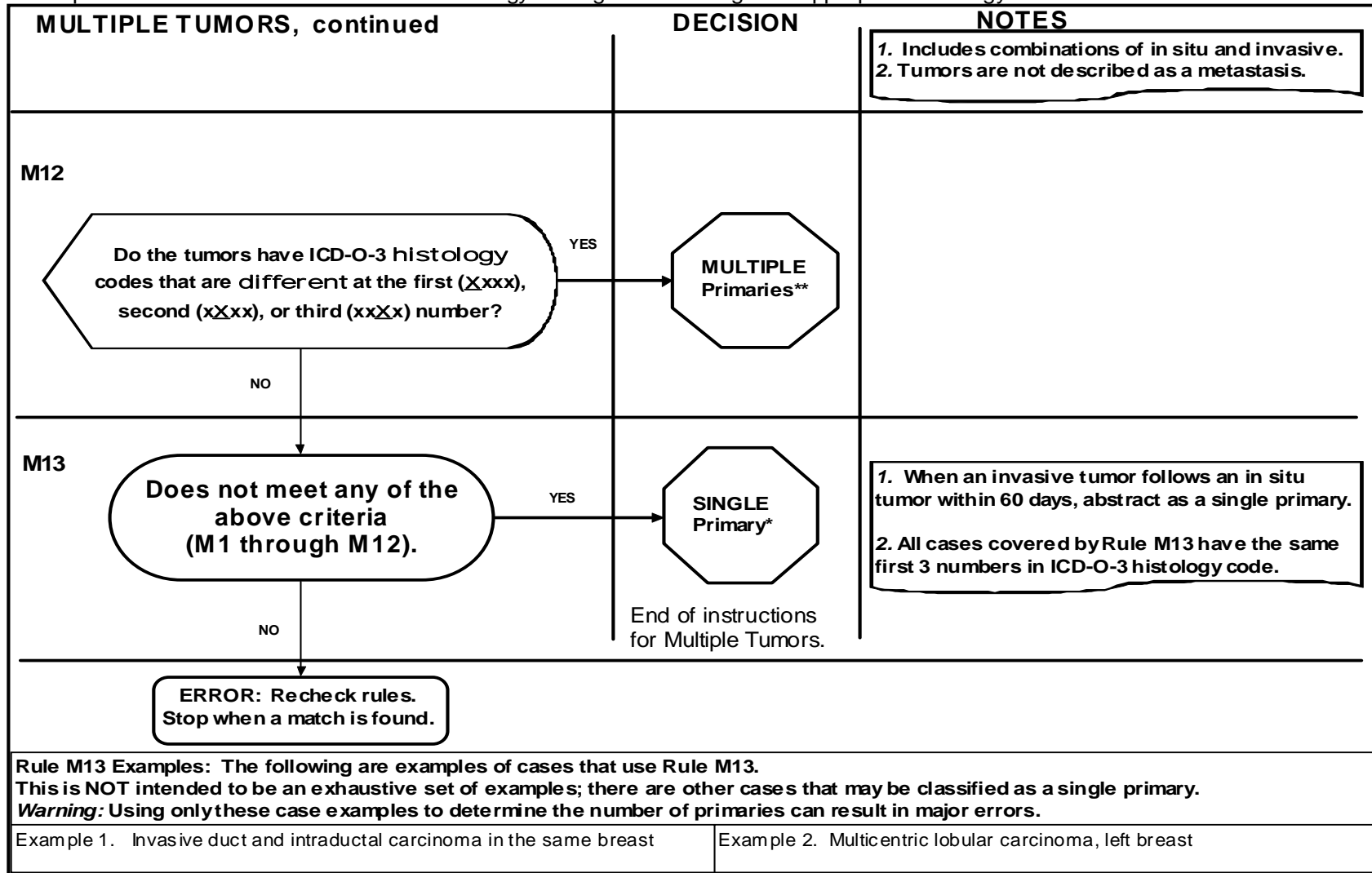
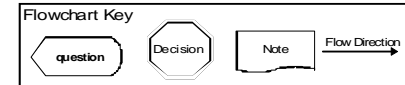
## Breast Multiple Primary Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



# Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)



Rule	Action	Notes and Examples
H1		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> </ul> <p>2. Code the specific histology when documented.</p>
H2		

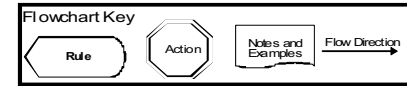
### Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)



Rule	Action	Notes and Examples
<p><b>H3</b></p> <p>Is there carcinoma in situ, NOS (8010) and a specific carcinoma in situ?</p> <p>NO</p> <p>Is there adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ?</p> <p>NO</p> <p>Is there intraductal NOS (8500) and a specific intraductal carcinoma (Table 1)?</p> <p>NO</p>	<p>Code the more <b>specific</b> histologic term.</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.</p>
<p><b>H4</b></p> <p>Does the tumor have <b>non-infiltrating comedocarcinoma and any other intraductal carcinoma</b> (Table 1)?</p> <p>NO</p>	<p>Code <b>8501/2</b> (come do-carcinoma, non-infiltrating).</p>	<p><b>Example:</b> Pathology report reads intraductal carcinoma with comedo and solid features. Code comedocarcinoma (8501/2).</p>
<p><b>H5</b></p> <p>Does the tumor have a combination of <b>In situ lobular (8520) and intraductal carcinoma</b> (Table 1)?</p> <p>NO</p>	<p>Code <b>8522/2</b> (intraductal and lobular carcinoma in situ) (Table 3).</p>	
<p>Next Page</p>		

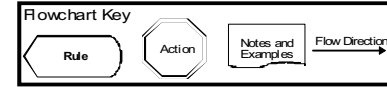
# Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)



Rule	Action	Notes and Examples
<p><b>H6</b></p> <p>Is there a combination of intraductal carcinoma and two or more specific intraductal types OR are there <b>two or more specific Intraductal</b> carcinomas?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code <b>8523/2</b> (intraductal carcinoma mixed with other types of in situ carcinoma) (Table 3).</p>	<p>1. Use Table 1 to identify the histologies.</p> <p>2. Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>
<p><b>H7</b></p> <p>Is there <b>in situ lobular</b> (8520) and any <b>in situ carcinoma other than intraductal carcinoma</b> (Table 1)?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code <b>8524/2</b> (in situ lobular mixed with other types of in situ carcinoma) (Table 3).</p>	<p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>
<p><b>H8</b></p> <p>Is there a <b>combination</b> of in situ/non-invasive histologies that <b>does not include</b> either <b>intraductal carcinoma</b> (Table 1) or <b>in situ lobular</b> (8520)?</p> <p>YES →</p>	<p>Code <b>8255/2</b> (adenocarcinoma in situ with mixed subtypes) (Table 3).</p>	<p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>

This is the end of instructions for Single Tumor: In Situ Carcinoma Only.  
Code the histology according to the rule that fits the case.

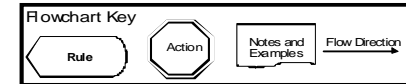
## Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

### SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA

(Single Tumor; in situ and invasive components)



Rule	Action	Notes and Examples
<p><b>H9</b></p> <pre> graph TD     Q{Does the tumor have invasive and in situ components?}     Q -- YES --&gt; A{{Code the invasive histology.}}     Q -- NO --&gt; E[ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29]           </pre>		<ol style="list-style-type: none"> <li>1. Ignore the in situ terms.</li> <li>2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was the invasive component of the tumor better explains the likely disease course and survival category. Using these new rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3)</li> </ol>
<p><b>ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29</b></p>		

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.  
Code the histology according to the rule that fits the case.



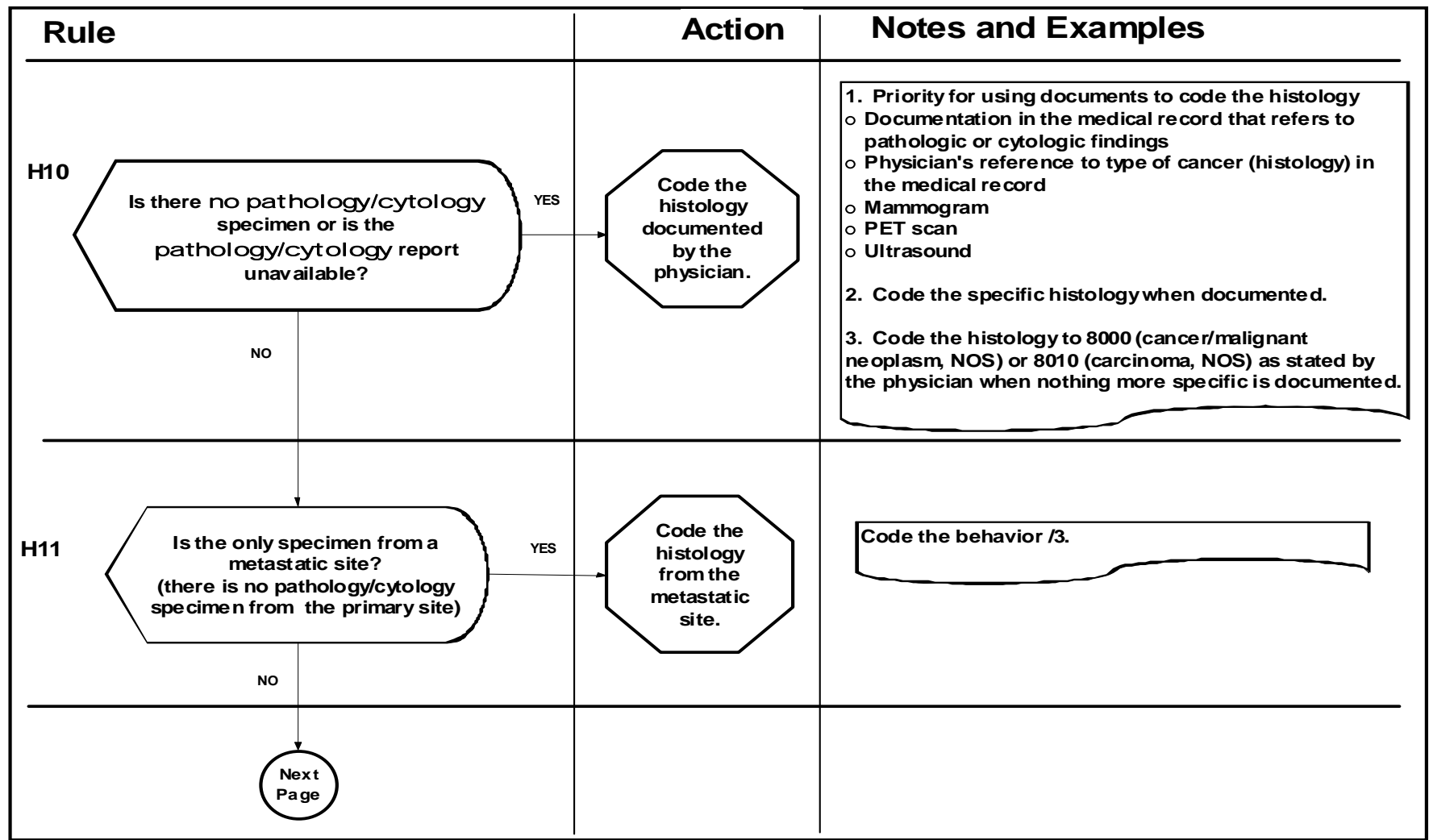
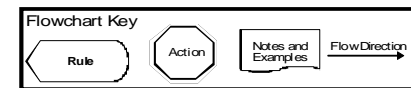
## Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

### SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)



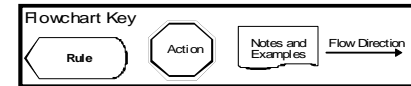
**Breast Histology Coding Rules - Flowchart**

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**SINGLE TUMOR: INVASIVE CARCINOMA ONLY**

(Single Tumor; all parts are invasive)

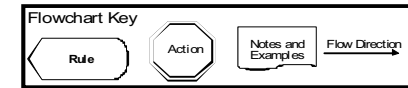


Rule	Action	Notes and Examples
<p><b>H12</b></p> <p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p> <p>Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?</p> <p>Is there duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508)?</p> <p>Is there sarcoma NOS (8800) and a more specific sarcoma?</p>	<p>Code the most specific histologic term.</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p>
<p><b>H13</b></p> <p>Does the final diagnosis of the pathology report specifically state inflammatory carcinoma?</p>	<p>Code 8530 (inflammatory carcinoma).</p>	<p>Record dermal lymphatic invasion in Collaborative Staging.</p>
<p>Next Page</p>		

## Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



### SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

Rule	Action	Notes and Examples
<p><b>H14</b></p> <p>Is only <b>one histologic type</b> identified?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code the histology.</p>	
<p><b>H15</b></p> <p>Are there <b>two or more</b> specific <b>duct</b> carcinomas?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code the <b>numerically higher</b> ICD-O-3 histology code.</p>	<p>Use Table 2 to identify duct carcinomas</p>
<p><b>H16</b></p> <p>Is there a combination of <b>lobular (8520) and duct</b> carcinoma (Table 3)?</p> <p>YES →</p> <p>NO ↓</p>	<p>Code <b>8522</b> (duct and lobular).</p>	<p>Use Table 2 to identify duct carcinomas</p>
<p>Next Page</p>		

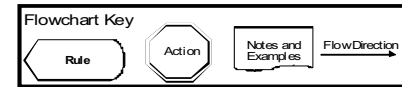
### Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)



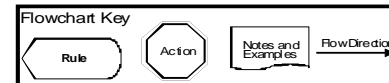
Rule	Action	Notes and Examples
<p><b>H17</b></p> <p>Is there a combination of <b>duct and any other carcinoma</b> (Table 3)?</p> <p>NO</p>	<p><b>Code 8523</b> (duct mixed with other types of carcinoma).</p>	<p>1. Use Table 2 to identify duct carcinomas. 2. Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</p>
<p><b>H18</b></p> <p>Does the tumor have <b>lobular (8520) and any other carcinoma</b> (Table 3)?</p> <p>NO</p>	<p><b>Code 8524</b> (lobular mixed with other types of carcinoma).</p>	<p>Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</p>
<p><b>H19</b></p> <p>Are there multiple <b>histologies that do not include duct or lobular</b> (8520)?</p> <p>YES</p>	<p><b>Code 8255</b> (adeno-carcinoma with mixed subtypes) (Table 3).</p>	<p>Use Table 2 to identify duct carcinomas</p>

This is the end of instructions for Single Tumor: Invasive Carcinoma Only.  
Code the histology according to the rule that fits the case.

# Breast Histology Coding Rules - Flow chart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



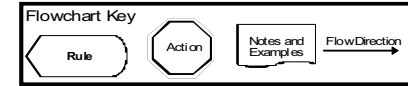
## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H20</b></p>		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>○ Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>○ Physician's reference to type of cancer (histology) in the medical record</li> <li>○ Mammogram</li> <li>○ PET Scan</li> <li>○ Ultrasound</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
<p><b>H21</b></p>		
<p><b>H22</b></p>		

### Breast Histology Coding Rules - Flow chart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



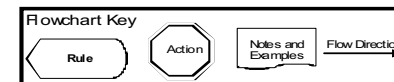
#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H23</p> <p>Is only <b>one histologic type</b> identified?</p> <p>YES</p> <p>NO</p>	<p>Code the histology.</p>	
<p>H24</p> <p>Does the pathology report <b>specifically state</b> that the Paget disease is <b>in situ</b> and the underlying tumor is <b>intraductal</b> carcinoma (Table 1)?</p> <p>YES</p> <p>NO</p>	<p>Code <b>8543/2</b> (in situ Paget disease and intraductal carcinoma (Table 3).</p>	<p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>
<p>H25</p> <p>Is there <b>Paget disease and intraductal</b> carcinoma (Table 3)?</p> <p>YES</p> <p>NO</p>	<p>Code <b>8543/3</b> (Paget disease and intraductal carcinoma).</p>	<ol style="list-style-type: none"> <li>1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).</li> <li>2. Includes both invasive Paget disease and Paget disease with behavior not stated.</li> <li>3. Use Table 1 to identify intraductal carcinomas.</li> </ol>
<p>H26</p> <p>Is there <b>Paget disease and invasive duct</b> carcinoma (Table 3)?</p> <p>YES</p> <p>NO</p>	<p>Code <b>8541/3</b> (Paget disease and infiltrating duct carcinoma).</p>	<ol style="list-style-type: none"> <li>1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).</li> <li>2. Includes both invasive Paget disease and Paget disease with behavior not stated.</li> <li>3. Use Table 2 to identify duct carcinomas.</li> </ol>
<p>Next Page</p>		

## Breast Histology Coding Rules - Flow chart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H27</p> <p>Are there invasive and in situ components?</p> <p>YES</p> <p>NO</p>	<p>Code the <b>invasive</b> histology.</p>	<p>1. Ignore the in situ terms.</p> <p>2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3)</p>
<p>H28</p> <p>Is there any combination of lobular (8520) and duct carcinoma (Table 3)?</p> <p>YES</p> <p>NO</p>	<p>Code <b>8522</b> (duct and lobular).</p>	<p>Use Table 2 to identify duct carcinomas.</p>
<p>H29</p> <p>Code the <b>numerically higher</b> ICD-O-3 histology code.</p>		

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

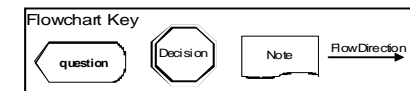
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## Kidney Multiple Primary Rules - Flow chart

