

**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**  
**Histology Coding Rules – Text**  
**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.

**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 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 as stated by the physician when nothing more specific is documented.

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

*Note:* Code the behavior /3.

**Rule H3** Code **9382/3** (mixed glioma) when **at least two** of the following cells and/or differentiation are present:

- Astrocytic
- Oligodendroglial
- Ependymal

**Rule H4** Code the histology when only **one histologic type** is identified.

**Rule H5** Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on the same branch** in Chart 1 or Chart 2.

**Rule H6** 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.**

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**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

- Rule H7** 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 as stated by the physician when nothing more specific is documented.
- Rule H8** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.  
*Note:* Code the behavior /3.
- Rule H9** Code the histology when only **one histologic type** is identified.
- Rule H10** Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on** the **same branch** in Chart 1 or Chart 2.
- Rule H11** 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.**

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