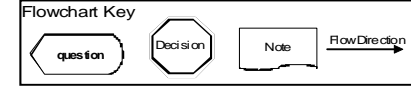# VI.
Flowchart Format – Multiple Primary and Histology Coding Rules

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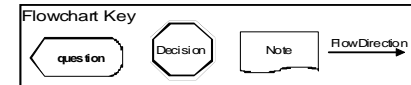** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.
M1 Is it impossible to determine if there is a single tumor or multiple tumors? — YES → **SINGLE Primary*** End of instructions for Unknown if Single or Multiple Tumors. NO ↓ **Go to Single Tumor or Multiple Tumors**		**Use this rule only after all information sources have been exhausted.** **_Example 1:_** 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. **_Example 2:_** 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.

SINGLE TUMOR	DECISION	NOTES
		1. **Tumor not described as metastasis.** 2. **Includes combinations of in situ and invasive**
M2 Is there a single tumor? — YES → **SINGLE Primary*** End of instructions for Single Tumor. NO ↓ **Go to Multiple Tumors.**		**The tumor may overlap onto or extend into adjacent/contiguous site or subsite.**

Head and Neck MP

Head and Neck MP

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)

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

Flowchart Key

question   Decision   Note   FlowDirection

*   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
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M3 Are there tumors in **both** the left and right sides of a paired site? — YES →	MULTIPLE Primaries**	See Table 1 for list of paired sites.
↓ NO		
M4 Are there tumors on the **upper lip** (C000 or C003) **and** the **lower lip** (C001 or C004)? — YES →	MULTIPLE Primaries**	
↓ NO		
M5 Are there tumors on the **upper gum** (C030) **and** the **lower gum** (C031)? — YES →	MULTIPLE Primaries**	
↓ NO		
M6 Are there tumors in the **nasal cavity** (C300) **and** the **middle ear** (C301? — YES →	MULTIPLE Primaries**	
↓ NO		
Next Page		

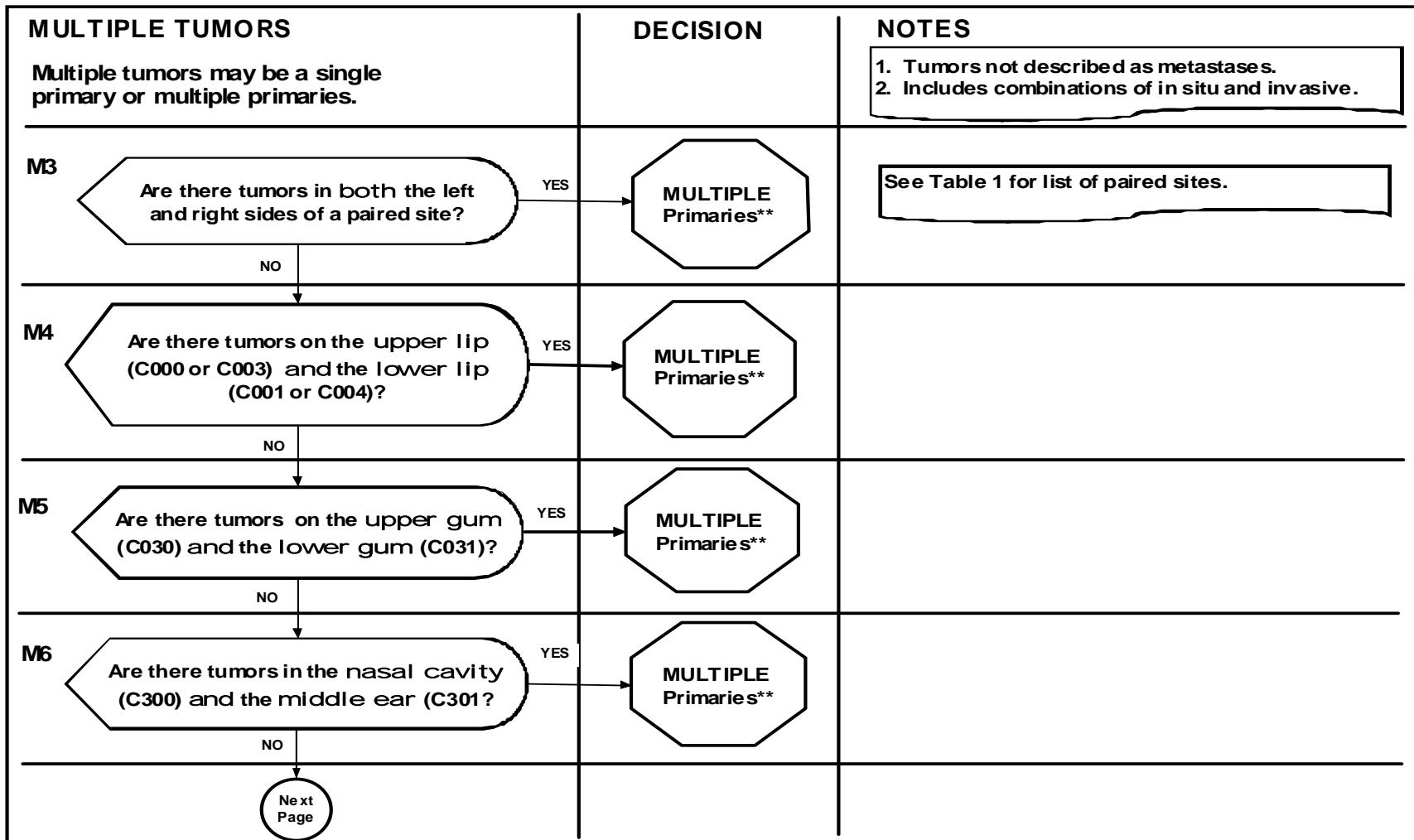# Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)