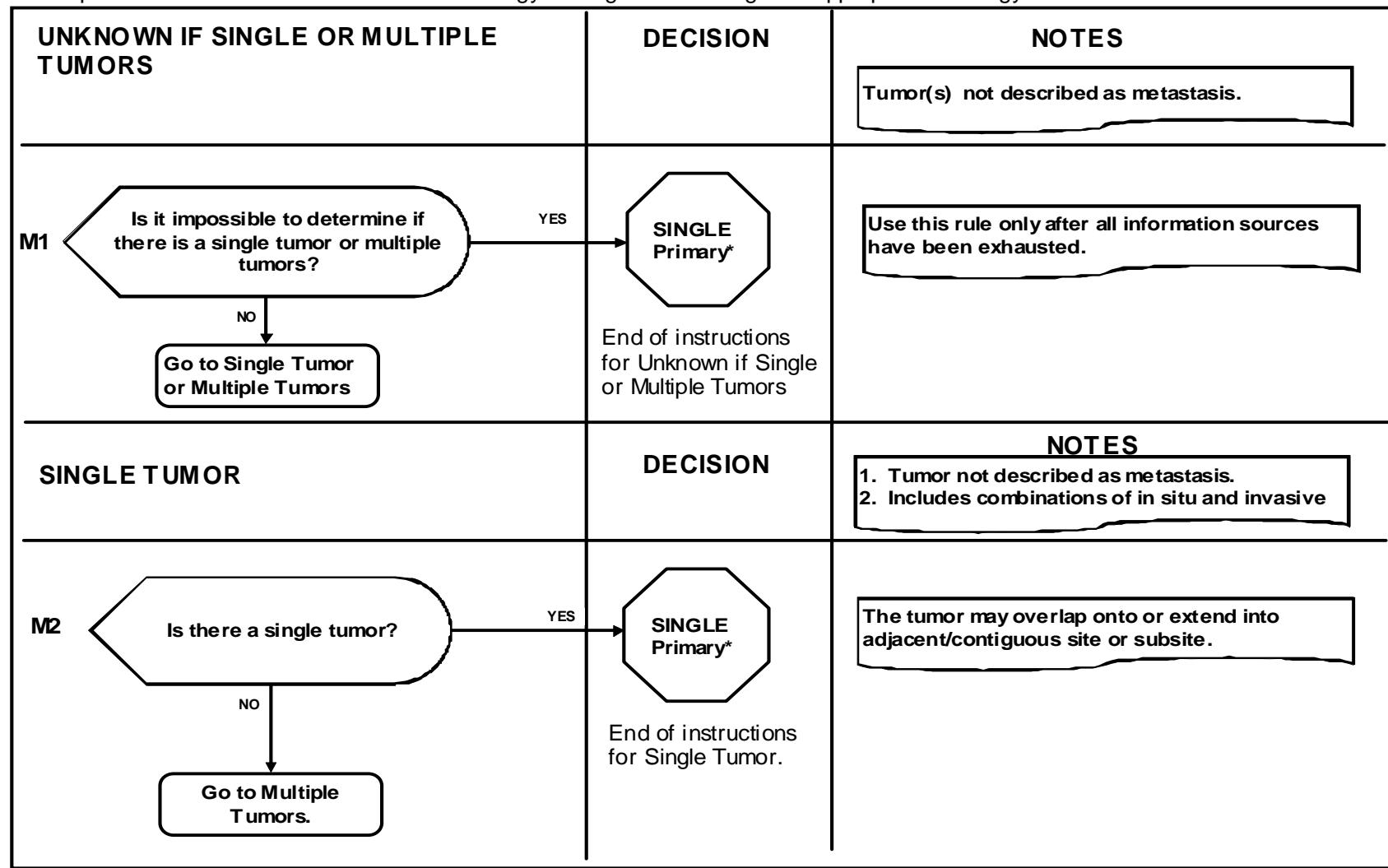
(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

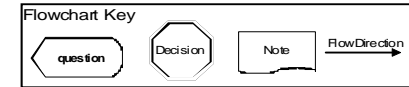
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



### Kidney Multiple Primary Rules - Flowchart

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries.	DECISION	NOTES 1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
<p>M3</p> <p>Is the diagnosis Wilms tumor?</p>	<p>YES → SINGLE Primary*</p>	
<p>M4</p> <p>Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cx) and/or third character (Cx)?</p>	<p>YES → MULTIPLE Primaries**</p>	
<p>M5</p> <p>Are there tumors in both the left and right kidney?</p>	<p>YES → MULTIPLE Primaries**</p>	<p>Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.</p>
<p>Next Page</p>		

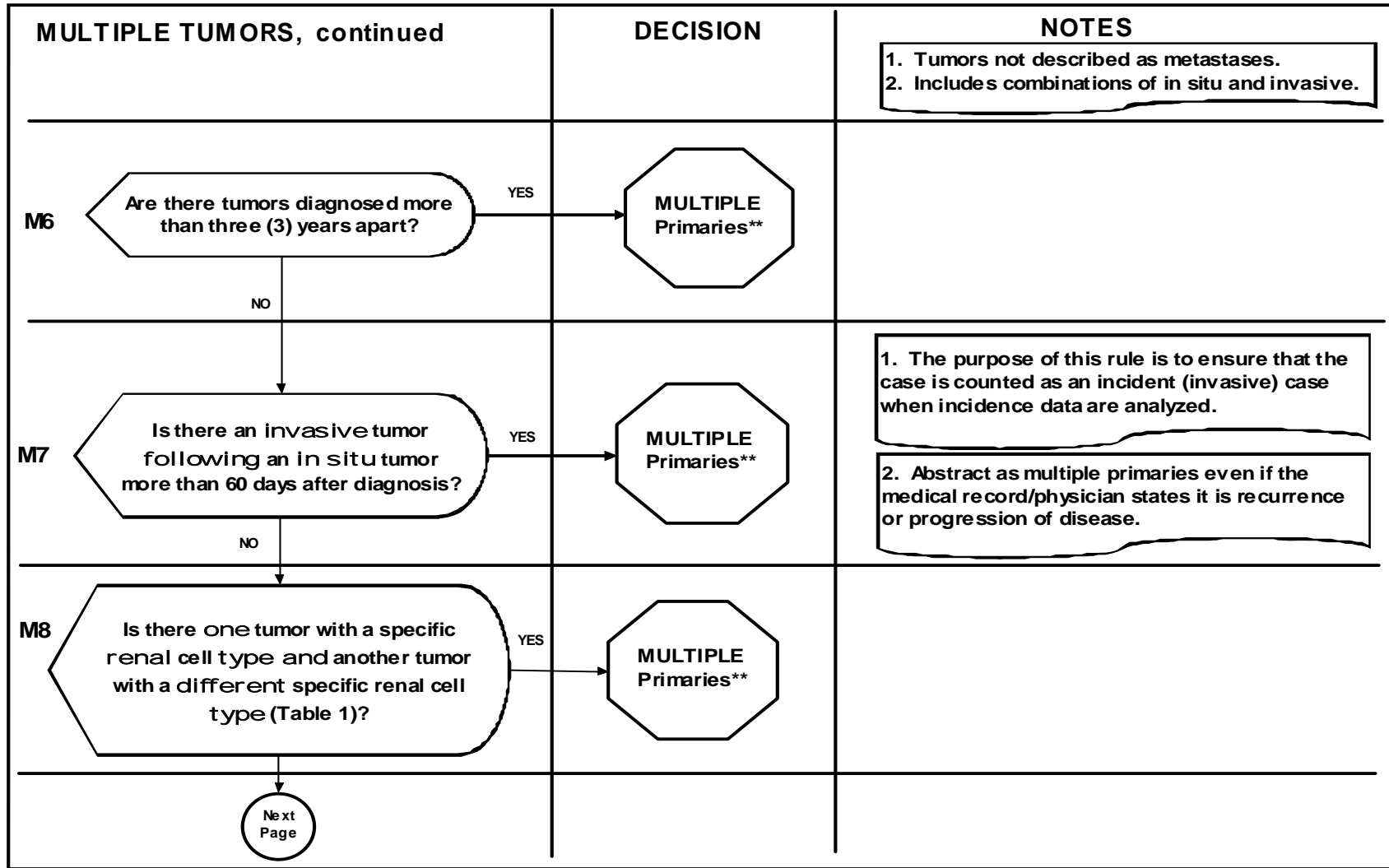
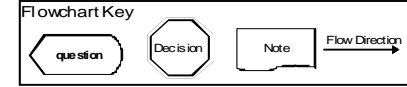
# Kidney Multiple Primary Rules - Flow chart

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



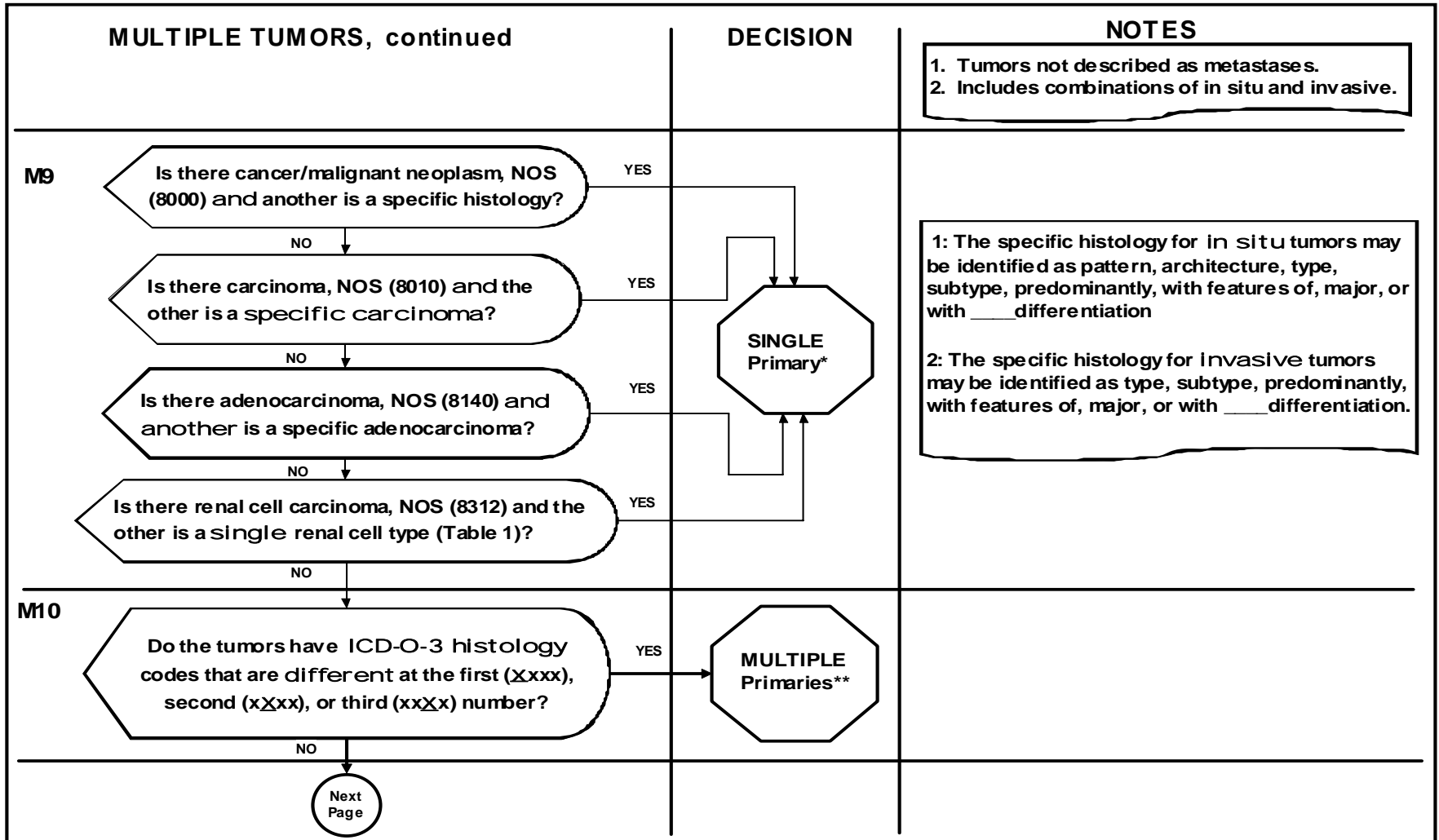
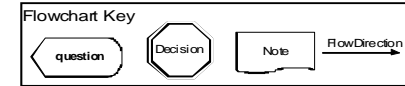
### Kidney Multiple Primary Rules - Flow chart

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

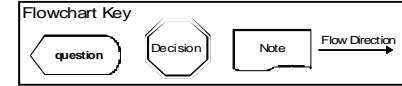
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



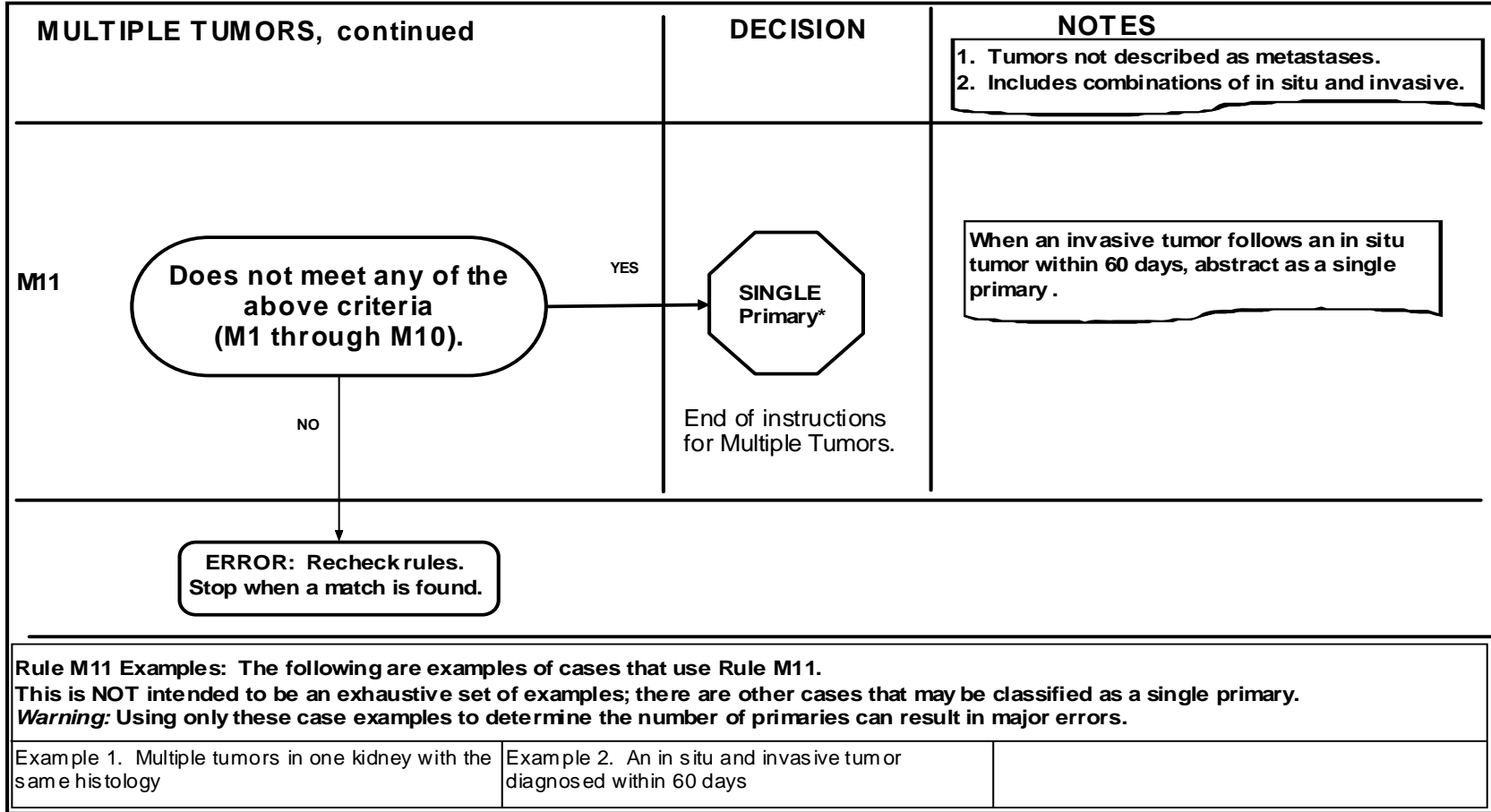
# Kidney Multiple Primary Rules - Flowchart

(C649)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

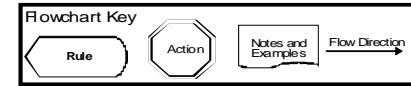


- \* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



### Kidney Histology Coding Rules - Flowchart

(C 649)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

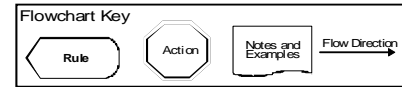


#### SINGLE TUMOR

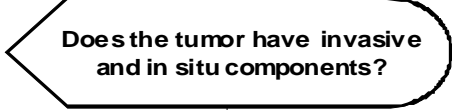

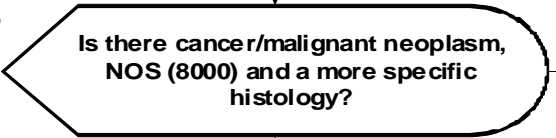
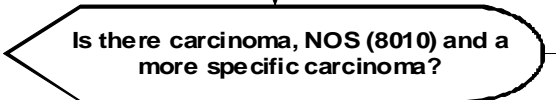
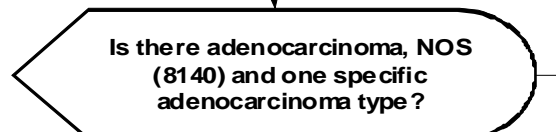
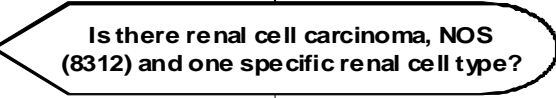
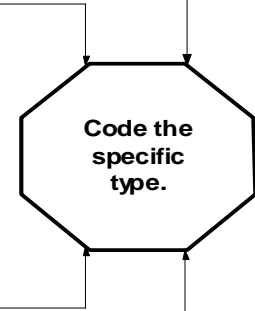

Rule	Action	Notes and Examples
<p>H1</p> <p>YES</p> <p>NO</p>		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
<p>H2</p> <p>YES</p> <p>NO</p>		
<p>H3</p> <p>YES</p> <p>NO</p>		

# Kidney Histology Coding Rules - Flowchart

(C649)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

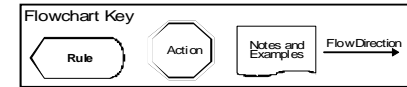


## SINGLE TUMOR

Rule	Action	Notes and Examples
<b>H4</b> 		
<b>H5</b>    		<ol style="list-style-type: none"> <li>1. Use Table 1 to identify specific renal cell types.</li> <li>2. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ___ differentiation.</li> <li>3. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ___ differentiation.</li> </ol>
		

### Kidney Histology Coding Rules - Flowchart

(C649)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



#### SINGLE TUMOR

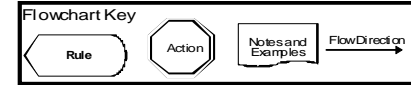
Rule	Action	Notes and Examples
<p><b>H6</b></p> <p>Are there two or more specific renal cell carcinoma types?</p> <p>YES</p> <p>NO</p>	<p>Code 8255                      (adenocarcinoma with mixed subtypes).</p>	<p>Use Table 1 to identify specific renal cell types.</p> <p><i>Example:</i> Renal cell carcinoma, papillary and clear cell types. Assign code 8255.</p>
<p><b>H7</b></p>	<p>Code the numerically higher ICD-O-3 histology code.</p>	

This is the end of instructions for Single Tumor.  
 Code the histology according to the rule that fits the case.



