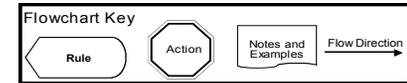


Other Sites Histology Coding Rules - Flow chart

(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>H1</p> <p>YES</p> <p>NO</p>		<ol style="list-style-type: none"> 1. Priority for using documents to code the histology <ul style="list-style-type: none"> o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record 2. Code the specific histology when documented. 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>H2</p> <p>YES</p> <p>NO</p>		<ol style="list-style-type: none"> 1. Do not code terms that do not appear in the histology diagnosis. <p>Example: 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)

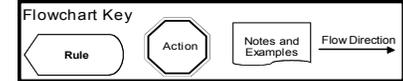


SINGLE TUMOR: IN SITU ONLY

Rule	Action	Notes and Examples
<p>H3</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>
<p>Next Page</p>		

Other Sites Histology Coding Rules - Flowchart

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



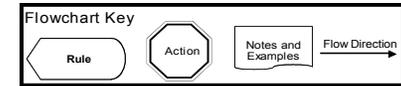
SINGLE TUMOR: IN SITU ONLY

Rule	Action	Notes and Examples
<p>H4</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



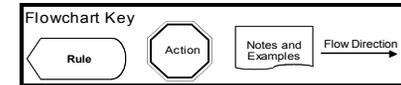
Rule	Action	Notes and Examples
<p>H5</p> <p>Does the tumor have multiple specific histologies or is there a non-specific histology with multiple specific histologies?</p> <p>YES</p> <p>NO</p>	<p>Code the appropriate combination/mixed code (Table 2)</p>	<p>The specific histology may be identified as type, 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>H6</p>	<p>Code the numerically higher ICD-O-3 code.</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

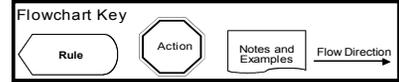


Rule	Action	Notes and Examples
<p>H7</p>		

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)

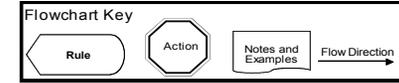


SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
H8		<ul style="list-style-type: none"> 1. Priority for using documents to code the histology <ul style="list-style-type: none"> o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 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.
H9		<p>Code the behavior /3.</p>

Other Sites Histology Coding Rules - Flowchart

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

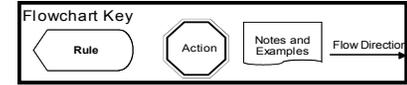


SINGLE TUMOR: INVASIVE ONLY

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

Other Sites Histology Coding Rules - Flowchart

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

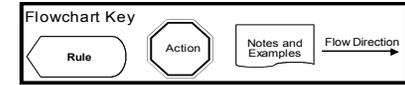


SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p>H12</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>
<p>Next Page</p>		

Other Sites Histology Coding Rules - Flowchart

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

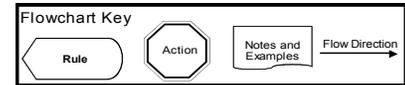


SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples	
<p>H13</p> <p>Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?</p> <p>NO</p>	<p>YES</p>		
<p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p> <p>NO</p>	<p>YES</p>		
<p>Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?</p> <p>NO</p>	<p>YES</p>		
<p>Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?</p> <p>NO</p>	<p>YES</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>Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.</p> <p>Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.</p>	
<p>Is there melanoma, NOS (8720) and a more specific melanoma?</p> <p>NO</p>	<p>YES</p>		
<p>Is there sarcoma, NOS (8800) and a more specific sarcoma?</p> <p>NO</p>	<p>YES</p>		
<p>Next Page</p>			
<p>Code the most specific histologic term.</p>			

Other Sites Histology Coding Rules - Flowchart

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

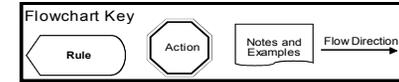


SINGLE TUMOR: INVASIVE ONLY

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

Other Sites Histology Coding Rules -Flowchart

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



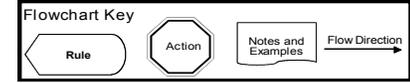
SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
<p>H16</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 type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p>Example 1 (multiple specific histologies): Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).</p>
<p>H17</p>	<p>Code the numerically higher ICD-O-3 code.</p>	

This is the end of instructions for Single Tumor: Invasive 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)

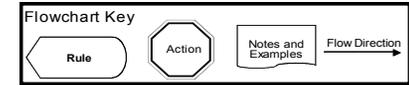


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H18</p>		<ol style="list-style-type: none"> 1. Priority for using documents to code the histology <ul style="list-style-type: none"> o Documentation in the medical record that refers to pathologic or cytologic findings o Physicians reference to type of cancer (histology) in the medical record o CT, PET or MRI scans 2. Code the specific histology when documented. 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>H19</p>		<p>Code the behavior /3.</p>
<p>H20</p>		

Other Sites Histology Coding Rules - Flowchart

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

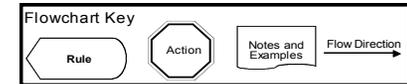


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H21</p> <p>Is the diagnosis in situ squamous intraepithelial neoplasia grade III of the vulva (VIN III) vagina (VAIN III), or anus (AIN III)?</p>	<p>Code 8077/2 (sqamous intraepithelial neoplasia, grade III).</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>H22</p> <p>Is the diagnosis in situ glandular intraepithelial neoplasia grade III of the pancreas (PAIN III)?</p>	<p>Code 8148/2 (Glandular intraepithelial neoplasia grade III)</p>	<p>1. This code may be used for reportable by agreement cases such as intraepithelial neoplasia of the prostate (PIN III).</p>
<p>Next Page</p>		