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

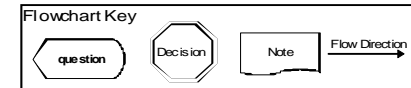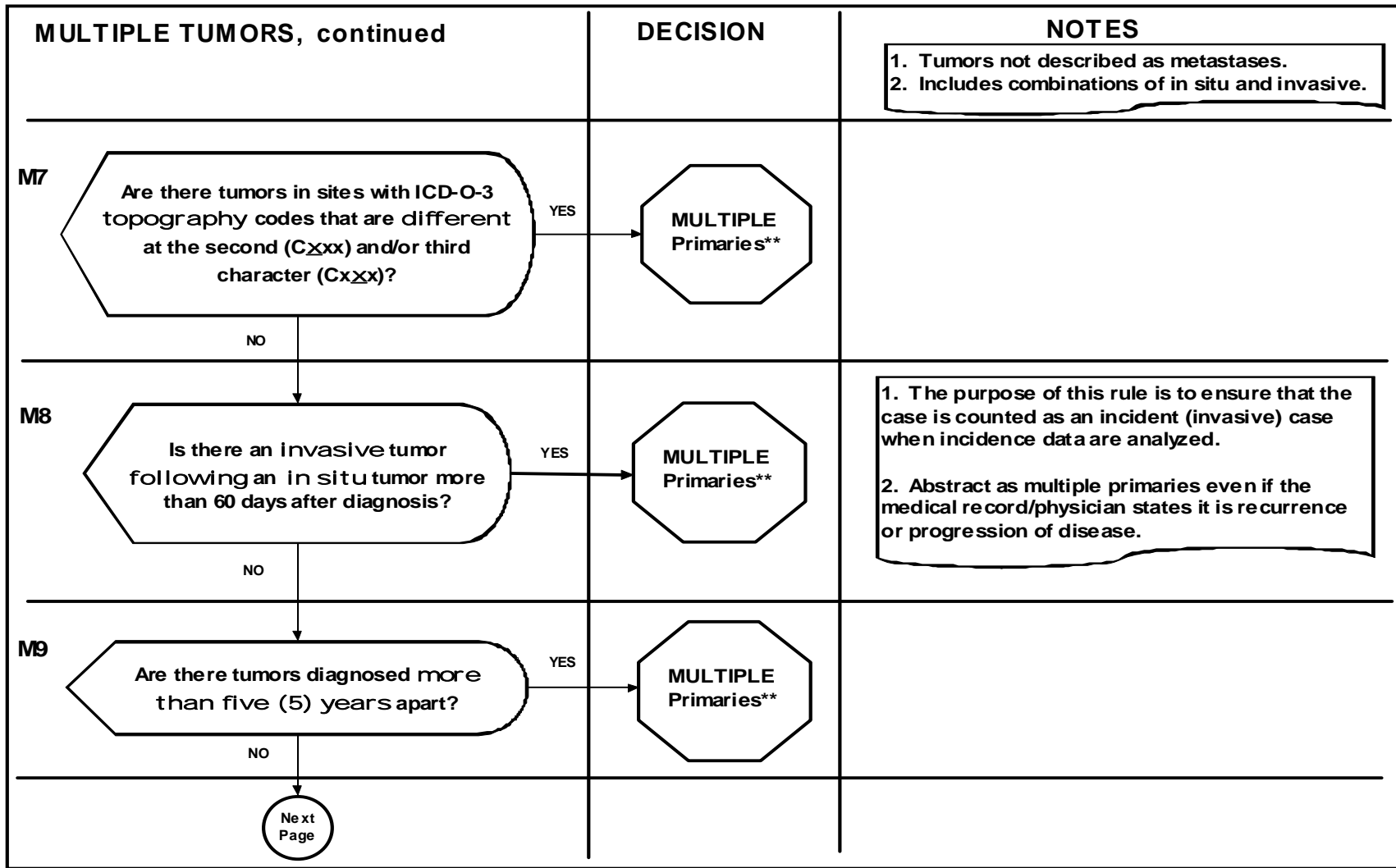*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
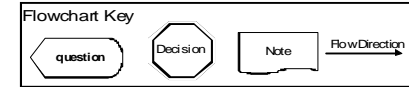
**   Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M7 Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x)? YES →	MULTIPLE Primaries**	
↓ NO		
M8 Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis? YES →	MULTIPLE Primaries**	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
↓ NO		
M9 Are there tumors diagnosed **more than five (5) years** apart? YES →	MULTIPLE Primaries**	
↓ NO (Next Page)		

Head and Neck MP

Head and Neck MP

Head and Neck Multiple Primary Rules-Flowchart

(C000-C148, C300-C329)

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

Flowchart Key | question | Decision | Note | FlowDirection

* 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
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M10

Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology? — YES

NO

Is there carcinoma, NOS (8010) and another is a specific carcinoma? — YES

NO

Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma? — YES

NO

Is there squamous cell carcinoma, NOS (8070) and another is a specific squamous cell carcinoma? — YES