# Kidney Histology Coding Rules - Flowchart

(C649)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

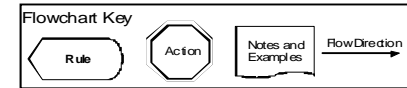


## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

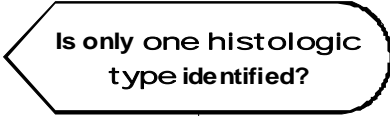
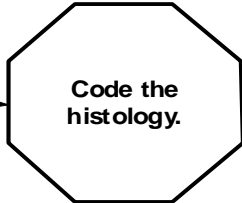
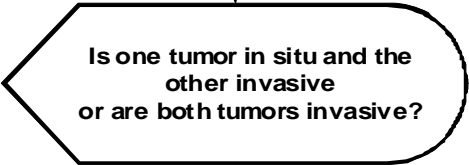


Rule	Action	Notes and Examples
<p><b>H8</b></p> <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p>	<p>Code the histology documented by the physician.</p>	<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology             <ul style="list-style-type: none"> <li>o Documentation in the medical record refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H9</b></p> <p>Is the specimen from a metastatic site?              (there is no pathology/cytology specimen from the primary site)</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>
<p>Next Page</p>		

### Kidney Histology Coding Rules - Flowchart

(C649)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

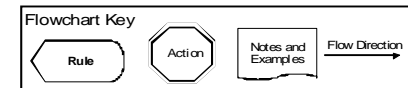


#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<b>H10</b> 		
<b>H11</b> 		<p>1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.)</p> <p>2. See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>○ If one tumor is in situ and one is invasive, code the histology from the invasive tumor.</li> <li>○ If both/all histologies are invasive, code the histology of the most invasive tumor.</li> </ul>
		

# Kidney Histology Coding Rules - Flowchart

(C649)  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H12</b></p>		<ol style="list-style-type: none"> <li>1. Use Table 1 to identify specific renal cell types</li> <li>2. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, pre dominantly, with features of, major, or with ____ differentiation.</li> <li>3. The specific histology for invasive tumors may be identified as type, subtype, pre dominantly, with features of, major, or with ____ differentiation.</li> </ol>
<p><b>H13</b></p>		

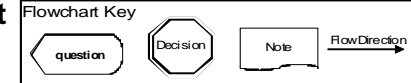
This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

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## Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

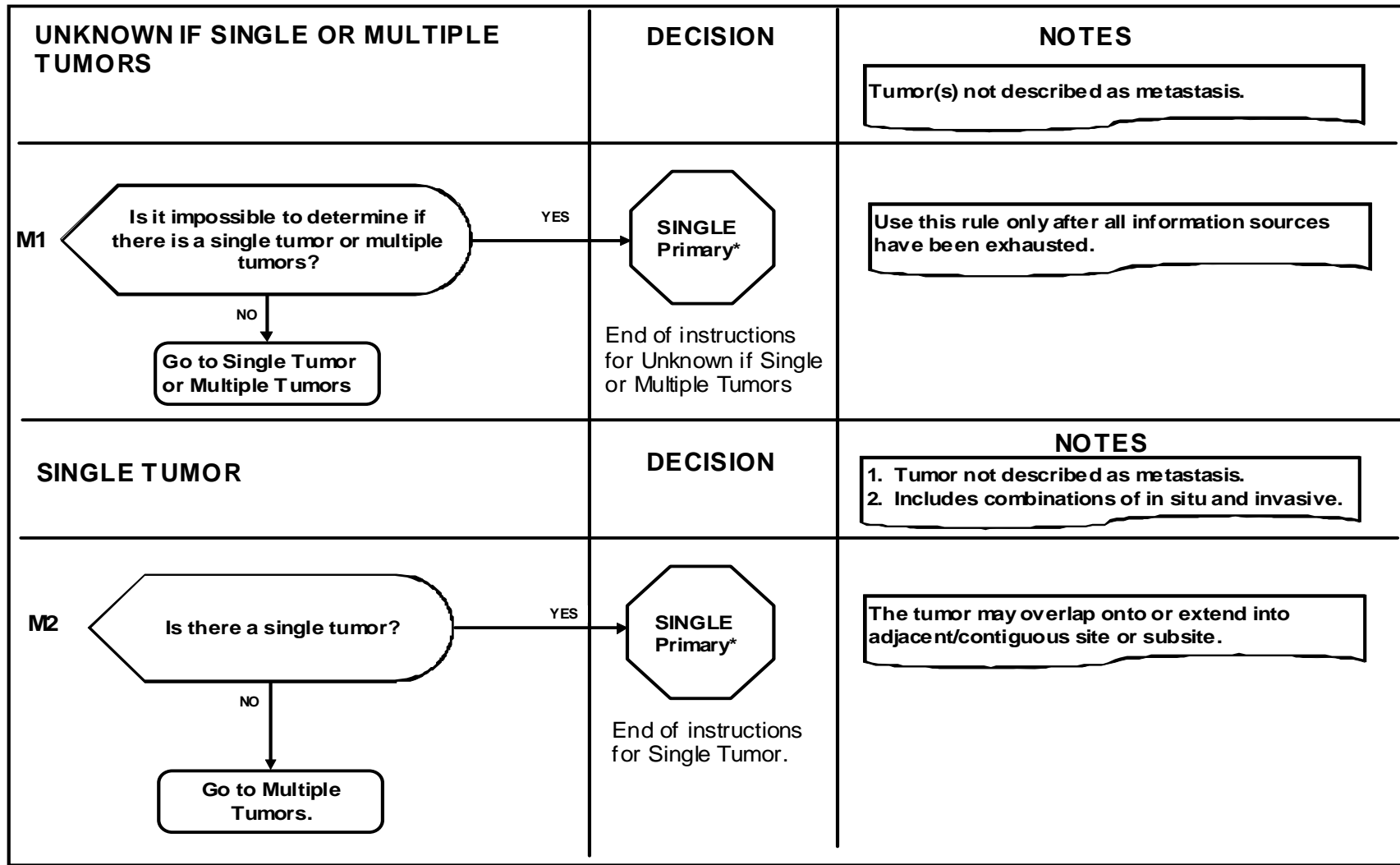
(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

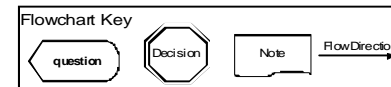
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



### Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

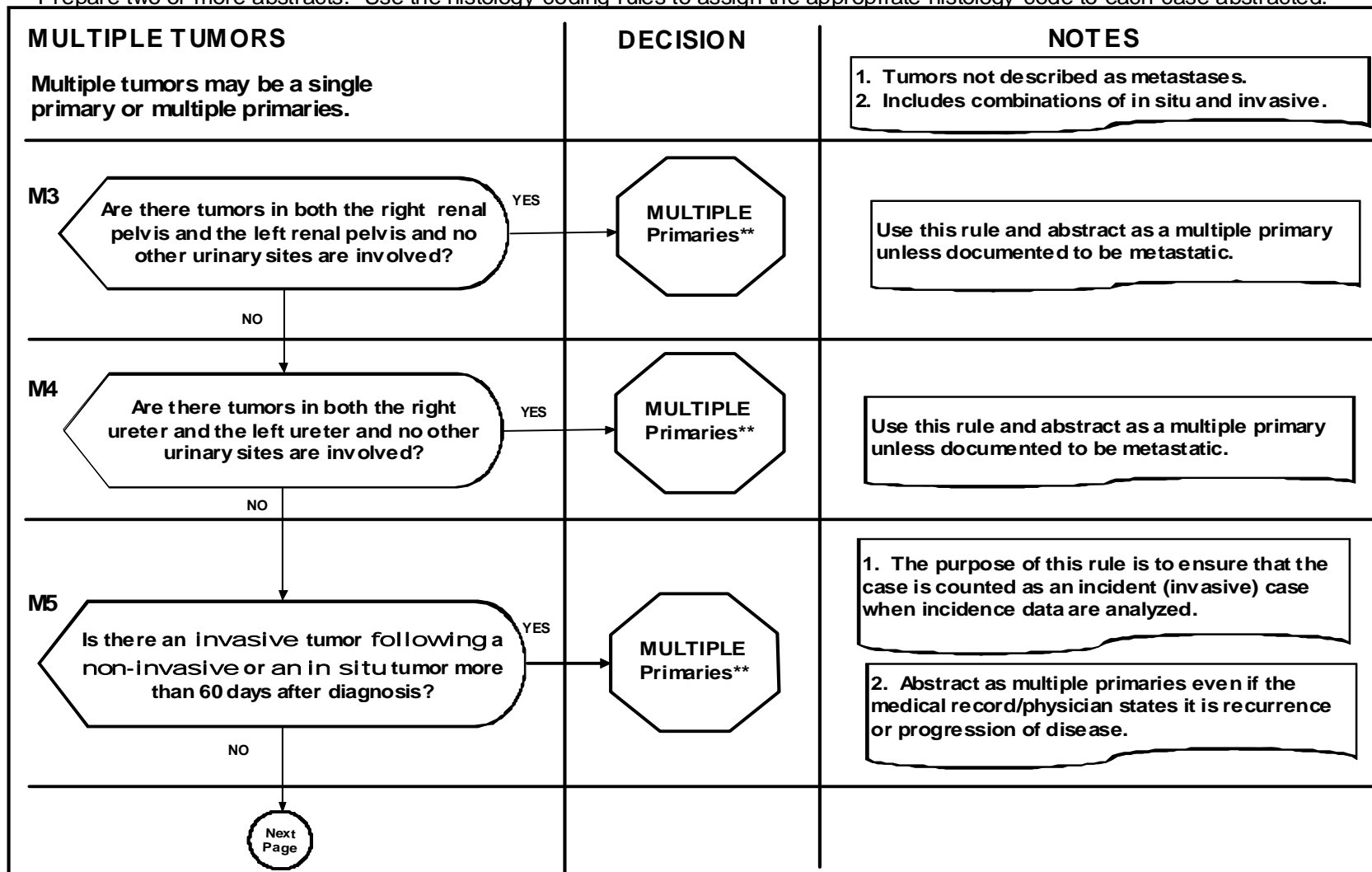
(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



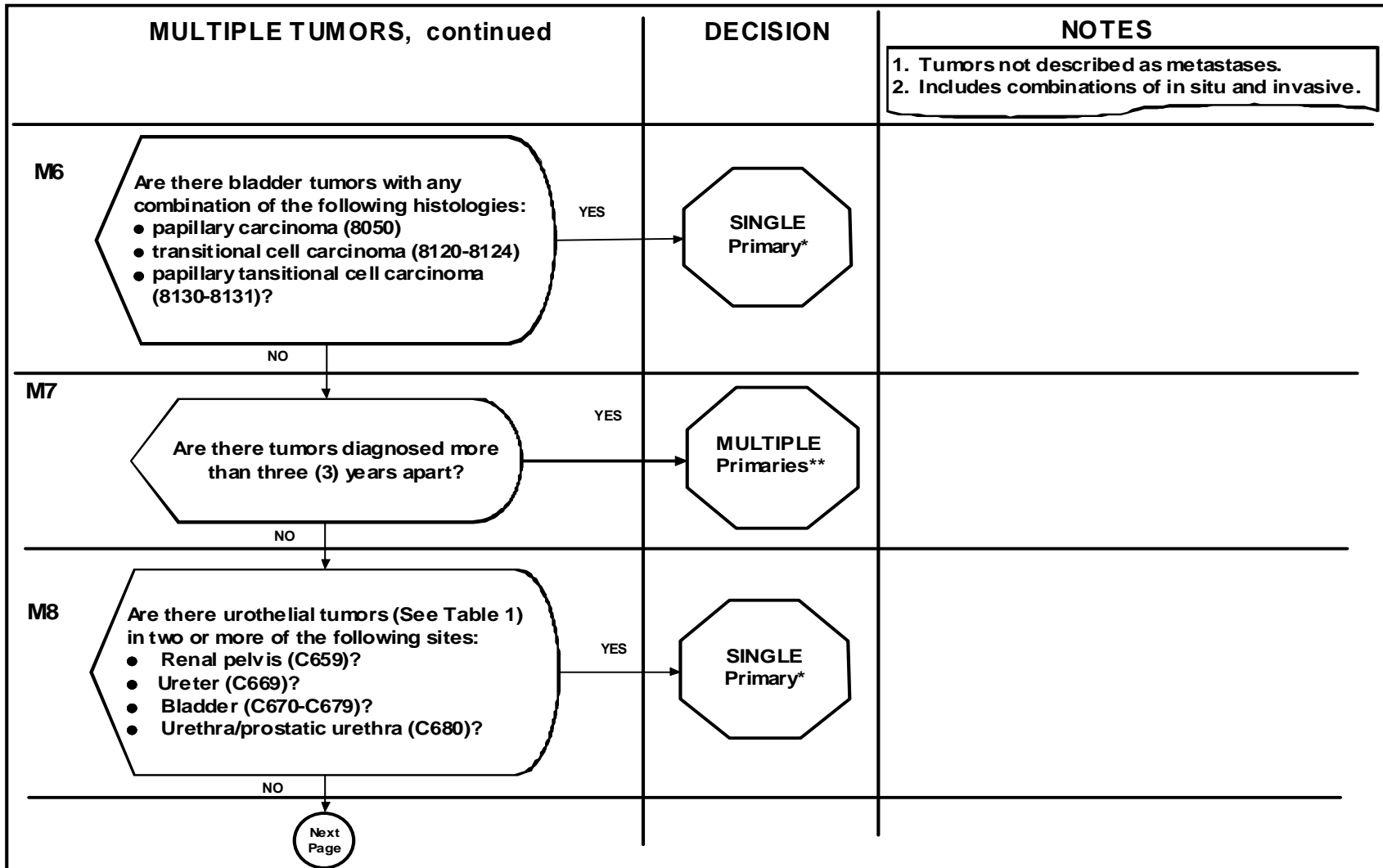
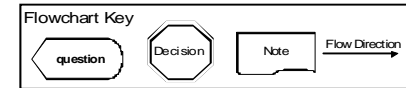
## Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



**Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart**

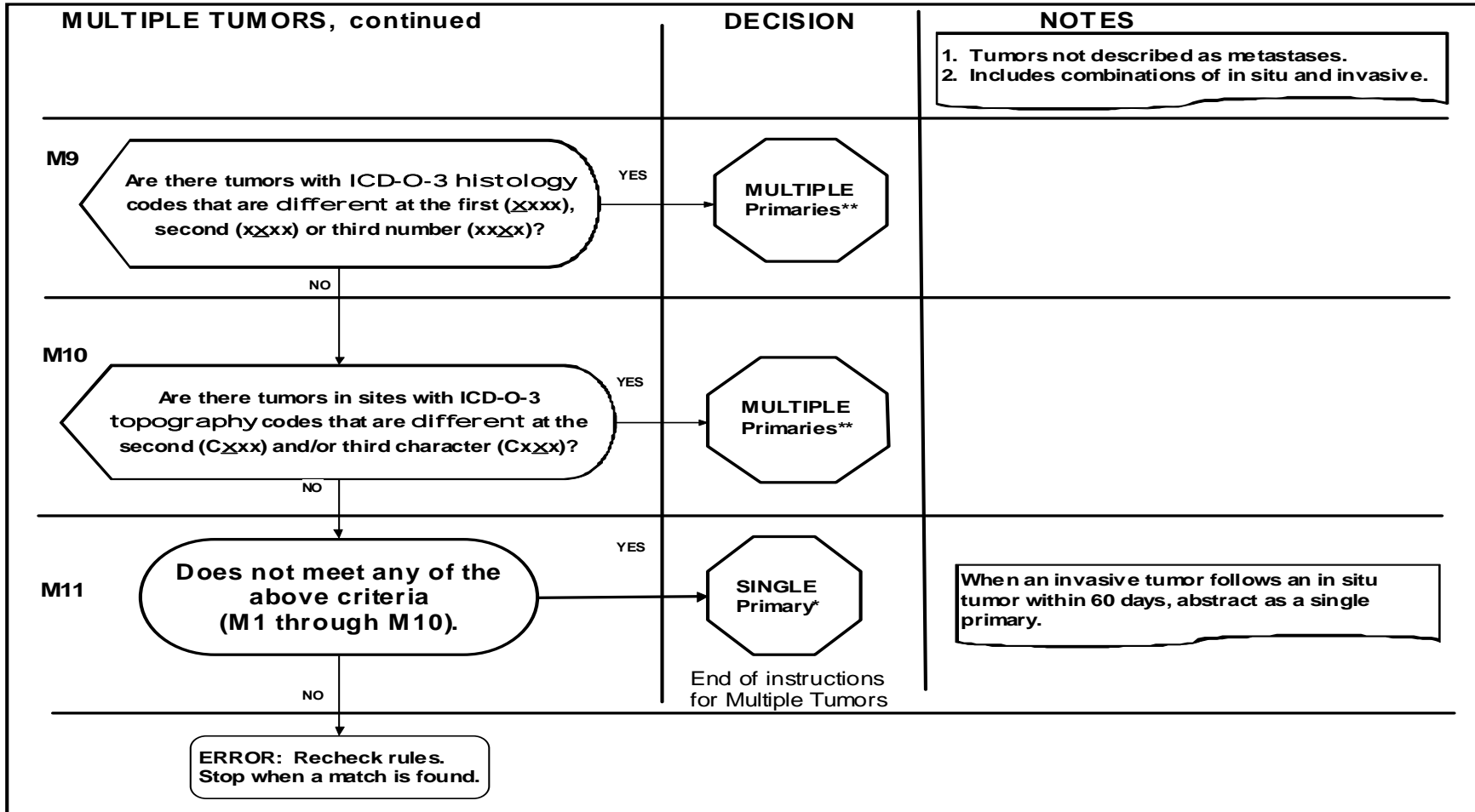
(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

