

**Kidney Histology Coding Rules – Text
C649**

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

SINGLE TUMOR

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.

Note 1: Priority for using documents to code the histology

- Documentation medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.

Note 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.

Rule H2 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H3 Code the **histology** when only one histologic type is identified.

Rule H4 Code the **invasive** histologic type when there are invasive and in situ components.

Rule H5 Code the **specific type** when the diagnosis is

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
- Renal cell carcinoma, NOS (8312) and one specific renal cell type

Note 1: Use Table 1 to identify specific renal cell types.

Note 2: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

Note 3: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H6 Code 8255 (adenocarcinoma with mixed subtypes) when there are **two or more specific** renal cell carcinoma types.

Note: Use Table 1 to identify specific renal cell types.

Example: Renal cell carcinoma, papillary and clear cell types. Assign code 8255.

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C649****(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)****Rule H7** Code the histology with the **numerically higher** ICD-O-3 code.**This is the end of instructions for Single Tumor.****Code the histology according to the rule that fits the case.****MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY****Rule H8** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

Note 2: Code the specific histology when documented.*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when no specific histology is documented.**Rule H9** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.*Note:* Code the behavior /3.**Rule H10** Code the histology when only **one histologic type** is identified.**Rule H11** Code the histology of the **most invasive** tumor.*Note 1:* This rule should only be used when the first three digits of the histology codes are identical (This is a single primary).*Note 2:* See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.

- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
- If both/all histologies are invasive, code the histology of the most invasive tumor.

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- Rule H12** Code the **specific type** when the diagnosis is
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
 - Carcinoma, NOS (8010) and a more specific carcinoma or
 - Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or
 - Renal cell carcinoma, NOS (8312) and one specific renal cell type

Note 1: Use Table 1 to identify specific renal cell types.

Note 2: The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation

Note 3: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H13 Code the histology with the **numerically higher** ICD-O-3 code.

**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.**