Other Sites Histology Coding Rules - Flowchart

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



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>Example: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.</p>
<p>H24</p>		

Other Sites Histology Coding Rules - Flowchart

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

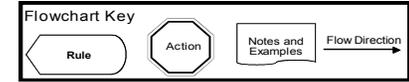


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

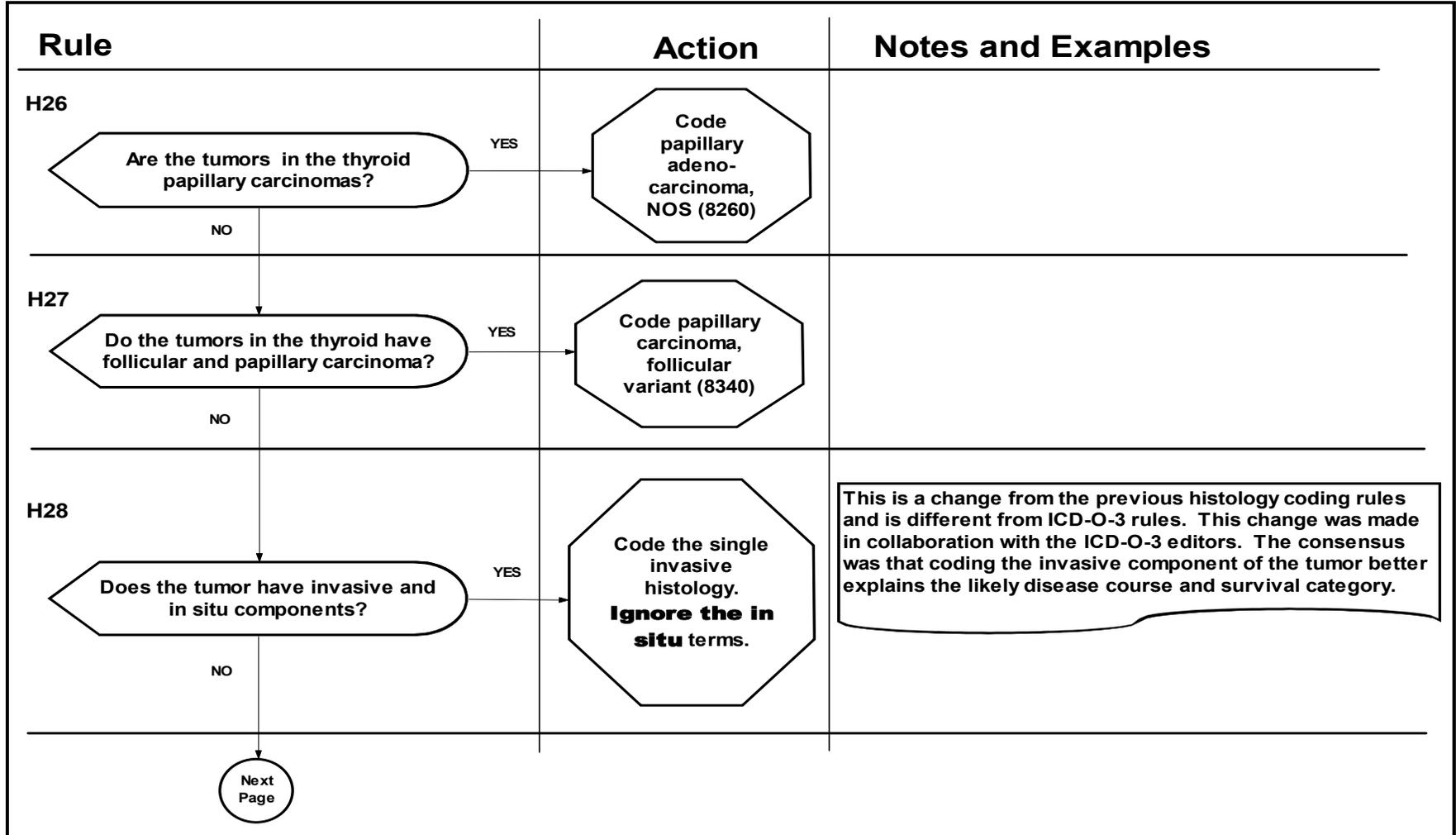
Rule	Action	Notes and Examples
<p>H25</p> <p>Is the final diagnosis adenocarcinoma in a polyp?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and 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>
<p>Next Page</p>		

Other Sites Histology Coding Rules - Flowchart

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

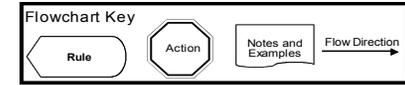


MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



Other Sites Histology Coding Rules - Flowchart

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



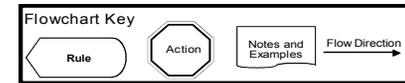
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H29</p> <p>Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?</p>	<p>YES</p>	
<p>NO</p> <p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p>	<p>YES</p>	
<p>NO</p> <p>Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma?</p>	<p>YES</p>	
<p>NO</p> <p>Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?</p>	<p>YES</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>Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.</p> <p>Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.</p>
<p>NO</p> <p>Is there melanoma, NOS (8720) and a more specific melanoma?</p>	<p>YES</p>	
<p>NO</p> <p>Is there sarcoma, NOS (8800) and a more specific sarcoma?</p>	<p>YES</p>	
<p>NO</p>		
<p>Next Page</p>		

Code the most specific histologic term.

Other Sites Histology Coding Rules - Flowchart

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



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p>H30</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>Example 1 (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>
<p>H31</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.