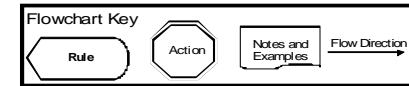




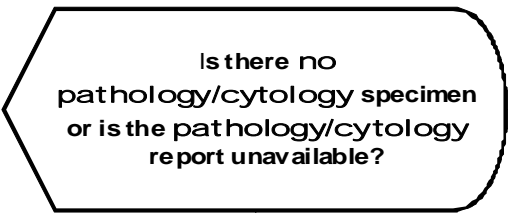
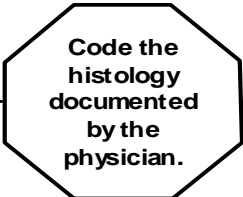
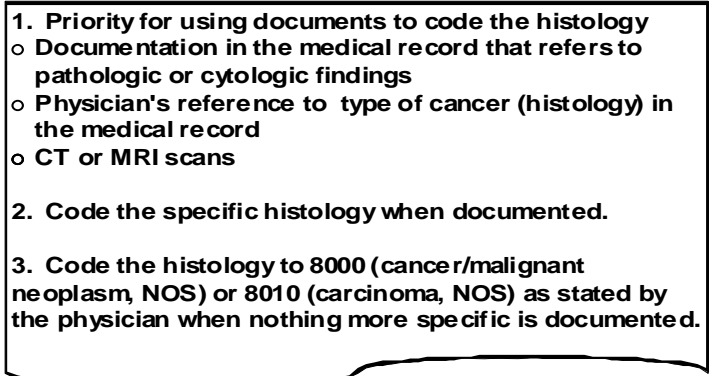
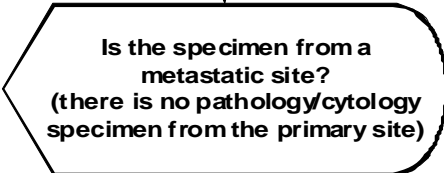



# Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



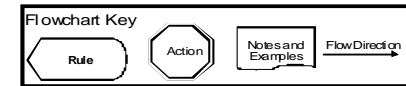
## SINGLE TUMOR

Rule	Action	Notes and Examples
<p><b>H1</b></p>  <p>YES</p> <p>NO</p>		 <ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H2</b></p>  <p>YES</p> <p>NO</p>		 <p>Code the behavior /3.</p>
		

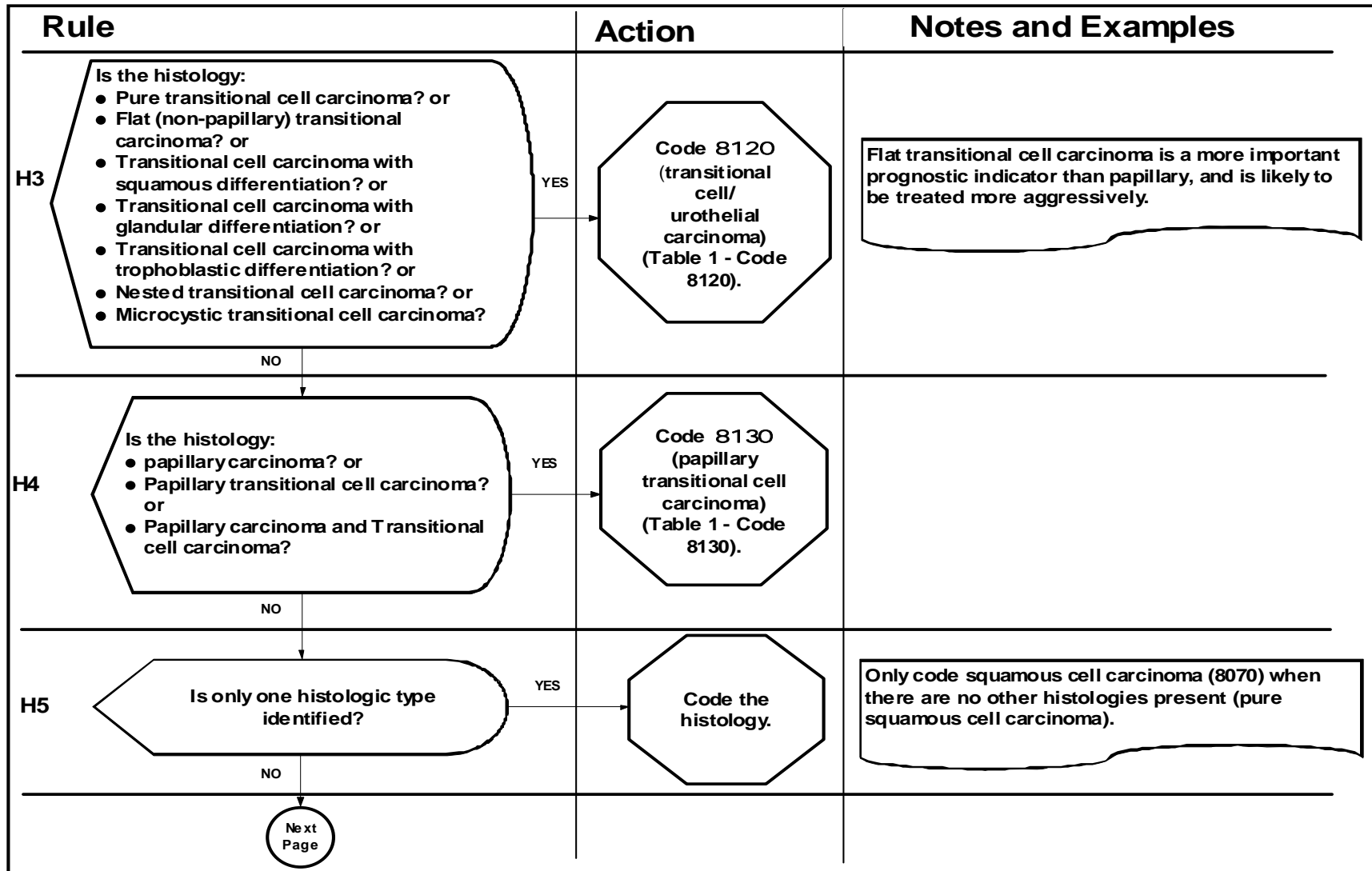
**Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart**

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



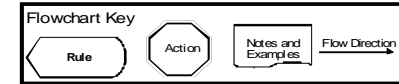
**SINGLE TUMOR**



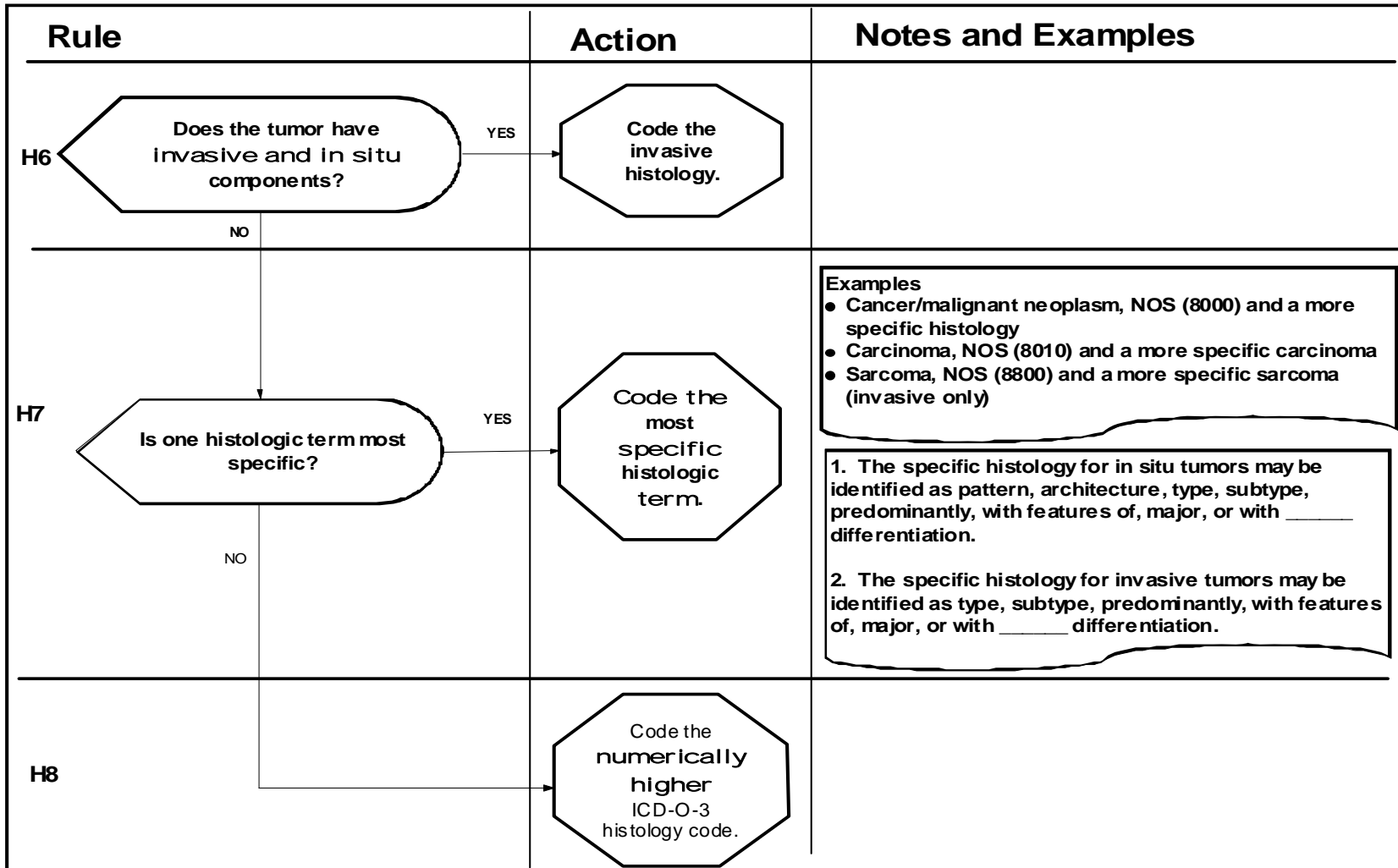
## Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



### SINGLE TUMOR

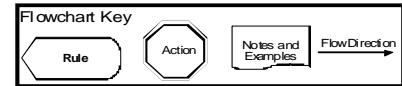


This is the end of instructions for Single Tumor.  
Code the histology according to the rule that fits the case.

**Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart**

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



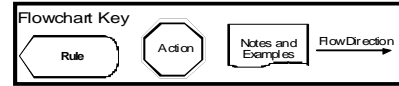
**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

Rule	Action	Notes and Examples
<p><b>H9</b></p>		
<p><b>H10</b></p>		

# Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H11</b></p> <p>Is the histology:</p> <ul style="list-style-type: none"> <li>● Pure transitional cell carcinoma? or</li> <li>● Flat (non-papillary) transitional cell carcinoma? or</li> <li>● Transitional cell carcinoma with squamous differentiation? or</li> <li>● Transitional cell carcinoma with glandular differentiation? or</li> <li>● Transitional cell carcinoma with trophoblastic differentiation? or</li> <li>● Nested transitional cell carcinoma? or</li> <li>● Microcystic transitional cell carcinoma?</li> </ul> <p>NO</p>	<p>YES</p> <p>Code 8120 (transitional cell/ urothelial carcinoma) (Table 1 - Code 8120).</p>	<p>Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.</p>
<p><b>H12</b></p> <p>Is the histology:</p> <ul style="list-style-type: none"> <li>● papillary carcinoma? or</li> <li>● Papillary transitional carcinoma? or</li> <li>● Papillary carcinoma and Transitional carcinoma?</li> </ul> <p>NO</p>	<p>YES</p> <p>Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130).</p>	
<p>Next Page</p>		

**Renal Pelvis, Ureter, Bladder and Other Urinary Histology Coding Rules - Flowchart**

(C659, C669, C670-C679, C680-C689)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

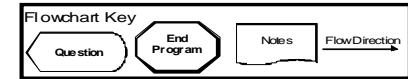


**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

Rule	Action	Notes and Examples
<p><b>H13</b></p>		
<p><b>H14</b></p>		
<p><b>H15</b></p>		

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

**Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart**  
 (C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



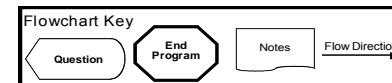
Note: Malignant intracranial and CNS tumors have a separate set of rules.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
<p><b>M1</b></p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Unknown if Single or Multiple Tumors</p>	<p>Tumor(s) not described as metastasis.</p> <p>Use this rule only after all information sources have been exhausted.</p>
SINGLE TUMOR	DECISION	NOTES
<p><b>M2</b></p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Single Tumor.</p>	<p>Tumor not described as metastasis.</p> <p>The tumor may overlap onto or extend into adjacent/contiguous site or subsite.</p>

### Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart (C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



Note: Malignant intracranial and CNS tumors have a separate set of rules.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

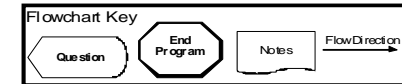
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS	DECISION	NOTES
<p>Multiple tumors may be a single primary or multiple primaries.</p>		<p>Tumors not described as metastases.</p>
<p><b>M3</b></p> <p>Is there an invasive tumor (/3) and either a benign brain tumor (/0) or an uncertain/borderline brain tumor (/1)?</p>	<p>YES → MULTIPLE Primaries**</p>	
<p>NO</p> <p><b>M4</b></p> <p>Are there tumors in sites with ICD-O-3 <b>topography</b> codes that are <b>different</b> at the second (Cxxx), third character (Cxxx) and/or fourth character (Cxxx)?</p>	<p>YES → MULTIPLE Primaries**</p>	
<p>NO</p> <p><b>M5</b></p> <p>Are there tumors on <b>both sides</b> (left and right) of a <b>paired site</b> (See Table 1) ?</p>	<p>YES → MULTIPLE Primaries**</p>	
<p>NO</p> <p>Next Page</p>		



## Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

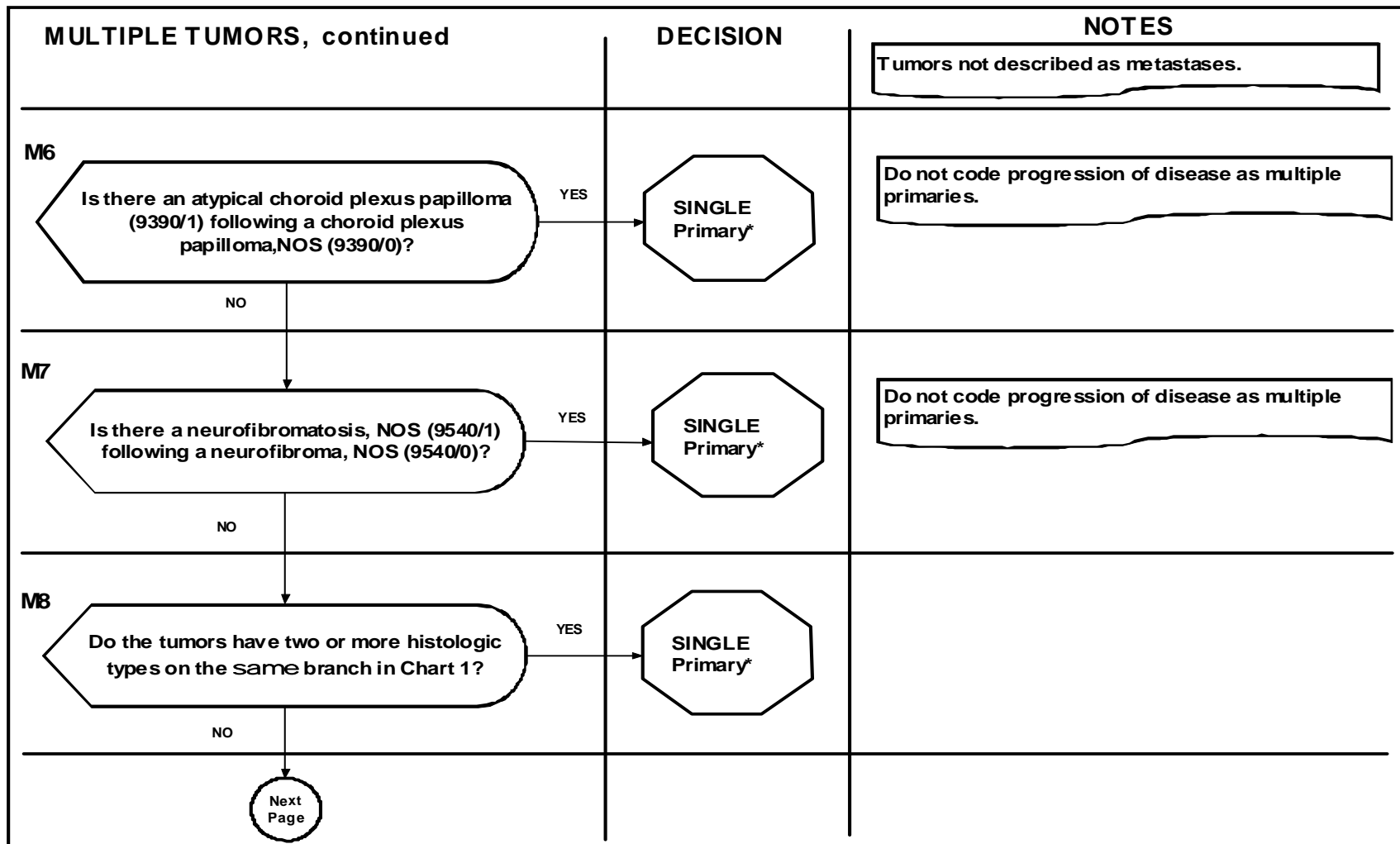
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



Note: Malignant intracranial and CNS tumors have a separate set of rules.