NO

Is there melanoma, NOS (8720) and another is a specific melanoma? — YES

NO

Is there sarcoma, NOS (8800) and another is a specific sarcoma? — YES

NO

SINGLE Primary*

Next Page

January 1, 2007

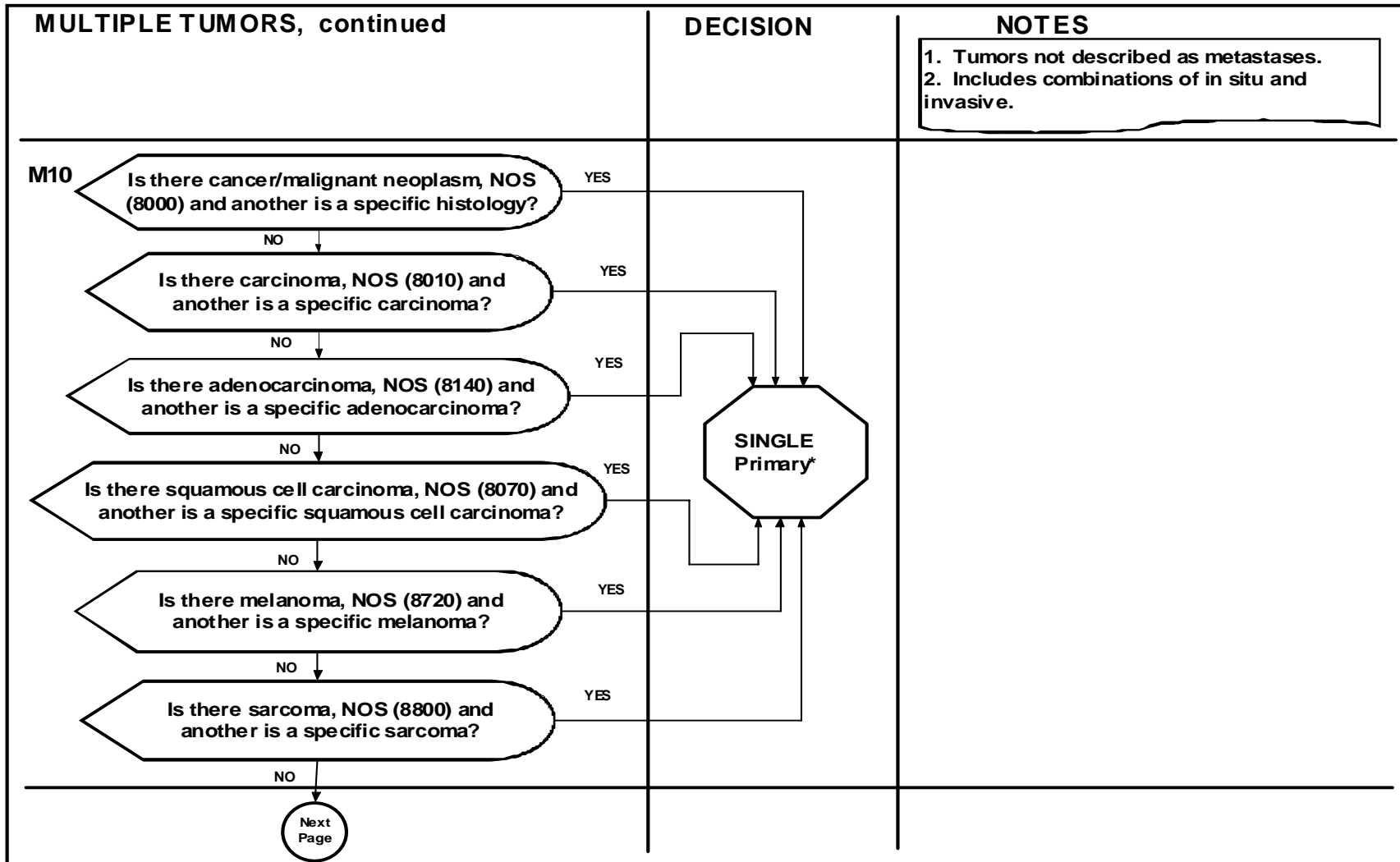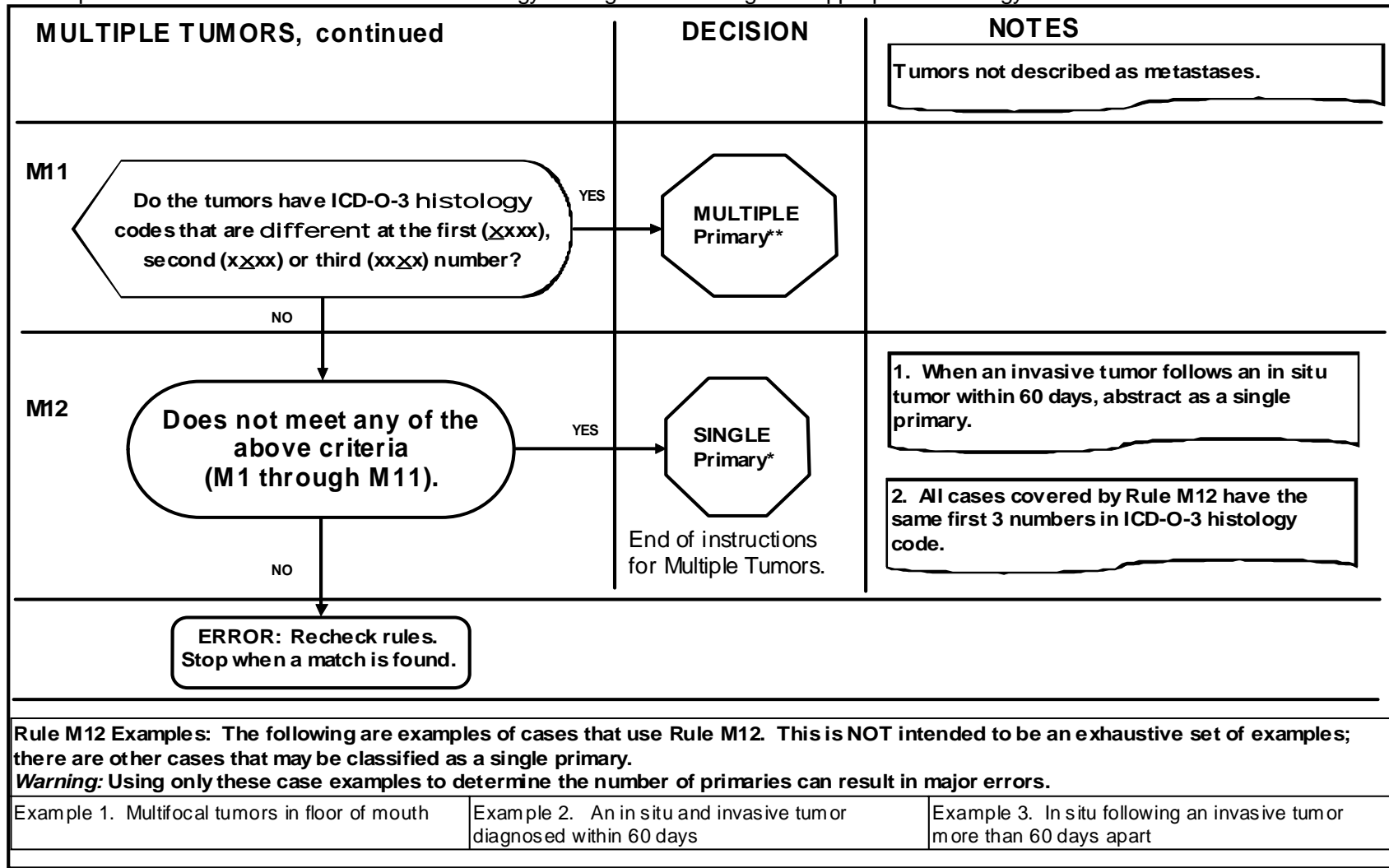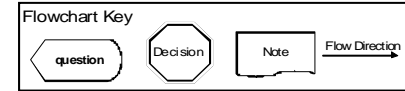# Head and Neck Multiple Primary Rules

(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.

MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M11 Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (<u>x</u>xxx), second (x<u>x</u>xx) or third (xx<u>x</u>x) number? — YES →	**MULTIPLE Primary****	
↓ NO		
M12 Does not meet any of the above criteria (M1 through M11). — YES →	**SINGLE Primary*** End of instructions for Multiple Tumors.	1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. 2. All cases covered by Rule M12 have the same first 3 numbers in ICD-O-3 histology code.
↓ NO **ERROR: Recheck rules. Stop when a match is found.**		

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.

Warning: Using only these case examples to determine the number of primaries can result in major errors.

Example 1. Multifocal tumors in floor of mouth	Example 2. An in situ and invasive tumor diagnosed within 60 days	Example 3. In situ following an invasive tumor more than 60 days apart

Head and Neck MP

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)
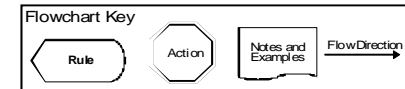
SINGLE TUMOR

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

Rule	Action	Notes and Examples
H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — **YES**	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** 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.**
NO ↓		
H2 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) — **YES**	Code the histology from a metastatic site.	Code the behavior /3.
NO ↓		
H3 Is only **one histologic type** identified? — **YES**	Code the histology.	**Example:** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. **Example:** Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.
NO ↓		
H4 Does the tumor have invasive and in situ components? — **YES**	Code the invasive histology.	**Example:** 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).
NO ↓ **Next Page**		

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

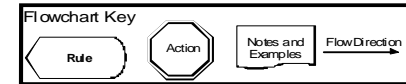| Rule	Action	Notes and Examples
H5 Are there multiple histologies within the same branch such as: • cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR • carcinoma, NOS (8010) and a more specific carcinoma? OR • squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR • adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR • melanoma, NOS (8720) and a more specific melanoma? OR • sarcoma, NOS (8800) and a more specific sarcoma?	**Yes** → Code the most **specific** histologic term using Chart 1	1. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. **Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)
NO ↓		
H6	Code the **numerically higher** ICD-O-3 histology code.	

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

Head and Neck Histo

Head and Neck Histo

Head and Neck Histology Coding Rules-Flowchart
(C000-C148, C300-C329)
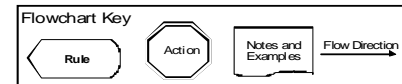(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key
Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H7 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician.	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, 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.**
NO		
H8 Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site? — YES →	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H9 Is only **one histologic type** identified? — YES →	Code the **histology**.	**Example:** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. **Example:** Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.
NO → Next Page		

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
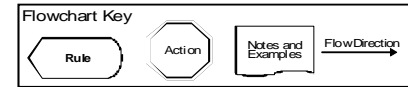(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H10 Is one tumor in situ and the other invasive or are both tumors invasive? YES → NO ↓ Next Page	Code the histology of the **most invasive** tumor.	**1. See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.** ○ **One tumor is in situ and one is invasive, code the histology from the invasive tumor.** ○ **Both/all histologies are invasive, code the histology of the most invasive tumor.** **2. If tumors are equally invasive, go to the next rule.**

Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
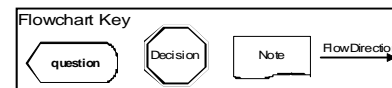
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Flowchart Key

Rule   Action   Notes and Examples   Flow Direction

Rule	Action	Notes and Examples
H11 **Are there multiple histologies within the same branch such as:** • **cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR** • **carcinoma, NOS (8010) and a more specific carcinoma? OR** • **squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR** • **adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR** • **melanoma, NOS (8720) and a more specific melanoma? OR** • **sarcoma, NOS (8800) and a more specific sarcoma?** NO	Yes **Code the most specific histologic term using Chart 1**	**1. The specific histology for _in situ_ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.** **2. The specific histology for _invasive_ tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.** **_Example:_ The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)**
H12	**Code the numerically higher ICD-O-3 histology 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.

