

## Colon Histology Coding Rules – Matrix C180 – C189

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

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR</b>					
<b>H1</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<p><b>1:</b> 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><b>2:</b> Code the specific histology when documented.</p> <p><b>3:</b> 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>	The histology documented by the physician
<b>H2</b>	None from primary site			Code the behavior /3	The histology from metastatic site

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H3		Intestinal type adenocarcinoma or adenocarcinoma, intestinal type		<p><i>1:</i> Intestinal type adenocarcinoma usually occurs in the stomach.</p> <p><i>2:</i> When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.</p>	8140 (Adenocarcinoma, NOS)
H4		<p>Final diagnosis:</p> <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report or</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp within the medical record or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> <p>There is documentation that the patient had a polypectomy</p>		<p><i>1:</i> It is important to know that the adenocarcinoma originated in a polyp.</p> <p><i>2:</i> 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>	8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenoma)
H5		<p>Final diagnosis is:</p> <ul style="list-style-type: none"> <li>• Mucinous/colloid (8480) or signet ring cell carcinoma (8490) or</li> <li>• Adenocarcinoma, NOS <b>and</b> microscopic description documents 50% or more of the tumor is mucinous/colloid or</li> <li>• Adenocarcinoma, NOS <b>and</b> microscopic description documents 50% or more of the tumor is signet ring cell carcinoma</li> </ul>			8480 (Mucinous/colloid adenocarcinoma) or 8490 (Signet ring cell carcinoma)

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<b>H6</b>		Final diagnosis is adenocarcinoma and: <ul style="list-style-type: none"> <li>• Microscopic description states less than 50% of the tumor is mucinous/colloid, or</li> <li>• Microscopic description states less than 50% of the tumor is signet ring cell carcinoma, or</li> <li>• Percentage of Mucinous/colloid or signet ring cell carcinoma is unknown</li> </ul>			8140 (Adenocarcinoma, NOS)
<b>H7</b>		Combination of mucinous/colloid and signet ring cell carcinoma			8255 (Adenocarcinoma with mixed subtypes)
<b>H8</b>		Neuroendocrine carcinoma (8246) and carcinoid tumor (8240)			8240 (Carcinoid tumor, NOS)
<b>H9</b>		Adenocarcinoma and carcinoid tumor			8244 (Composite carcinoid)
<b>H10</b>		<u>Exactly</u> “adenocarcinoid”			8245 (Adenocarcinoid)
<b>H11</b>		One type			The histology
<b>H12</b>			Invasive and in situ		The invasive histologic type

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<b>H13</b>		<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>• Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)</li> </ul>		<p><i>1.</i> 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><i>2.</i> The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation.</p>	The most specific histologic term
<b>H14</b>	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

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Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>					
These rules only apply to multiple tumors that are reported as a <b>single primary</b>					
<b>H15</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<p><b>1:</b> 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><b>2:</b> Code the specific histology when documented</p> <p><b>3:</b> 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>	The histology documented by the physician
<b>H16</b>	None from primary site			Code the behavior /3	The histology from a metastatic site

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Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H17		<ul style="list-style-type: none"> <li>Clinical history says familial polyposis and final diagnosis on pathology report from resection is adenocarcinoma in adenomatous polyps, or</li> <li>&gt; 100 polyps in resected specimen or</li> <li>Number of polyps is not given but the diagnosis is familial polyposis</li> </ul>			8220 (Adenocarcinoma in adenomatous polyposis coli)
H18		Multiple in situ or malignant polyps are present, at least one of which is tubulovillous		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.	8263 (Adenocarcinoma in a tubulovillous adenoma)
H19		<ul style="list-style-type: none"> <li>&gt;1 and &lt;= 100 polyps identified in resected specimen, or</li> <li>Multiple polyps (adenomas) and the number is not given and familial polyposis is not mentioned</li> </ul>		Use this rule only when there are multiple polyps. Do not use for a single polyp (adenoma) or for a frank malignancy and a malignancy in a single polyp (adenoma).	8221 (adenocarcinoma in multiple adenomatous polyps)

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H20		<ul style="list-style-type: none"> <li>Frank adenocarcinoma and a carcinoma in a polyp, or</li> <li>In situ and invasive tumors or</li> <li>Multiple invasive tumors</li> </ul>		<p><b>1:</b> See the Colon Equivalent Terms, Definitions 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><b>2:</b> If tumors are equally invasive, go to the next rule</p>	The histology of the most invasive tumor
H21		<p>Final diagnosis:</p> <ul style="list-style-type: none"> <li>Adenocarcinoma <b>and</b> the microscopic description or surgical gross describes polyps or</li> <li>Adenocarcinoma <b>and</b> there is reference to residual or pre-existing polyps or</li> <li>Mucinous/colloid or signet ring cell adenocarcinoma in polyps or</li> </ul> <p>There is documentation that the patient had a polypectomy</p>		It is important to know that the adenocarcinoma originated in a polyp.	8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenocarcinoma)
H22		One type			The histology

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Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H23		<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) and a specific histology or</li> <li>• Carcinoma, NOS (8010) and a specific carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or</li> <li>• Sarcoma, NOS (8800) and a specific sarcoma (invasive only)</li> </ul>		<p><b>1:</b> The specific histology for <b>in situ</b> tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____differentiation</p> <p><b>2:</b> The specific histology for <b>invasive</b> tumors may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation.</p>	The more specific histologic term
H24	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code