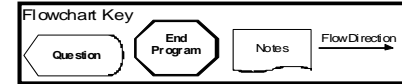
\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



**Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart**

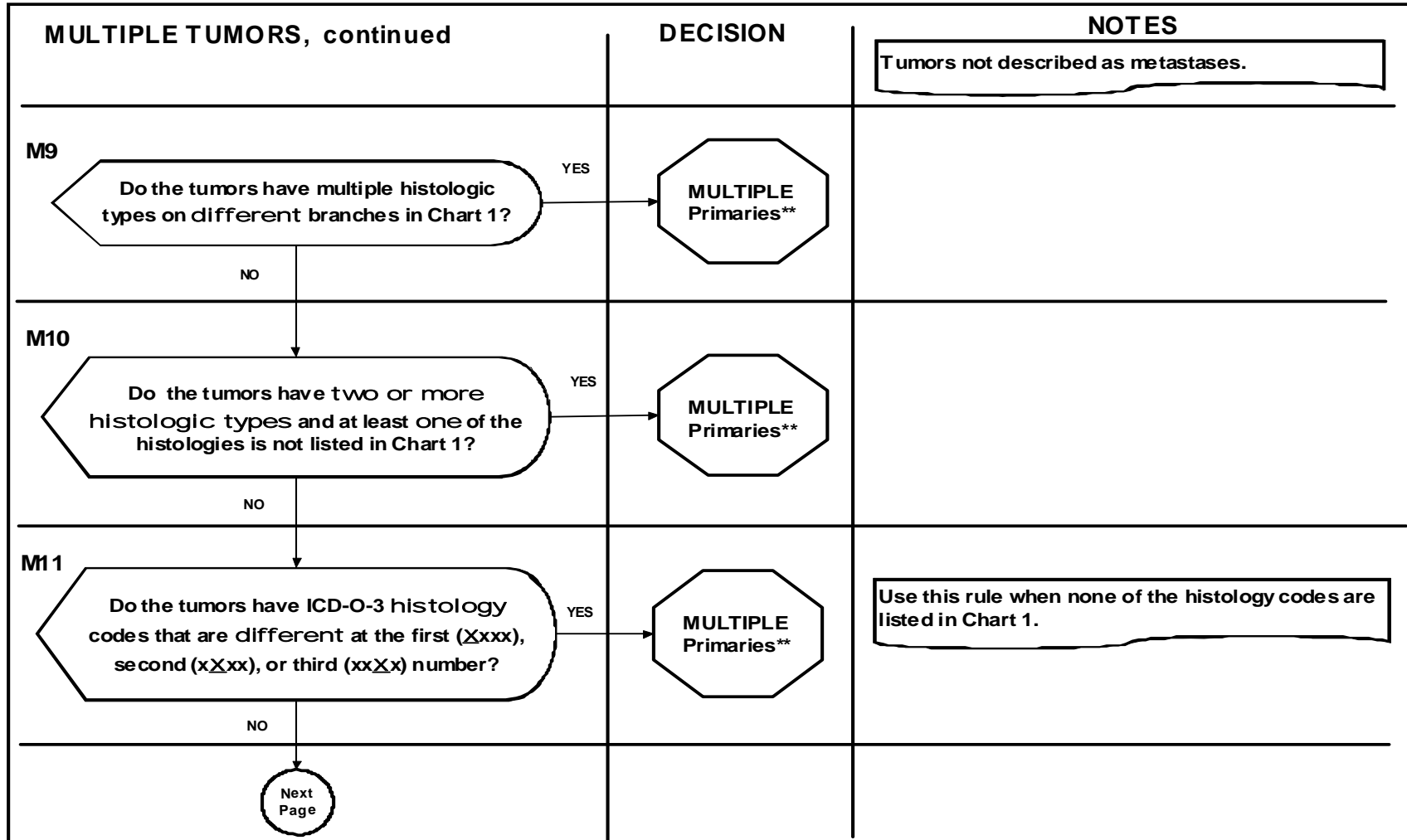
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



Note: Malignant intracranial and CNS tumors have a separate set of rules.

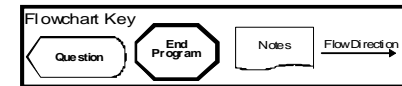
\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



## Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)



Note: Malignant intracranial and CNS tumors have a separate set of rules.

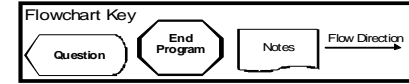
\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M12</p>	<p><b>SINGLE Primary*</b></p> <p>End of instructions for Multiple Tumors.</p>	<p>Tumors not described as metastases.</p> <p>Timing is not used to determine multiple primaries for benign and borderline intracranial and CNS tumors.</p>
<p><b>ERROR: Recheck rules. Stop when a match is found.</b></p>		
<p><b>Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.</b>  <b>Warning: Using only these case examples to determine the number of primaries can result in major errors.</b></p>		
<p>Example 1. Tumors in the same site with the same histology (Chart 1) and the same laterality as the original tumor are a single primary.</p>	<p>Example 2. Tumors in the same site with the same histology (Chart 1) and it is unknown if laterality is the same as the original tumor are a single primary.</p>	
<p>Example 3. Tumors in the same site and same laterality with histology codes not listed in Chart 1 that have the same first three numbers are a single primary.</p>		

**Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart**  
 (C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

Note: Malignant intracranial and CNS tumors have a separate set of rules.

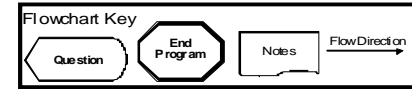


**SINGLE TUMOR**

Rule	Action	Notes and Examples
<p><b>H1</b></p> <p>YES</p> <p>NO</p>		<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology             <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of tumor (histology) in the medical record</li> <li>o PET, CT or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (neoplasm, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H2</b></p> <p>YES</p> <p>NO</p> <p>Next Page</p>		

**Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart**  
 (C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

Note: Malignant intracranial and CNS tumors have a separate set of rules.



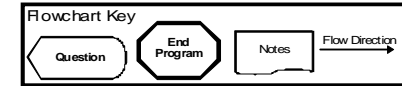
**SINGLE TUMOR**

Rule	Action	Notes and Examples
<p><b>H3</b></p> <p>YES</p> <p>NO</p>		
<p><b>H4</b></p>		

This is the end of instructions for Single Tumor.  
 Code the histology according to the rule that fits the case.

**Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart**  
 (C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

Note: Malignant intracranial and CNS tumors have a separate set of rules.



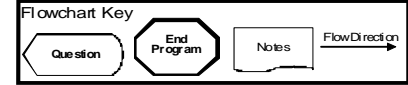
**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

Rule	Action	Notes and Examples
<p><b>H5</b></p>		<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology             <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of tumor (histology) in the medical record</li> <li>o PET, CT or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (neoplasm, NOS) or as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H6</b></p>		<ol style="list-style-type: none"> <li>1. This is a rare condition that is usually associated with neurofibromatosis type 2 and other genetic disorders.</li> <li>2. Use this code only for meningiomas with uncertain behavior; do not use this code for multiple benign or malignant meningiomas.</li> </ol>

# Benign and Borderline Intracranial and CNS Tumors Histology Coding Rules - Flowchart

(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

Note: Malignant intracranial and CNS tumors have a separate set of rules.



## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<b>H7</b> <p>Is only one histologic type identified?</p>	<p>Code the histology.</p>	
<b>H8</b> <p>Was there a previous tumor(s)?</p>	<p>Code the histology from the original diagnosis.</p>	<p>Do not change the behavior code when a later tumor(s) shows progression of disease.</p>
<b>H9</b> <p>Are there multiple histologies and all histologies are in the same branch on Chart 1?</p>	<p>Code the more specific histology.</p>	
<b>H10</b> <p>Code the numerically higher ICD-O-3 histology code.</p>		

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
 Code the histology according to the rule that fits the case.

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# Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

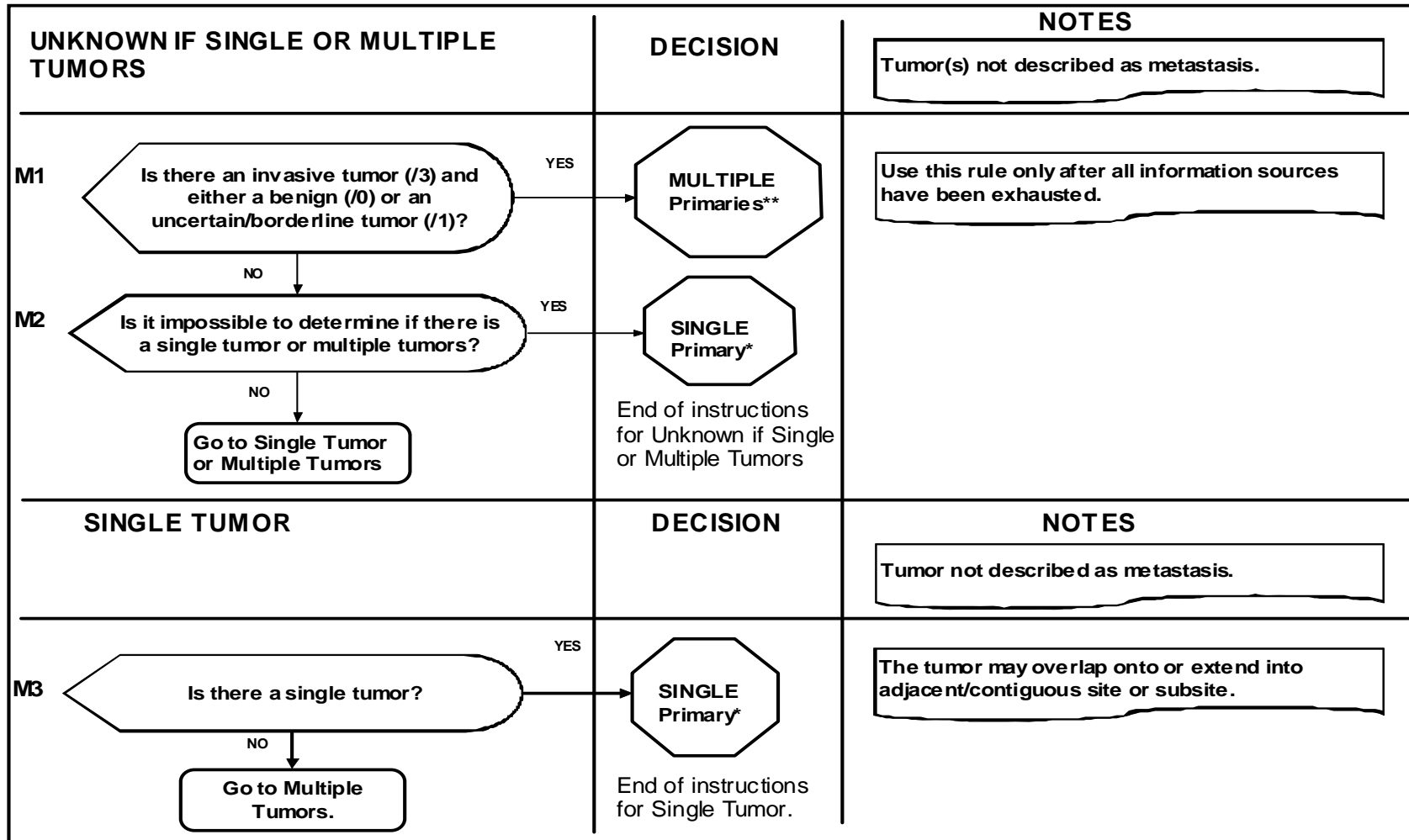
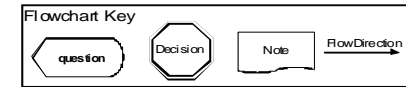
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart**

**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have separate set of rules.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



<p><b>MULTIPLE TUMORS</b> Multiple tumors may be a single primary or multiple primaries.</p>	<p><b>DECISION</b></p>	<p><b>NOTES</b></p>
<p><b>M4</b></p>	<p><b>MULTIPLE Primaries**</b></p>	<p>Tumors not described as metastases.</p>
<p><b>M5</b></p>	<p><b>MULTIPLE Primaries**</b></p>	
<p><b>M6</b></p>	<p><b>SINGLE Primary*</b></p>	
<p><b>Next Page</b></p>		

# Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart

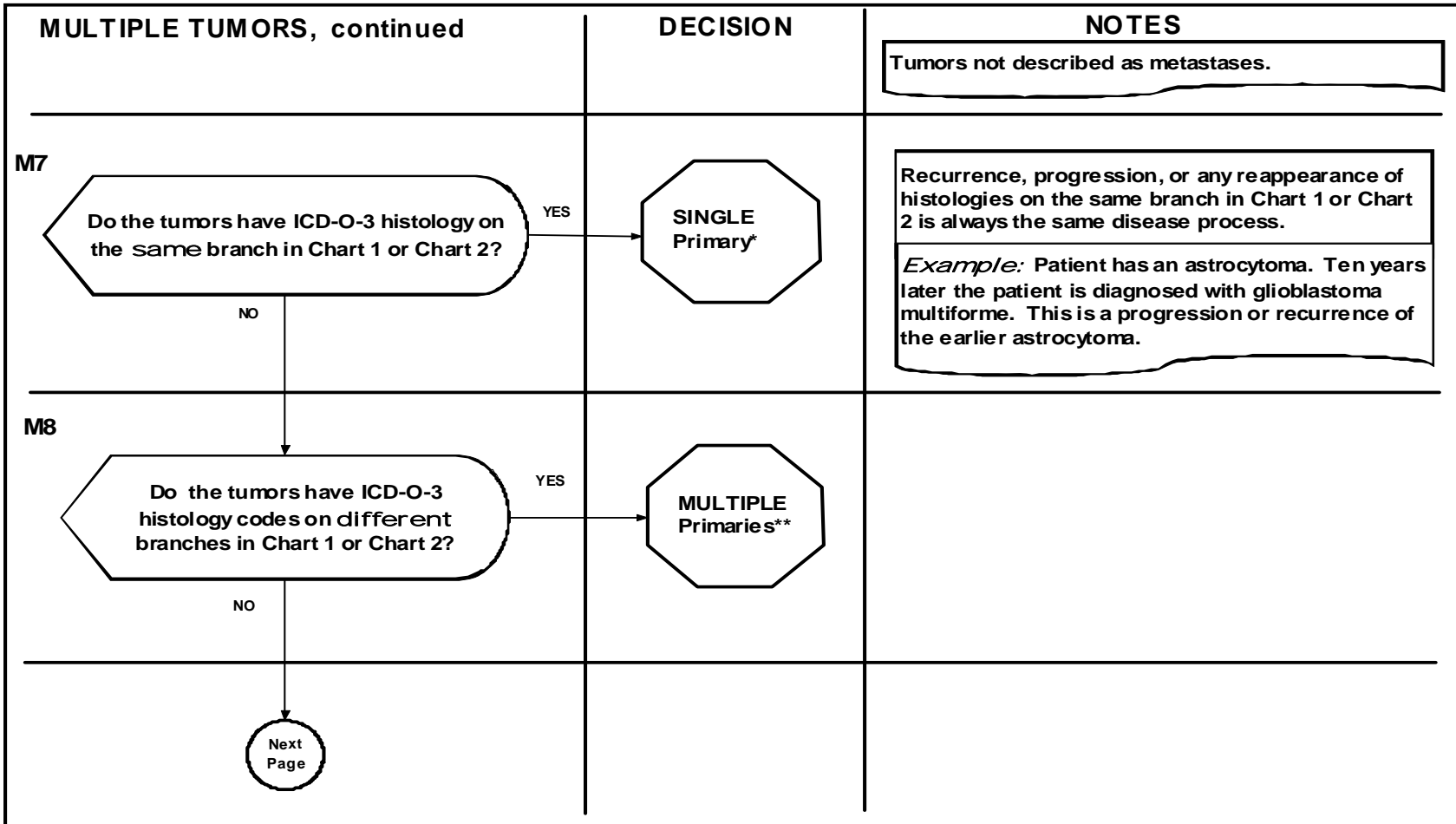
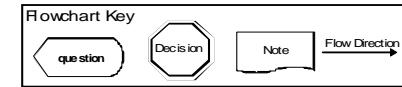
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have separate set of rules.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart**

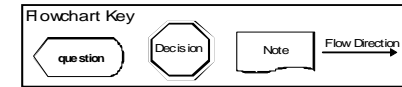
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**

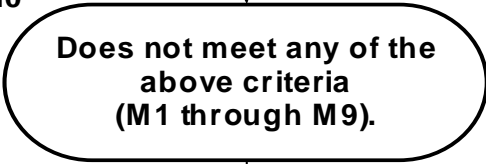
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have separate set of rules.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

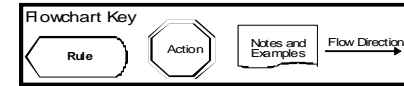


MULTIPLE TUMORS, continued	DECISION	NOTES
<p><b>M9</b></p>	<p>YES → <b>MULTIPLE Primaries**</b></p>	<p>Tumors not described as metastases.</p>
<p><b>M10</b></p> 	<p>YES → <b>SINGLE Primary*</b></p> <p>End of instructions for Multiple Tumors.</p>	<p>1. Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.  <i>Example:</i> The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.</p> <p>2. Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.</p>
<p><b>ERROR: Recheck rules. Stop when a match is found.</b></p>		

# Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Coding Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
 Note: Benign and borderline intracranial and CNS tumors have separate set of rules.