Colon Multiple Primary Rules - Flowchart

(C180-C189)

(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.

Flowchart Key

question | Decision | Note | FlowDirection

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis
M1 Is it impossible to determine if there is a single tumor or multiple tumors? **YES** → **SINGLE Primary*** **NO** ↓ Go to Single Tumor or Multiple Tumors	End of instructions for Unknown Number of Tumors.	Use this rule only after all information sources have been exhausted.
SINGLE TUMOR	DECISION	NOTES 1. Tumor not described as metastasis 2. Includes combinations of in situ and invasive.
M2 Is there a single tumor? **YES** → **SINGLE Primary*** **NO** ↓ Go to Multiple Tumors.	End of instructions for Single Tumor.	The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Colon MP

Colon MP

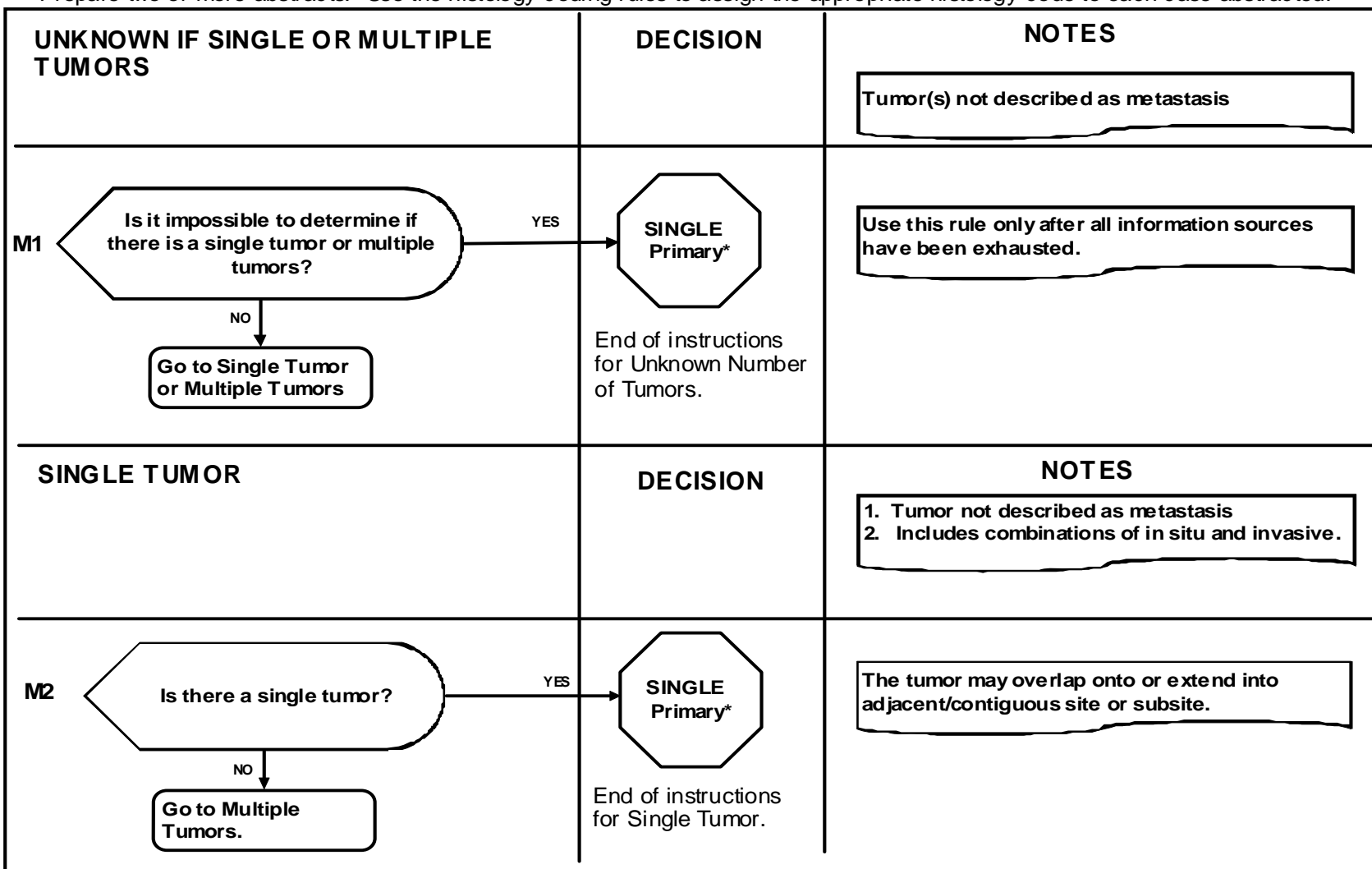# Colon Multiple Primary Rules - Flowchart

(C180-C189)

(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.