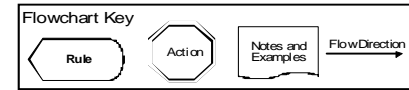
## SINGLE TUMOR

Rule	Action	Notes and Examples
<p><b>H1</b></p> <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p> <p>NO</p>	<p>Code the histology documented by the physician.</p>	<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented.</p>
<p><b>H2</b></p> <p>Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)</p> <p>NO</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>
<p><b>H3</b></p> <p>Are at least two of the following cells and/or differentiation present:</p> <ul style="list-style-type: none"> <li>• Astrocytoma</li> <li>• Oligodendroglioma</li> <li>• Ependymal?</li> </ul> <p>NO</p>	<p>Code 9382/3 (mixed glioma).</p>	
<p>Next Page</p>		

**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart**

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
 Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.



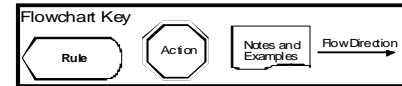
Rule	Action	Notes and Examples
<p><b>H4</b></p>		
<p><b>H5</b></p>		
<p><b>H6</b></p>		

This is the end of instructions for Single Tumor.  
 Code the histology according to the rule that fits the case.

**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart**

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)  
 Note: Benign and borderline intracranial and CNS tumors have a separate set of rules



**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

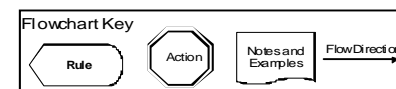
Rule	Action	Notes and Examples
<p><b>H7</b></p> <p>YES</p>		<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology                         <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o CT or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.</li> </ol>
<p>NO</p> <p>YES</p>		<p>Code the behavior /3.</p>
<p>NO</p>		

## Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Histology Rules - Flowchart

C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.



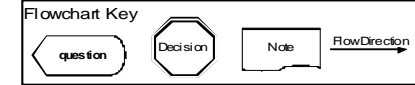
Rule	Action	Notes and Examples
H9		
H10		
H11		

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.



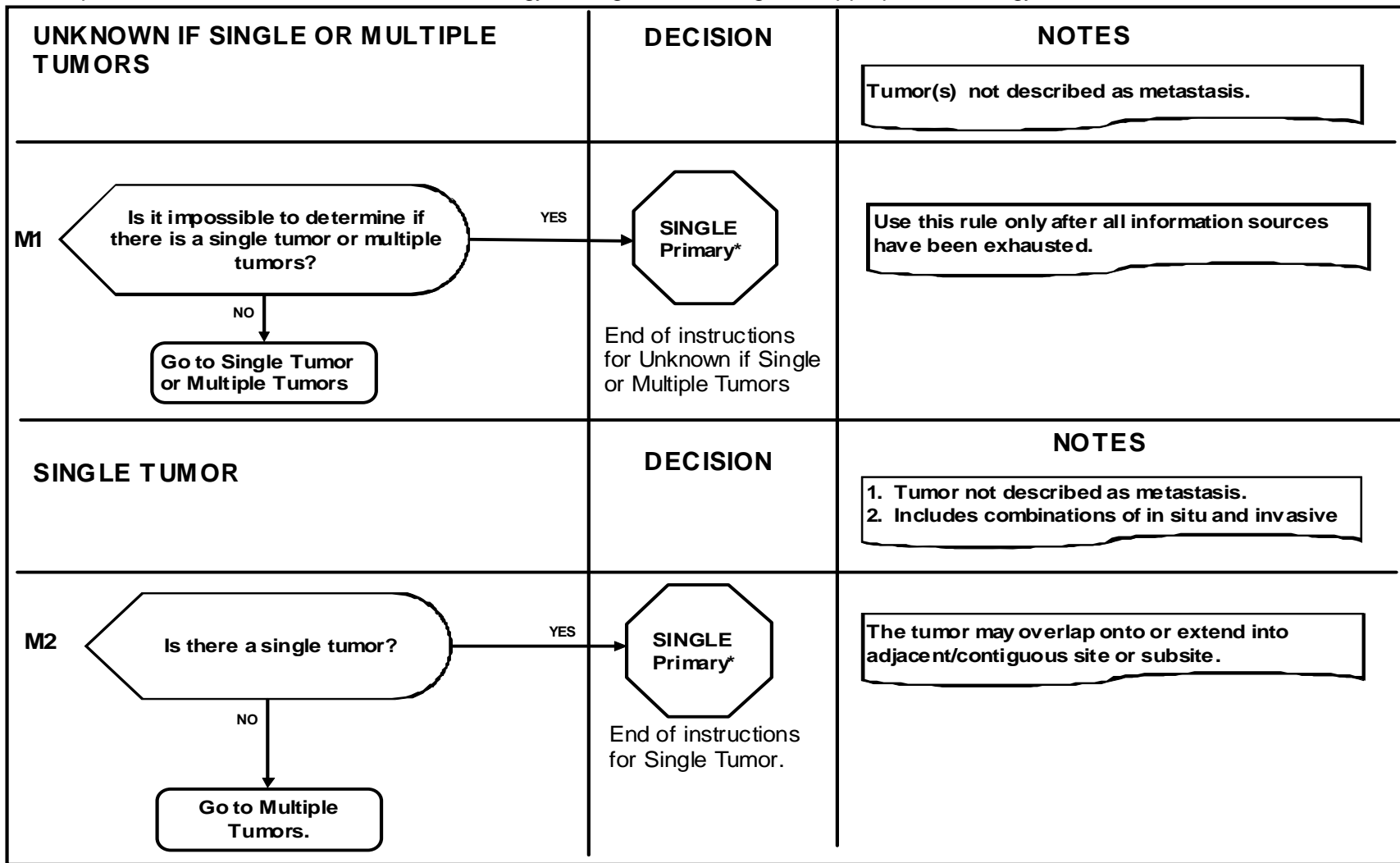
## Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and leukemia)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



Other Sites MP

**Other Sites Multiple Primary Rules - Flowchart**

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

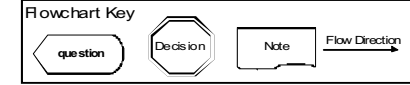


- \* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

<p><b>MULTIPLE TUMORS</b></p> <p>Multiple tumors may be a single primary or multiple primaries.</p>	<p><b>DECISION</b></p>	<p><b>NOTES</b></p>
<p><b>M3</b></p>		
<p><b>M4</b></p>		

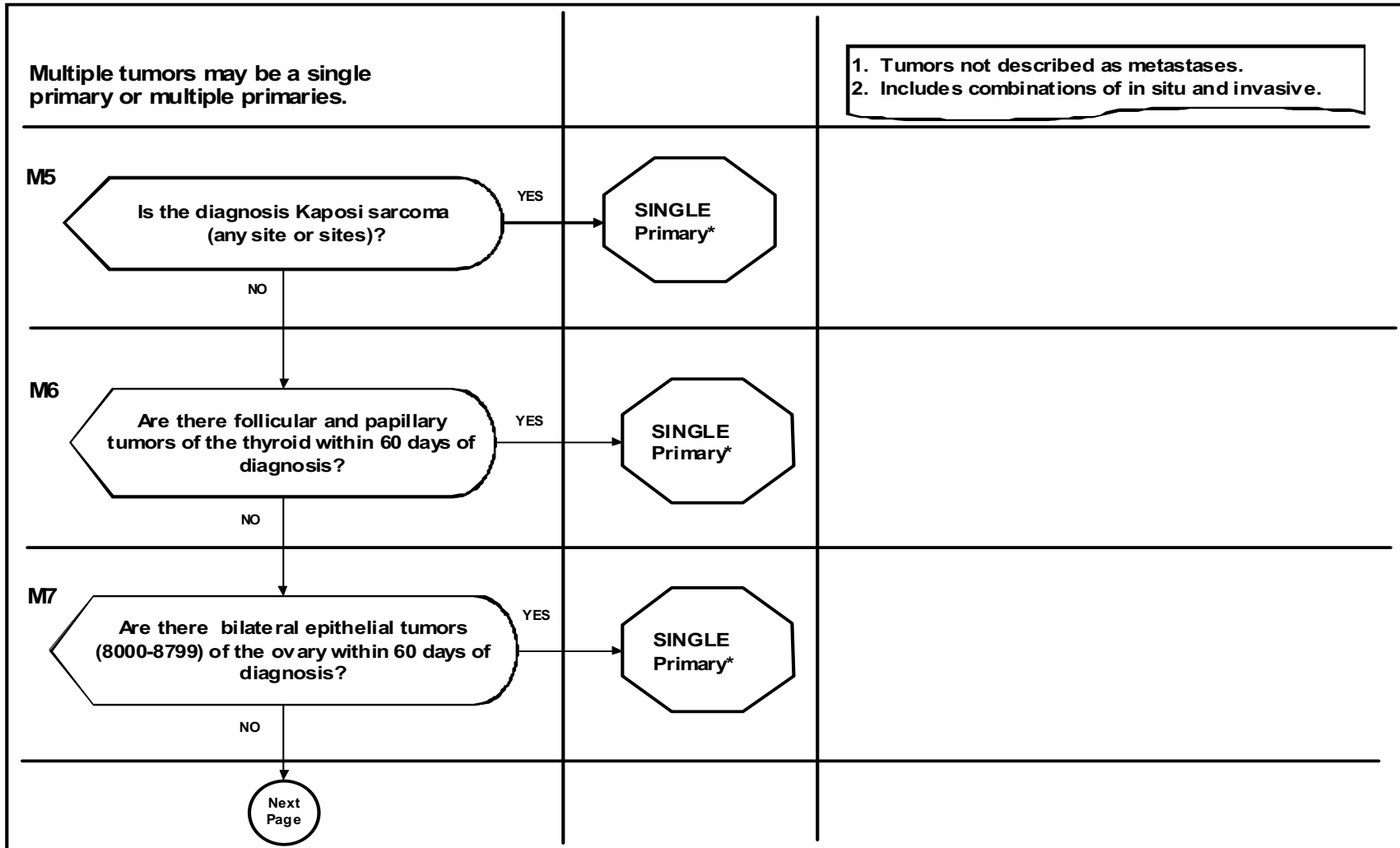
## Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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Other Sites MP

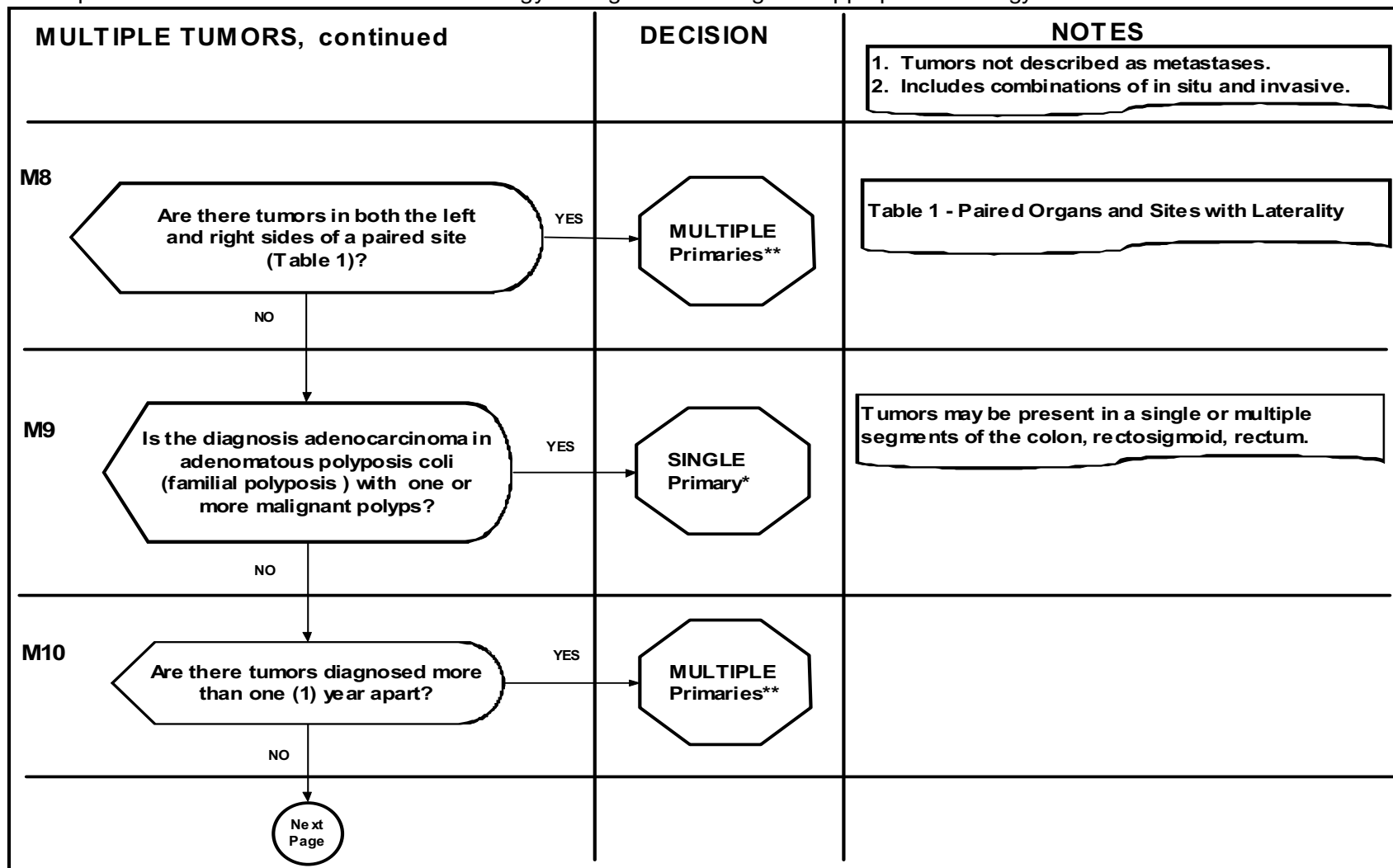
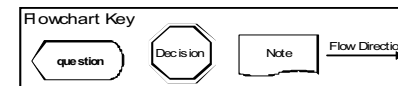
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### Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

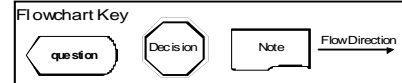
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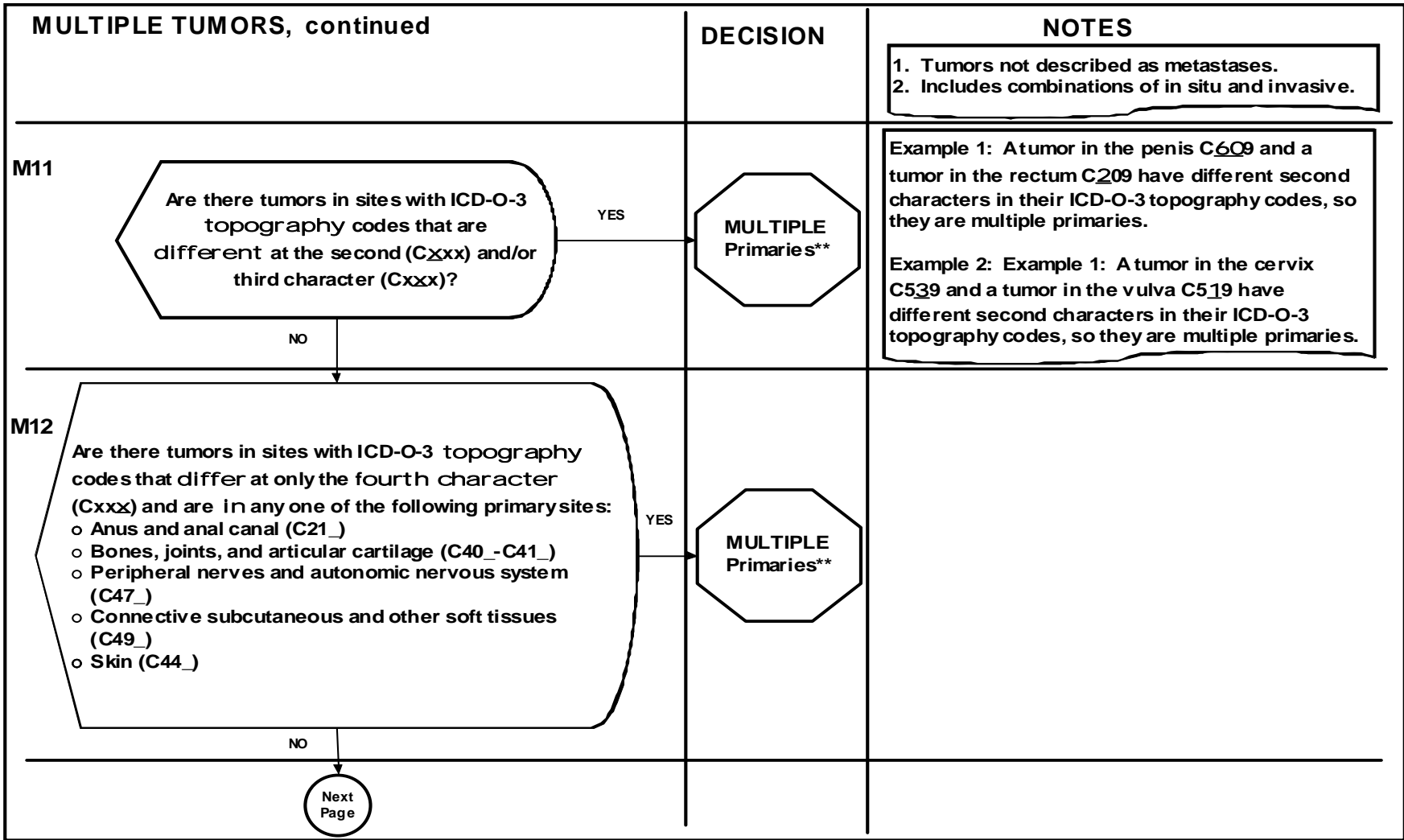
### Other Sites Multiple Primary Rules - Flow chart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