Flowchart Key: question | Decision | Note | FlowDirection

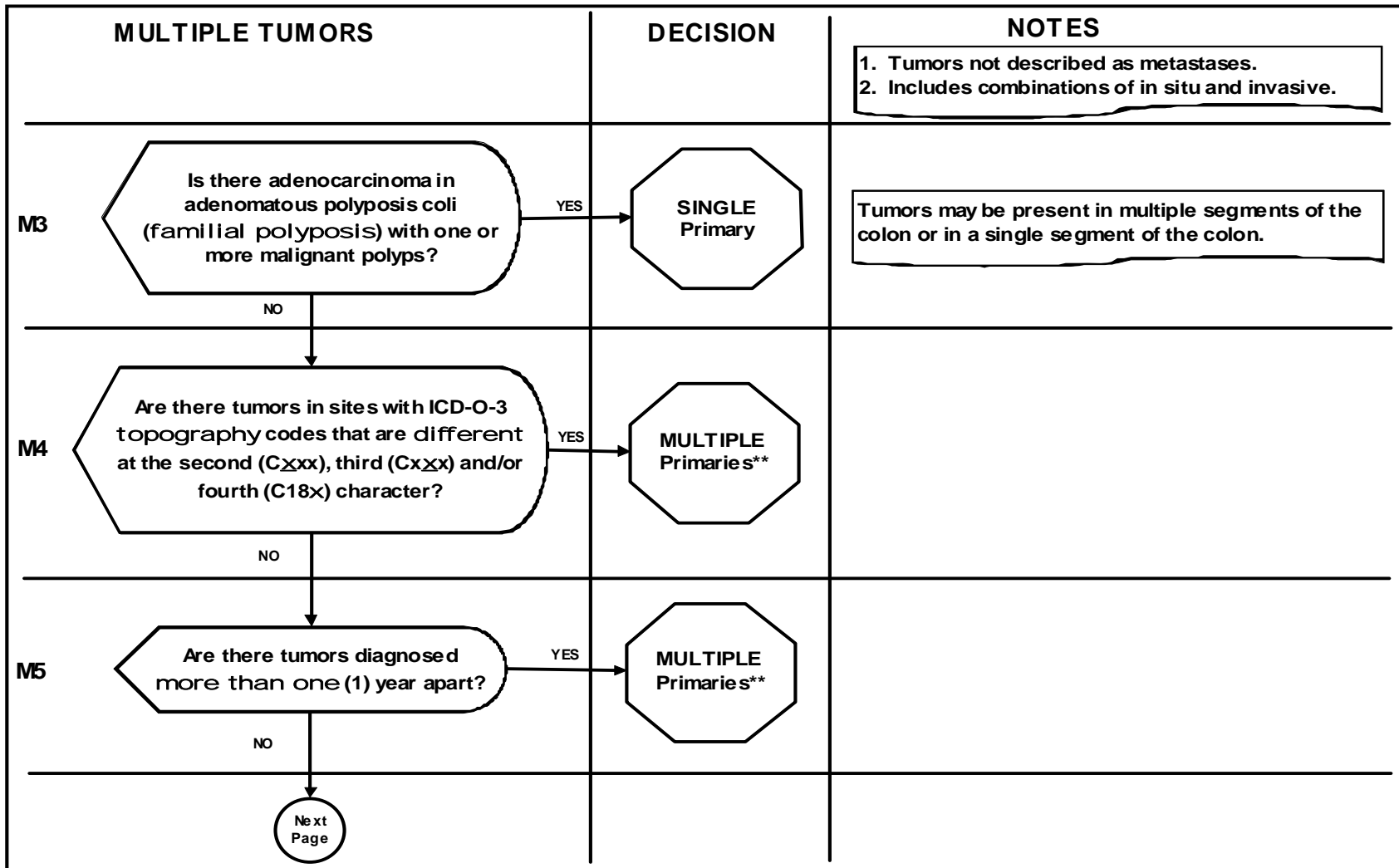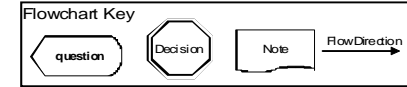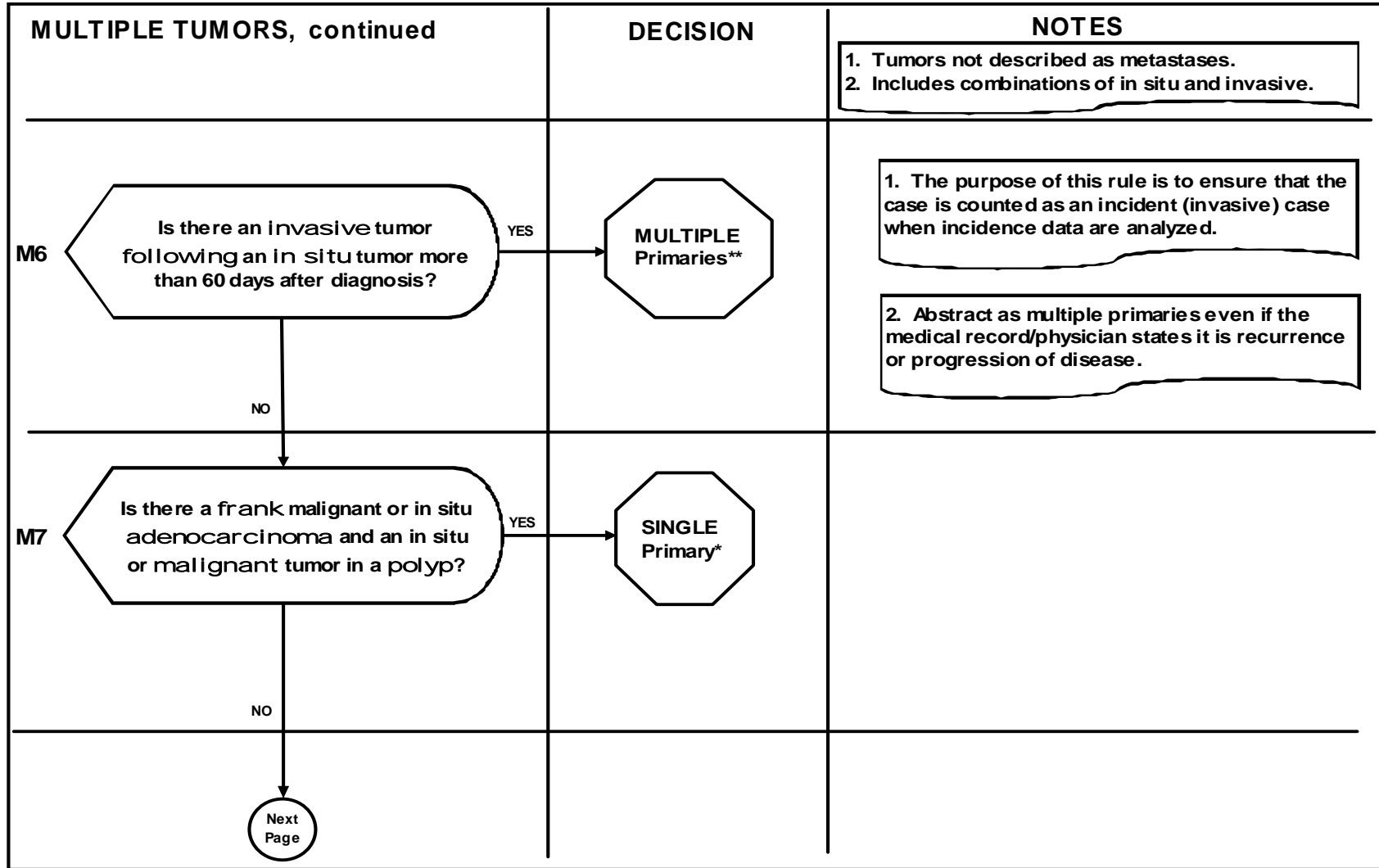| MULTIPLE TUMORS		DECISION	NOTES
			1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M3	Is there adenocarcinoma in adenomatous polyposis coli (**familial polyposis**) with one or more malignant polyps? — YES →	**SINGLE** Primary	Tumors may be present in multiple segments of the colon or in a single segment of the colon.
	NO ↓		
M4	Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx), third (Cx**x**x) and/or fourth (C18**x**) character? — YES →	**MULTIPLE** Primaries**	
	NO ↓		
M5	Are there tumors diagnosed **more than one** (1) year apart? — YES →	**MULTIPLE** Primaries**	
	NO ↓		
	Next Page		

January 1, 2007

Colon Multiple Primary Rules -Flowchart

(C180-C189)

(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.

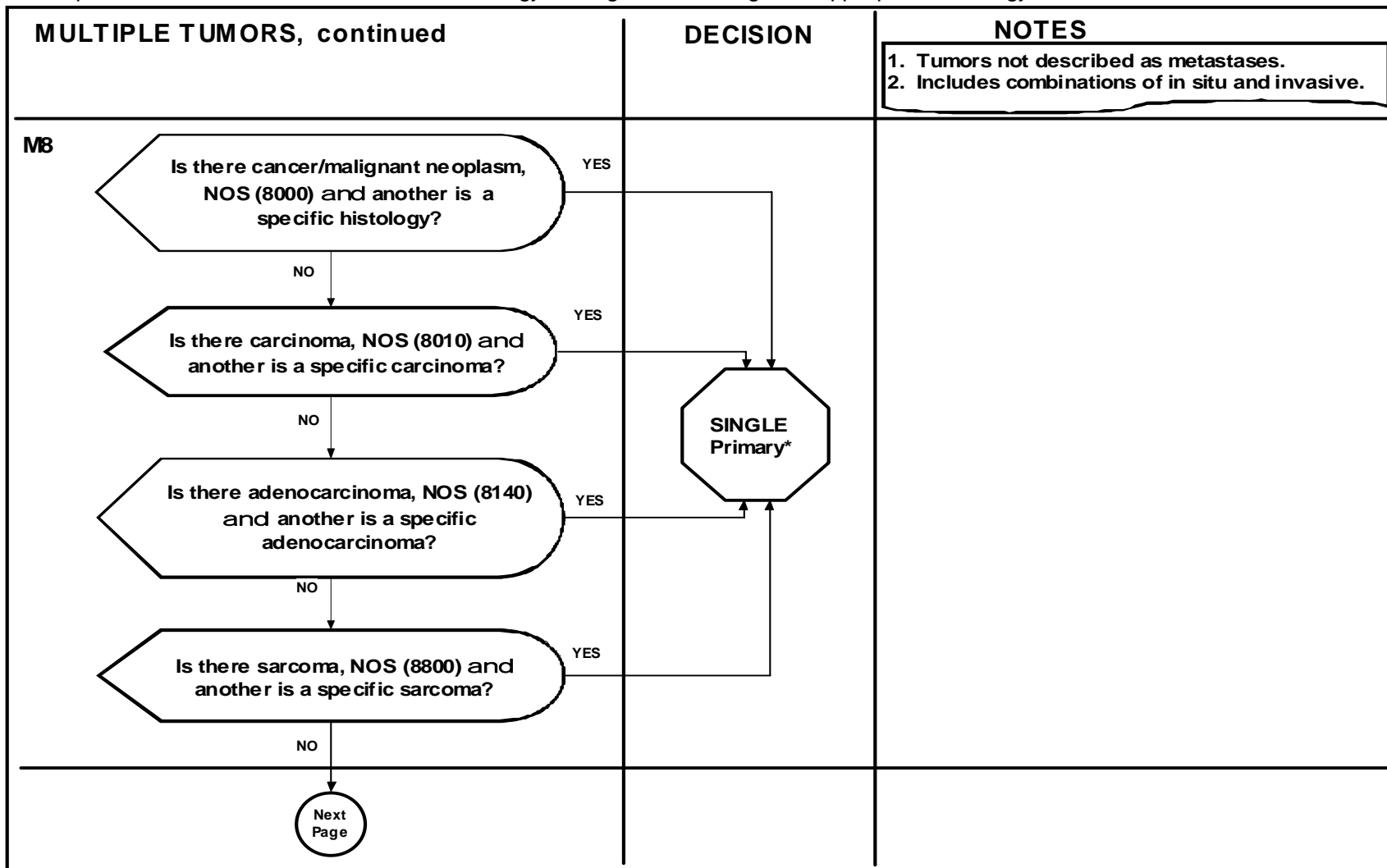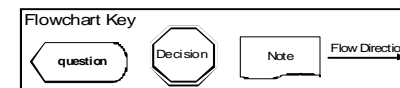| MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M6 Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis? YES →	MULTIPLE Primaries**	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
NO ↓		
M7 Is there a **frank** malignant or in situ **adenocarcinoma** and an in situ or **malignant** tumor in a **polyp**? YES →	SINGLE Primary*	
NO ↓ Next Page		

Colon MP

Colon Multiple Primary Rules - Flowchart
(C180-C189)

(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, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M8

Is there cancer/malignant neoplasm, NOS (8000) **and** another is a specific histology? — YES

NO

Is there carcinoma, NOS (8010) **and** another is a specific carcinoma? — YES

NO

Is there adenocarcinoma, NOS (8140) **and** another is a specific adenocarcinoma? — YES

NO

Is there sarcoma, NOS (8800) **and** another is a specific sarcoma? — YES

NO

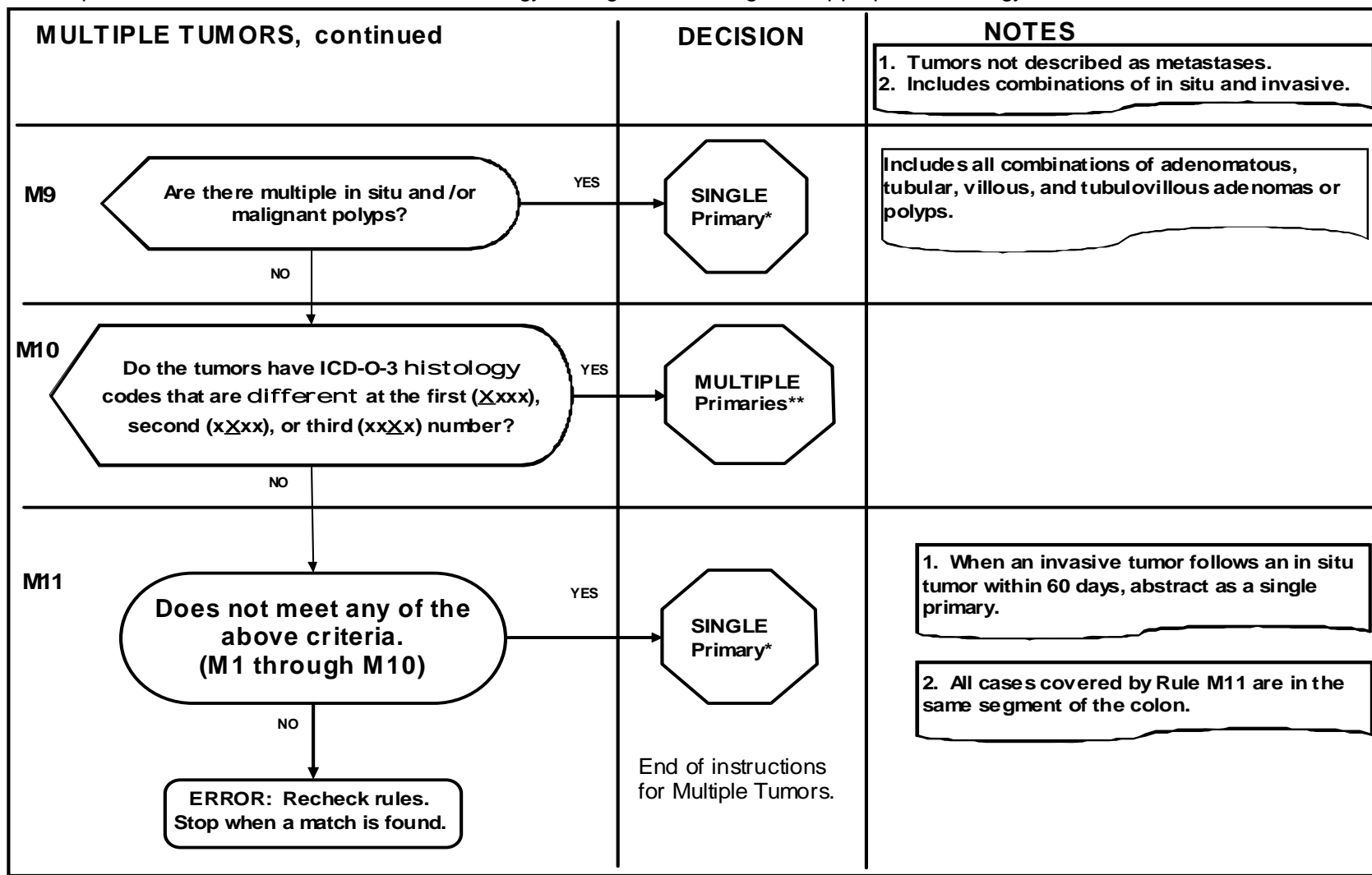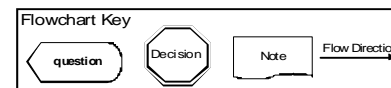SINGLE Primary*