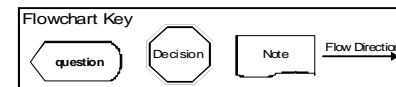
\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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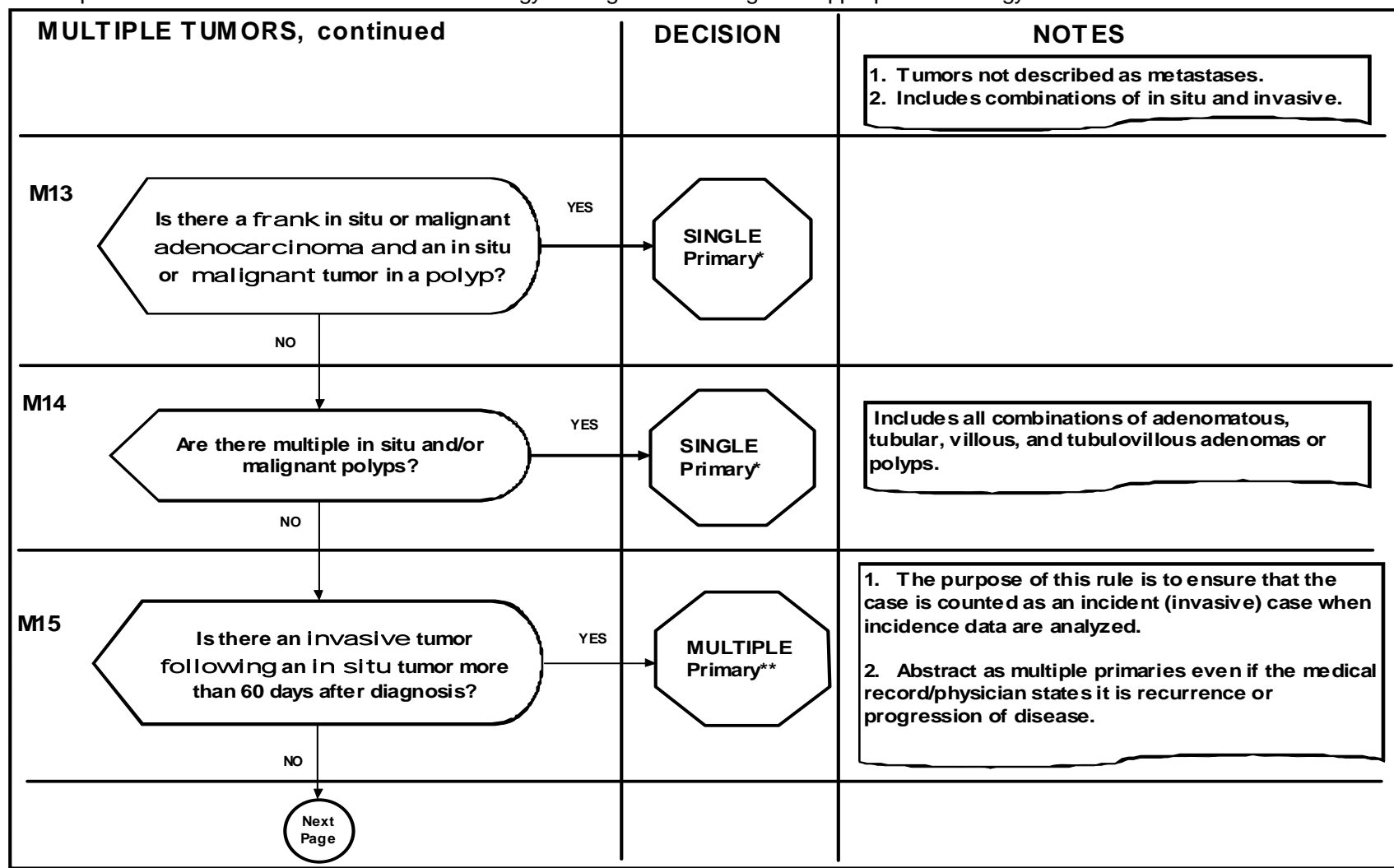
## Other Sites Multiple Primary Rules - Flow chart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



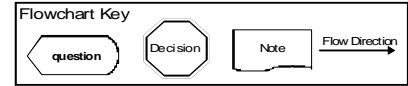
\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

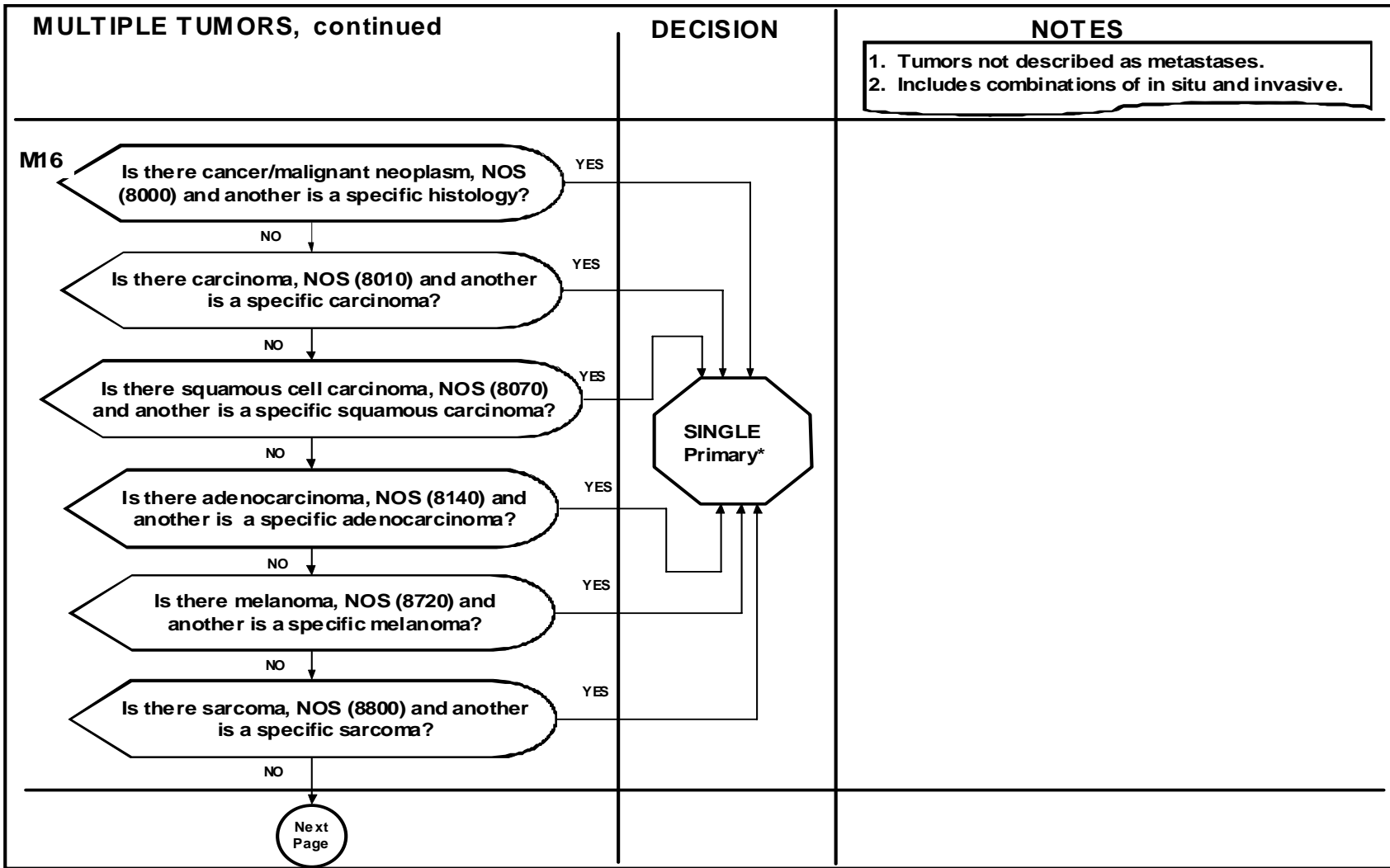


### Other Sites Multiple Primary Rules - Flow chart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



- \* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
- \*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.





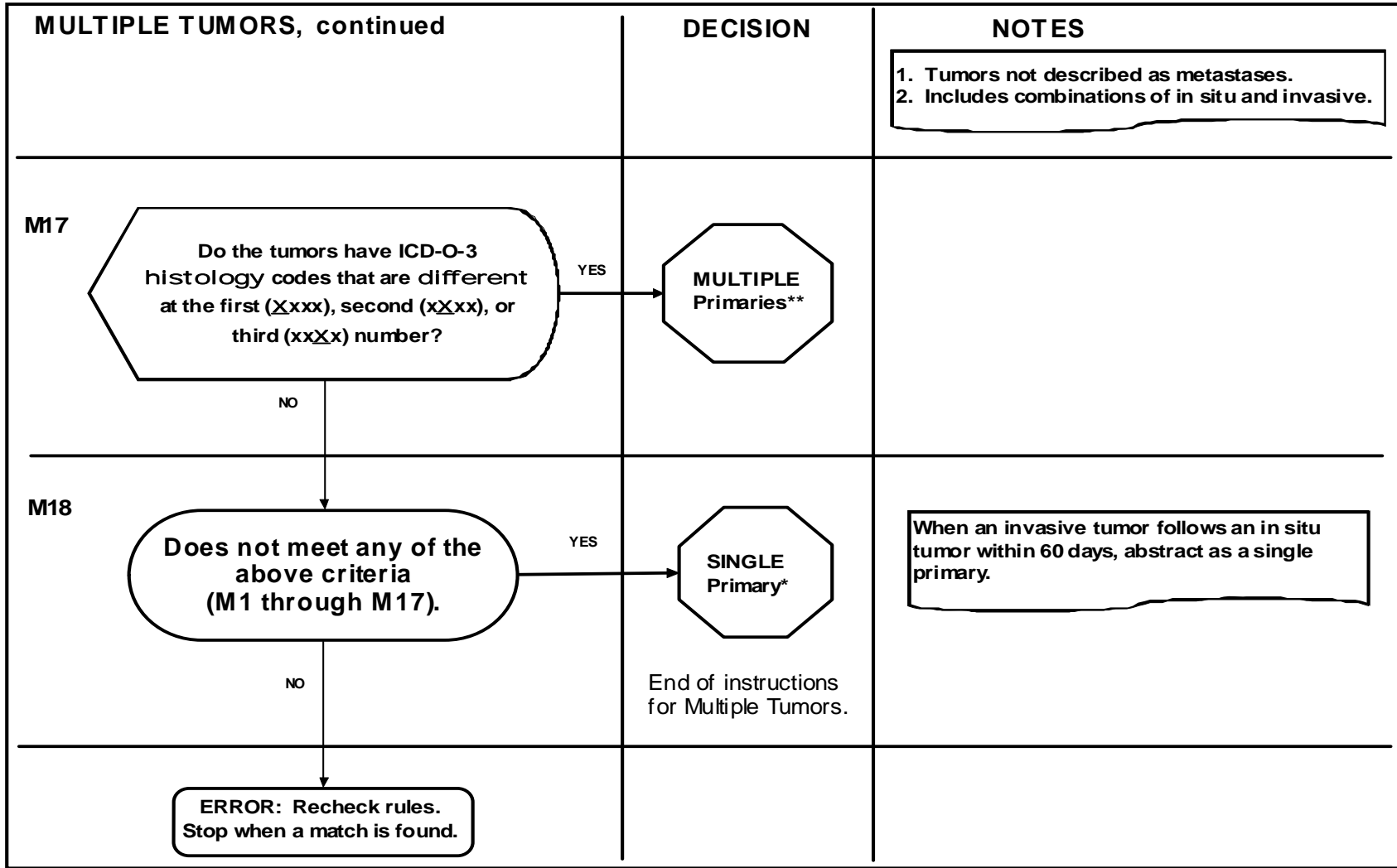
## Other Sites Multiple Primary Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

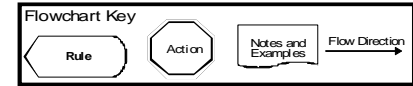
\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



### Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and leukemia)

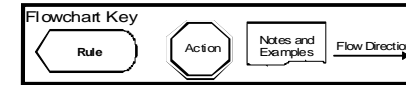
#### SINGLE TUMOR: IN SITU ONLY



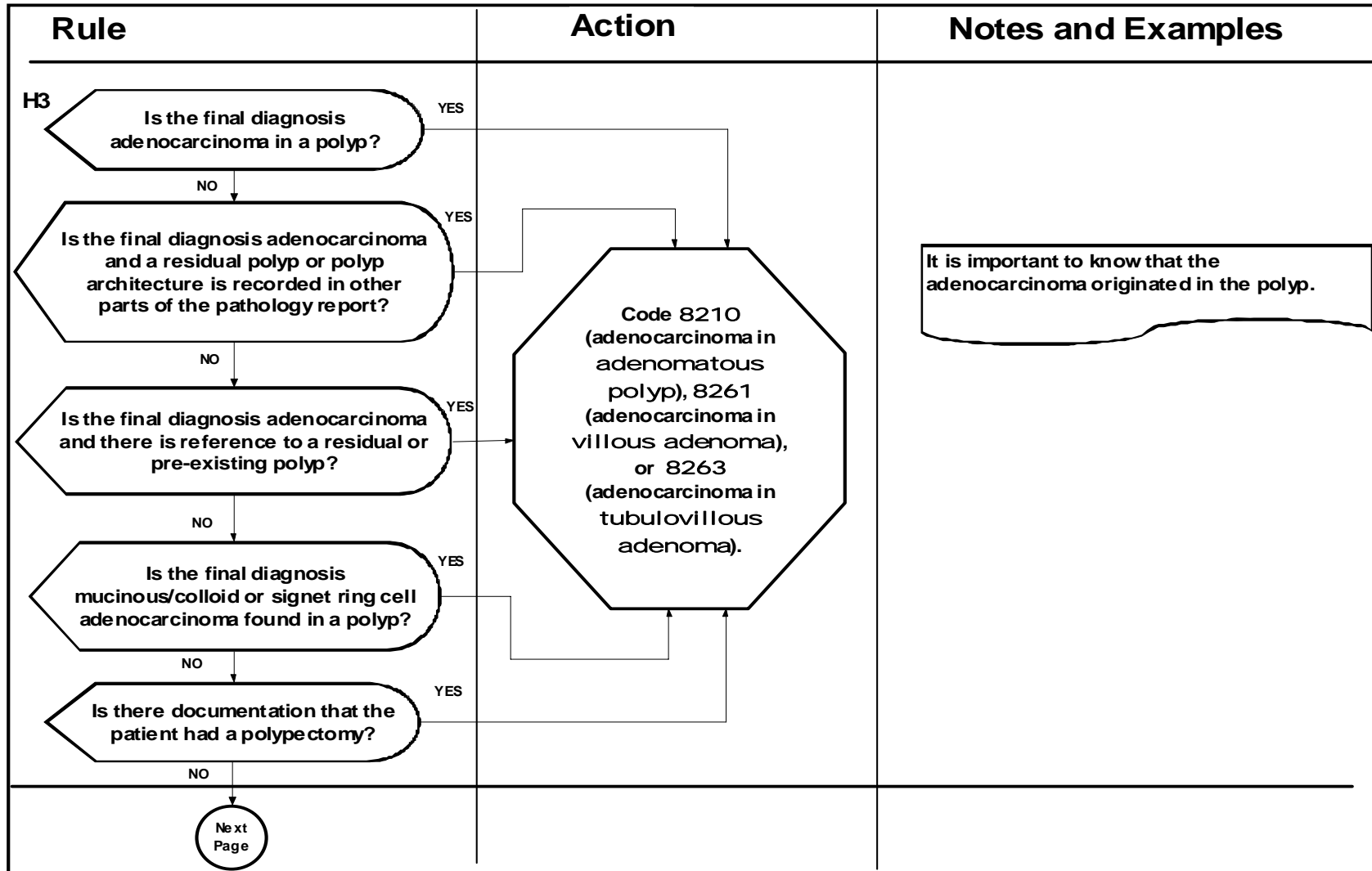
Rule	Action	Notes and Examples
<p><b>H1</b></p> <p>YES</p> <p>NO</p>		<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology             <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H2</b></p> <p>YES</p> <p>NO</p>		<ol style="list-style-type: none"> <li>1. Do not code terms that do not appear in the histology diagnosis.</li> </ol> <p><i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p>

## Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

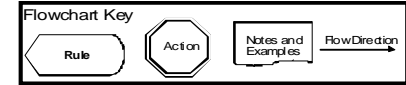


### SINGLE TUMOR: IN SITU ONLY



### Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)



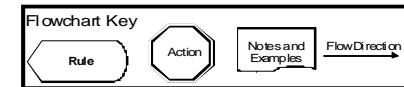
#### SINGLE TUMOR: IN SITU ONLY

Rule	Action	Notes and Examples
<p><b>H4</b></p> <p>Is there carcinoma, NOS (8010) and a specific in situ carcinoma?</p> <p>NO</p> <p>Is there squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma?</p> <p>NO</p> <p>Is there adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma?</p> <p>NO</p> <p>Is there melanoma in situ, NOS (8720) and a specific in situ melanoma?</p> <p>NO</p> <p>Next Page</p>	<p>Code the most specific histologic term.</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.</p>

## Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

### SINGLE TUMOR: IN SITU ONLY



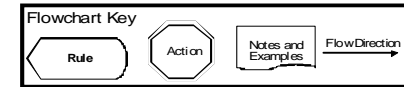
Rule	Action	Notes and Examples
<p><b>H5</b></p> <p>YES</p> <p>NO</p>		
<p><b>H6</b></p>		

This is the end of instructions for Single Tumor: In Situ Carcinoma Only.  
Code the histology according to the rule that fits the case.

### Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

#### SINGLE TUMOR: INVASIVE AND IN SITU

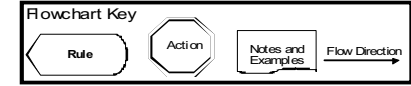


Rule	Action	Notes and Examples
<p>H7</p>		

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.  
Code the histology according to the rule that fits the case.

# Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

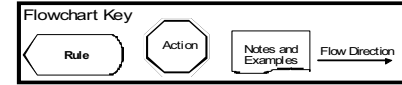


## SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
H8		<p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>○ Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>○ Physician's reference to type of cancer (histology) in the medical record</li> <li>○ CT, PET or MRI scans</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p>
H9		<p>Code the behavior /3.</p>

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**SINGLE TUMOR: INVASIVE ONLY**

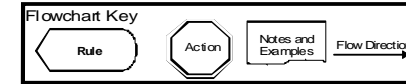
Rule	Action	Notes and Examples
<p><b>H10</b></p>		<p><b>1. Do not code terms that do not appear in the histology description.</b>  <b>Example:</b> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p> <p><b>2. If this is a papillary carcinoma of the thyroid, go to Rule H14</b></p>
<p><b>H11</b></p>		



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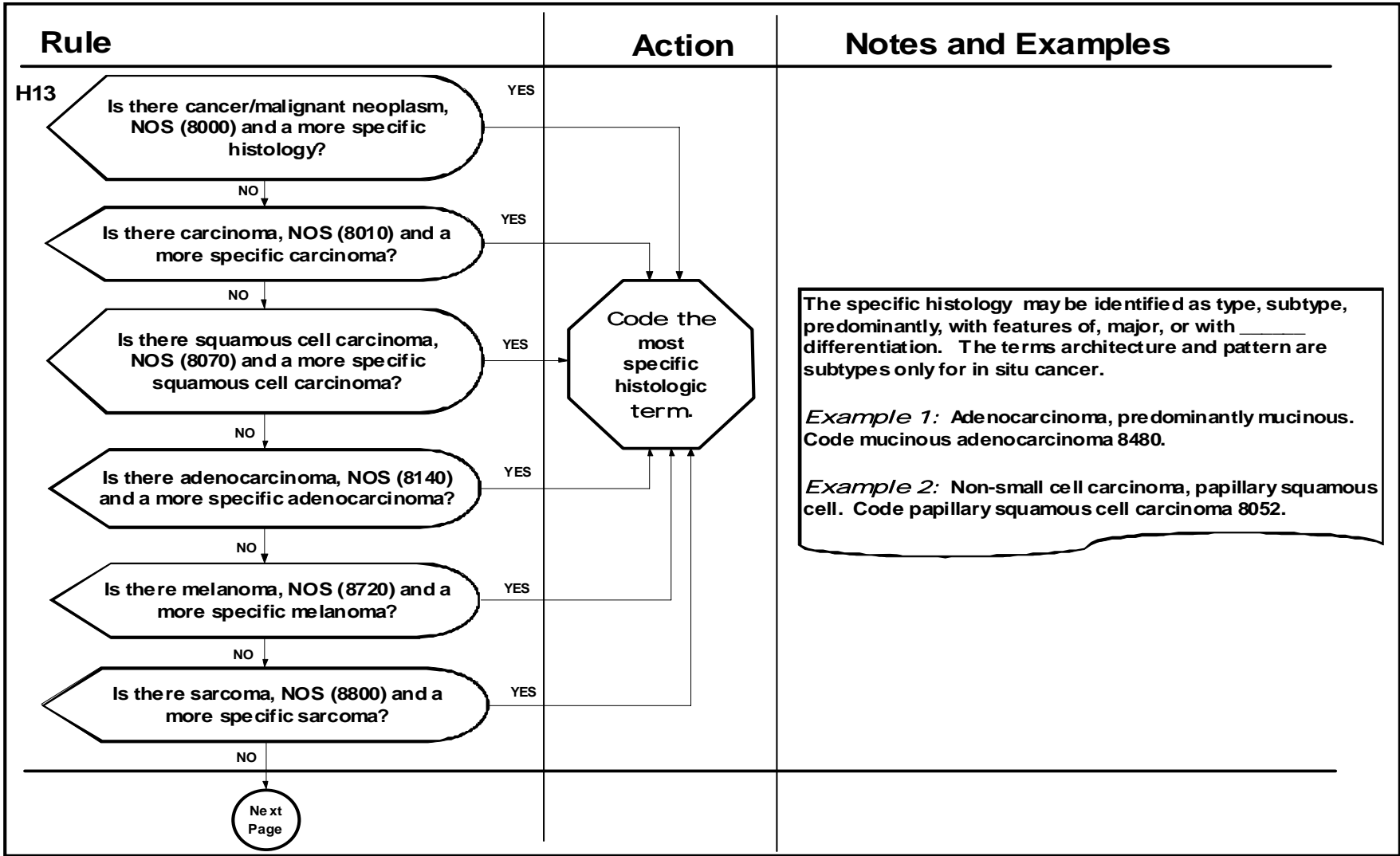
Rule	Action	Notes and Examples
<p><b>H12</b></p> <p>Is the final diagnosis adenocarcinoma in a polyp?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p> <p>NO</p>	<p>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</p>	<p>It is important to know that the adenocarcinoma originated in the polyp.</p>
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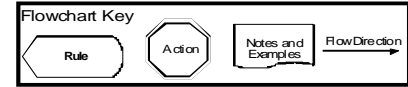


### SINGLE TUMOR: INVASIVE ONLY



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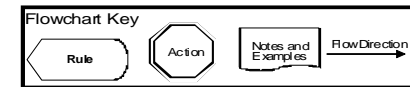


#### SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p><b>H14</b></p> <p>Is the tumor in the thyroid papillary carcinoma?</p> <p>YES</p> <p>NO</p>	<p>Code papillary adenocarcinoma, NOS (8260)</p>	
<p><b>H15</b></p> <p>Does the tumor in the thyroid have follicular and papillary carcinoma?</p> <p>YES</p> <p>NO</p>	<p>Code papillary carcinoma, follicular variant (8340)</p>	
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### SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p><b>H16</b></p> <p>YES</p> <p>NO</p>		<p>The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p><i>Example 1 (multiple specific histologies):</i> Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)</p> <p><i>Example 2 (multiple specific histologies):</i> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p><i>Example 3 (non-specific with multiple specific histologies):</i> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).</p>
<p><b>H17</b></p>		

This is the end of instructions for Single Tumor: Invasive Carcinoma Only.  
Code the histology according to the rule that fits the case.

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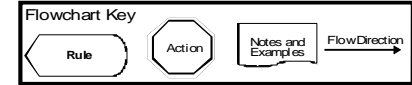


### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H18</p>	<p>Code the histology documented by the physician</p>	<ol style="list-style-type: none"> <li>1. Priority for using documents to code the histology <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physicians reference to type of cancer (histology) in the medical record</li> <li>o CT, PET or MRI scans</li> </ul> </li> <li>2. Code the specific histology when documented.</li> <li>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p>H19</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>
<p>H20</p>	<p>Code 8140 (adeno-carcinoma, NOS)</p>	
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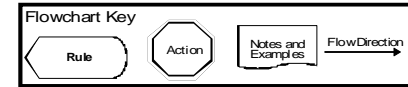


### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H21</b></p> <p>YES</p> <p>NO</p>		<p>1. VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).</p> <p>2. This code may be used for reportable by agreement cases.</p>
<p><b>H22</b></p> <p>YES</p> <p>NO</p>		<p>1. This code may be used for reportable by agreement cases such as intraepithelial neoplasia of the prostate (PIN III).</p>
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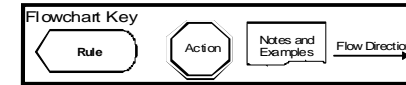
#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H23</p>		<p>Do not code terms that do not appear in the histology description.</p> <p><i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p>
<p>H24</p>		

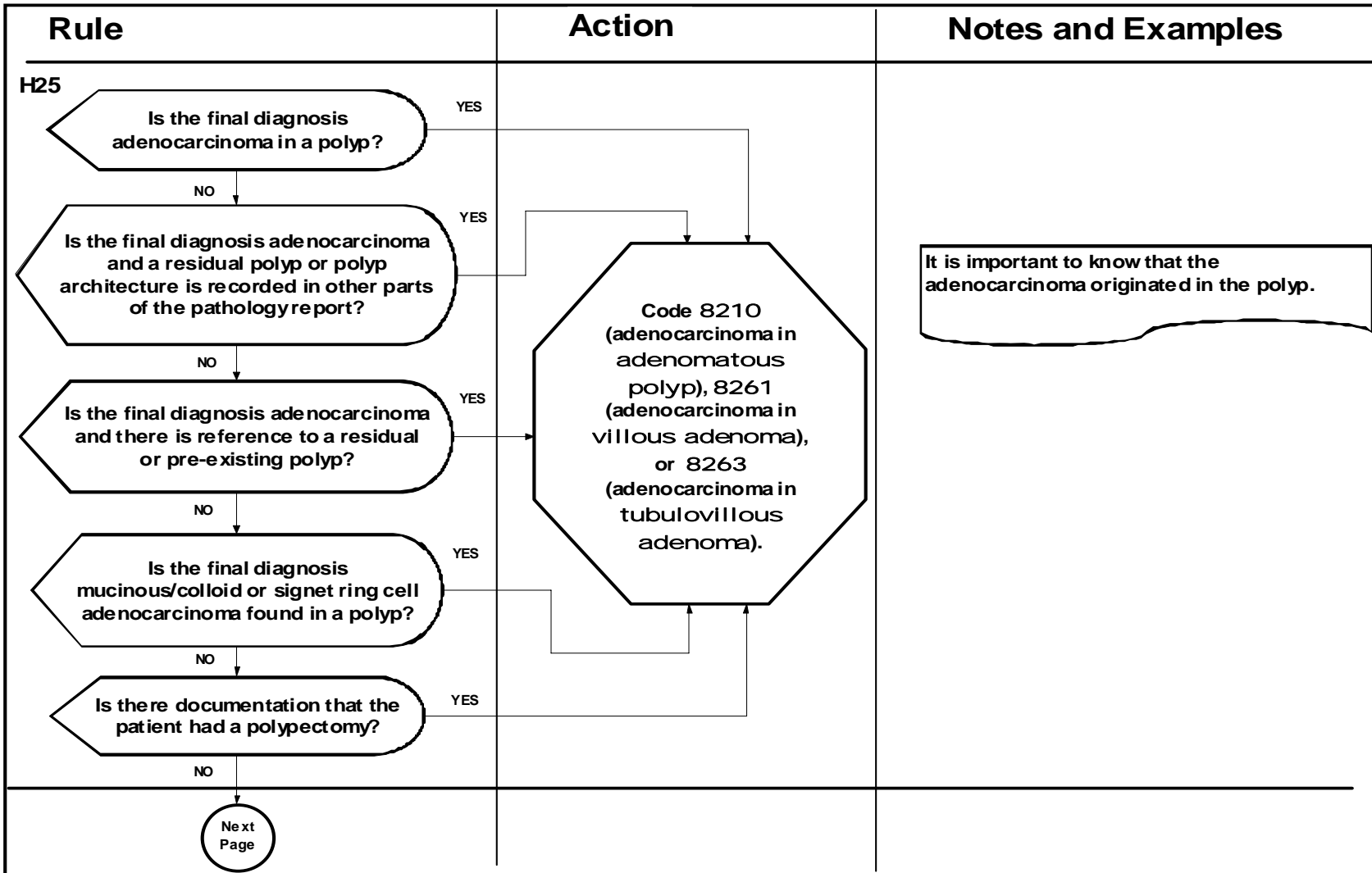


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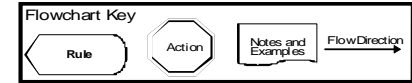


### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



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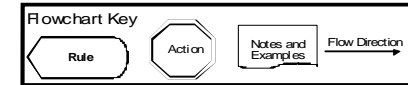


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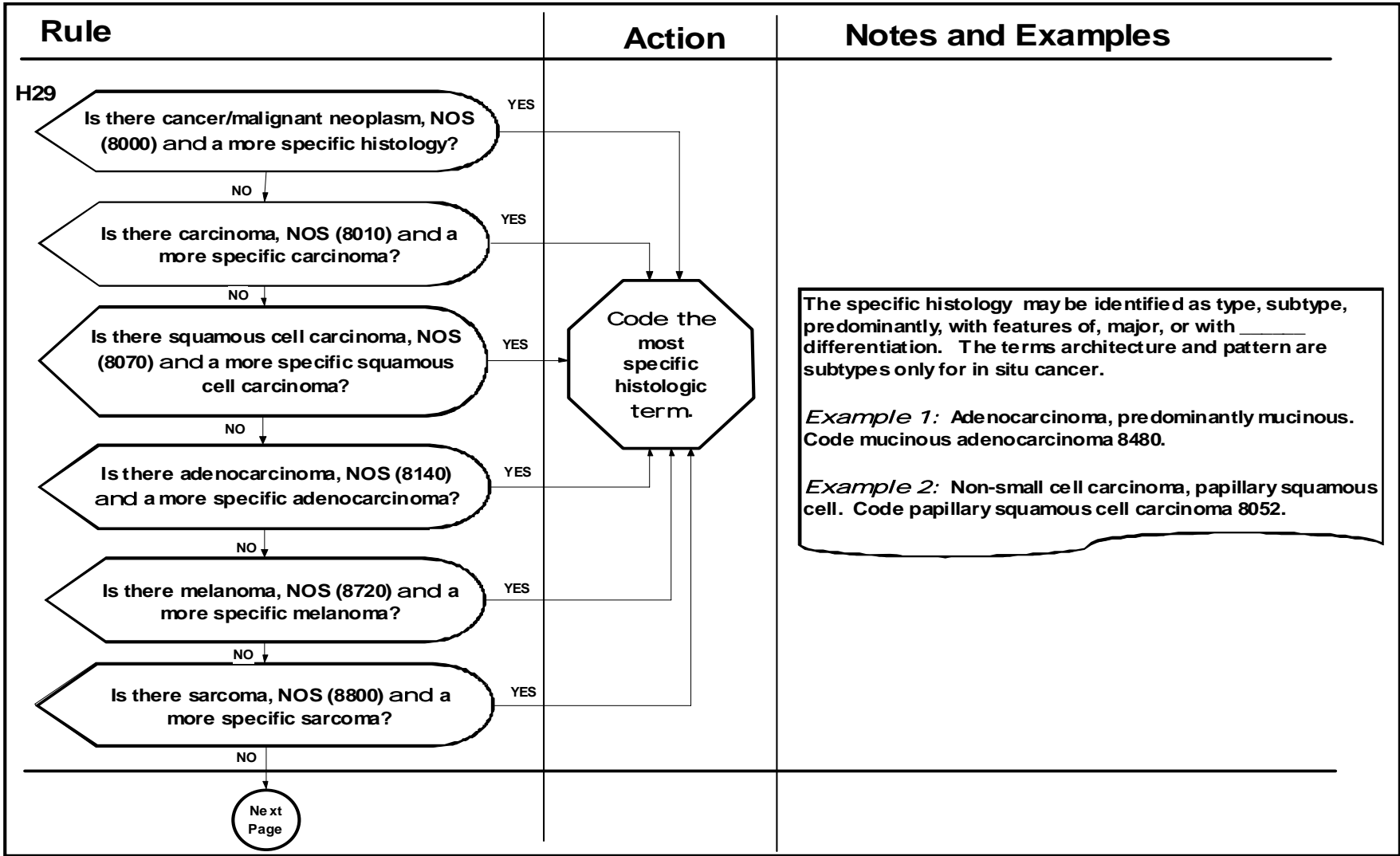
Rule	Action	Notes and Examples
<p><b>H26</b></p> <p>Are the tumors in the thyroid papillary carcinomas?</p> <p>NO</p> <p>YES</p>	<p>Code papillary adenocarcinoma, NOS (8260)</p>	
<p><b>H27</b></p> <p>Do the tumors in the thyroid have follicular and papillary carcinoma?</p> <p>NO</p> <p>YES</p>	<p>Code papillary carcinoma, follicular variant (8340)</p>	
<p><b>H28</b></p> <p>Does the tumor have invasive and in situ components?</p> <p>NO</p> <p>YES</p>	<p>Code the single invasive histology. Ignore the In situ terms.</p>	<p>This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.</p>
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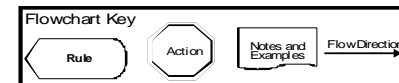


### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



### Other Sites Histology Coding Rules - Flow chart

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#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H30</b></p> <p>Does the tumor have multiple specific histologies or is there a non-specific histology with multiple specific histologies?</p> <p>YES</p> <p>NO</p>	<p>Code the appropriate combination/mixed code (Table 2)</p>	<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with differentiation.</p> <p><i>Example 1 (multiple specific histologies):</i> Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p><i>Example 2 (multiple specific histologies):</i> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p><i>Example 3 (non-specific with multiple specific histologies):</i> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>
<p><b>H31</b></p>	<p>Code the histology with the numerically higher ICD-O-3 code.</p>	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.