Next Page

Colon Multiple Primary Rules - Flowchart

(C180-C189)

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

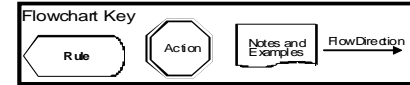*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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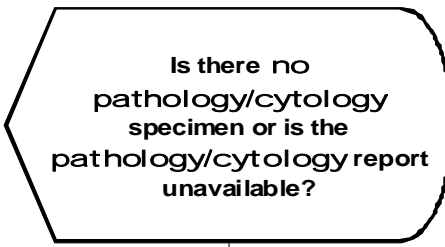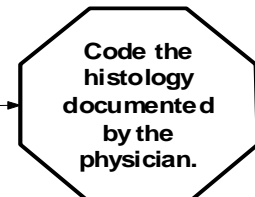
Flowchart Key

| question | Decision | Note | Flow Direction |

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M9 Are there multiple in situ and/or malignant polyps? YES →	SINGLE Primary*	Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
NO ↓		
M10 Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (**X**xxx), second (x**X**xx), or third (xx**X**x) number? YES →	MULTIPLE Primaries**	
NO ↓		
M11 **Does not meet any of the above criteria. (M1 through M10)** YES →	SINGLE Primary*	1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. 2. All cases covered by Rule M11 are in the same segment of the colon.
NO ↓		
ERROR: Recheck rules. Stop when a match is found.	End of instructions for Multiple Tumors.	

Colon MP

Colon Histo

Colon Histology Coding Rules - Flowchart

(C180-C189)

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

SINGLE TUMOR

Flowchart Key

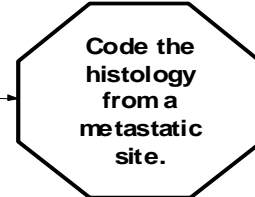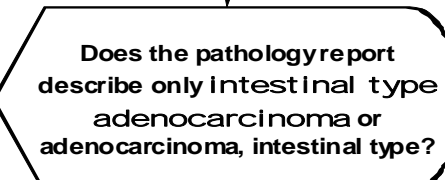Rule   Action   Notes and Examples   FlowDirection

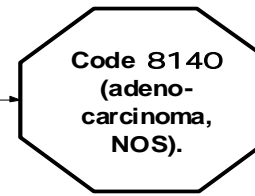| Rule	Action	Notes and Examples
H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic 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.
NO		
H2 Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site) — YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H3 Does the pathology report describe only **intestinal type adenocarcinoma** or adenocarcinoma, intestinal type? — YES	Code **8140** (adeno-carcinoma, NOS).	1. Intestinal type adenocarcinoma usually occurs in the stomach. 2. When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.
NO Next Page		

Colon Histology Coding Rules - Flowchart

(C180-C189)

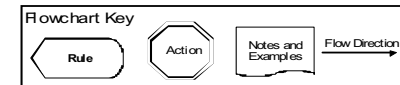(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule	Action	Notes and Examples
H4 **Is the final diagnosis adenocarcinoma in a polyp?** → YES		
NO ↓		**1. It is important to know that the adenocarcinoma originated in the polyp.**
Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report? → YES	**Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).**	**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.**
NO ↓		
Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp? → YES		
NO ↓		
Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp? → YES		
NO ↓		
Is there documentation that the patient had a polypectomy? → YES		
NO ↓		
Next Page		

Colon Histology Coding Rules - Flowchart

(C180-C189)

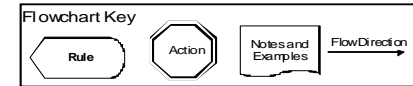(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Flowchart Key: Rule | Action | Notes and Examples | FlowDirection

Rule	Action	Notes and Examples

H5

Is the final diagnosis **mucinous/colloid** (8480) or **signet ring cell** carcinoma (8490)? — YES

NO

Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **mucinous/colloid**? — YES

NO

Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **signet ring cell** carcinoma? — YES

NO

Code **8480** (mucinous/colloid adenocarcinoma) or **8490** (signet ring cell carcinoma)

Next Page

Colon Histology Coding Rules - Flowchart

(C180-C189)

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

SINGLE TUMOR

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

Colon Histo

Colon Histo

Colon Histology Coding Rules - Flowchart
(C180-C189)

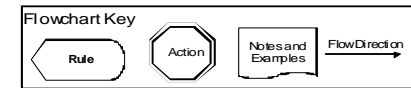(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

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

Colon Histology Coding Rules - Flowchart

(C180-C189)

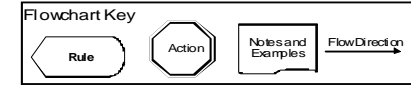(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

Rule	Action	Notes and Examples
H13 Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?	**YES**	
NO Is there carcinoma, NOS (8010) and a more specific carcinoma?	**YES** **Code the** most specific histologic **term.**	1. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.
NO Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?	**YES**	2. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
NO Is there sarcoma, NOS (8800) and a more specific sarcoma (invasive only)?	**YES**	
NO **H14**	**Code the numerically higher** ICD-O-3 histology code.	

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)

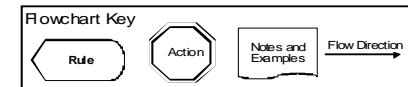| Flowchart Key			
Rule	Action	Notes and Examples	Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H15 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES → NO ↓	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** 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.**
H16 Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site) — YES → NO ↓ (Next Page)	Code the histology from a metastatic site.	**Code the behavior /3.**

January 1, 2007

Colon Histology Coding Rules - Flowchart

(C180-C189)

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

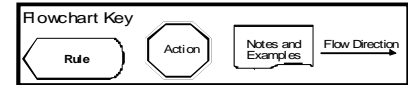## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples

H17

Does the **clinical** history say **familial polyposis** and the final diagnosis on the **pathology report** from resection is adenocarcinoma in adenomatous polyps? — YES

NO ↓

Are there **> 100 polyps** identified in the resected specimen? — YES

NO ↓

Is the number of polyps not given and the diagnosis is **familial polyposis**? — YES

Code **8220** (adeno-carcinoma in adenomatous polyposis coli)

NO ↓

H18

Are there multiple in situ or malignant polyps present, at least one of which is tubulovillous? — YES

Code **8263** (adenocarcinoma in a tubulovillous adenoma)

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.

NO ↓

Next Page

Colon Histo

Colon Histology Coding Rules - Flowchart

(C180-C189)

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

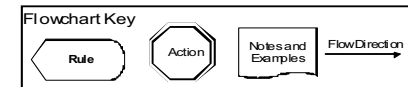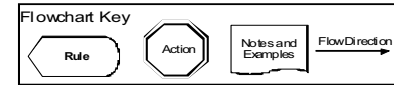## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Flowchart Key — Rule — Action — Notes and Examples — FlowDirection

Rule	Action	Notes and Examples
H19 Are there > 1 **and < = 100** polyps identified in the resected specimen? — YES / NO — Are there multiple polyps and the number is not given and **familial polyposis is not mentioned**? — YES / NO	Code **8221** (adeno-carcinoma in adenomatous polyps	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).
H20 Is there a frank adenocarcinoma and a carcinoma in a polyp? — YES / NO — Are there in situ and invasive tumors? — YES / NO — Are there multiple invasive tumors? — YES / NO → Next Page	Code the histology of the **most invasive** tumor.	1. See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor. 2. If tumors are equally invasive, go to the next rule.

Revised November 1, 2007

Colon Histology Coding Rules - Flowchart

(C180-C189)

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

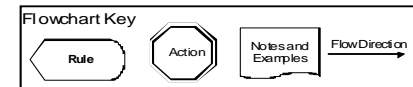## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

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

Colon Histo

Colon Histology Coding Rules - Flowchart

(C180-C189)

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

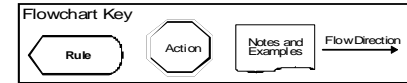## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

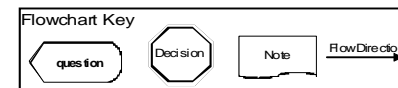| Rule	Action	Notes and Examples
H23 Is there cancer/malignant neoplasm, NOS (8000) and a specific histology? **YES**		
NO Is there carcinoma, NOS (8010) and a specific carcinoma? **YES**	**Code the more specific histologic term.**	1. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.
NO Is there adenocarcinoma, NOS (8140) and a specific adenocarcinoma? **YES**		2. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
NO Is there sarcoma, NOS (8800) and a specific sarcoma (invasive only)? **YES**		
NO		
H24	**Code the histology with the numerically higher ICD-O-3 histology 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.
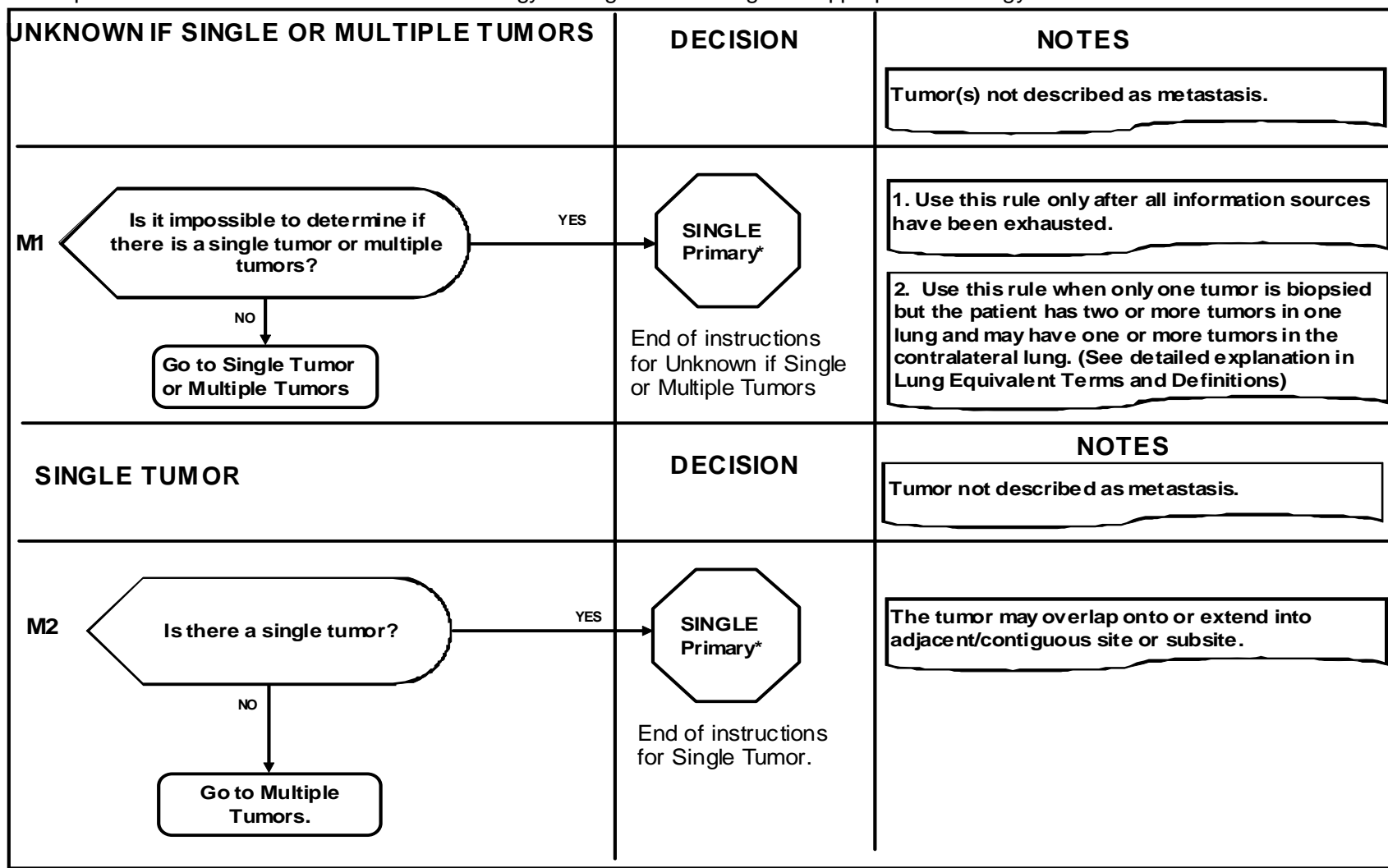
Lung Multiple Primary Rules - Flowchart

(C340 - C349)

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

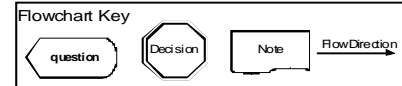*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.
M1 — Is it impossible to determine if there is a single tumor or multiple tumors? — **YES** → **SINGLE Primary*** End of instructions for Unknown if Single or Multiple Tumors — **NO** → Go to Single Tumor or Multiple Tumors		**1. Use this rule only after all information sources have been exhausted.** / **2. Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions)**
SINGLE TUMOR	DECISION	**NOTES** Tumor not described as metastasis.
M2 — Is there a single tumor? — **YES** → **SINGLE Primary*** End of instructions for Single Tumor. — **NO** → Go to Multiple Tumors.		**The tumor may overlap onto or extend into adjacent/contiguous site or subsite.**

Lung MP

Lung MP

Lung Multiple Primary Rules - Flowchart

(C340 - C349)

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

Flowchart Key

⬡ question   ⬡ Decision   Note   FlowDirection

*   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.

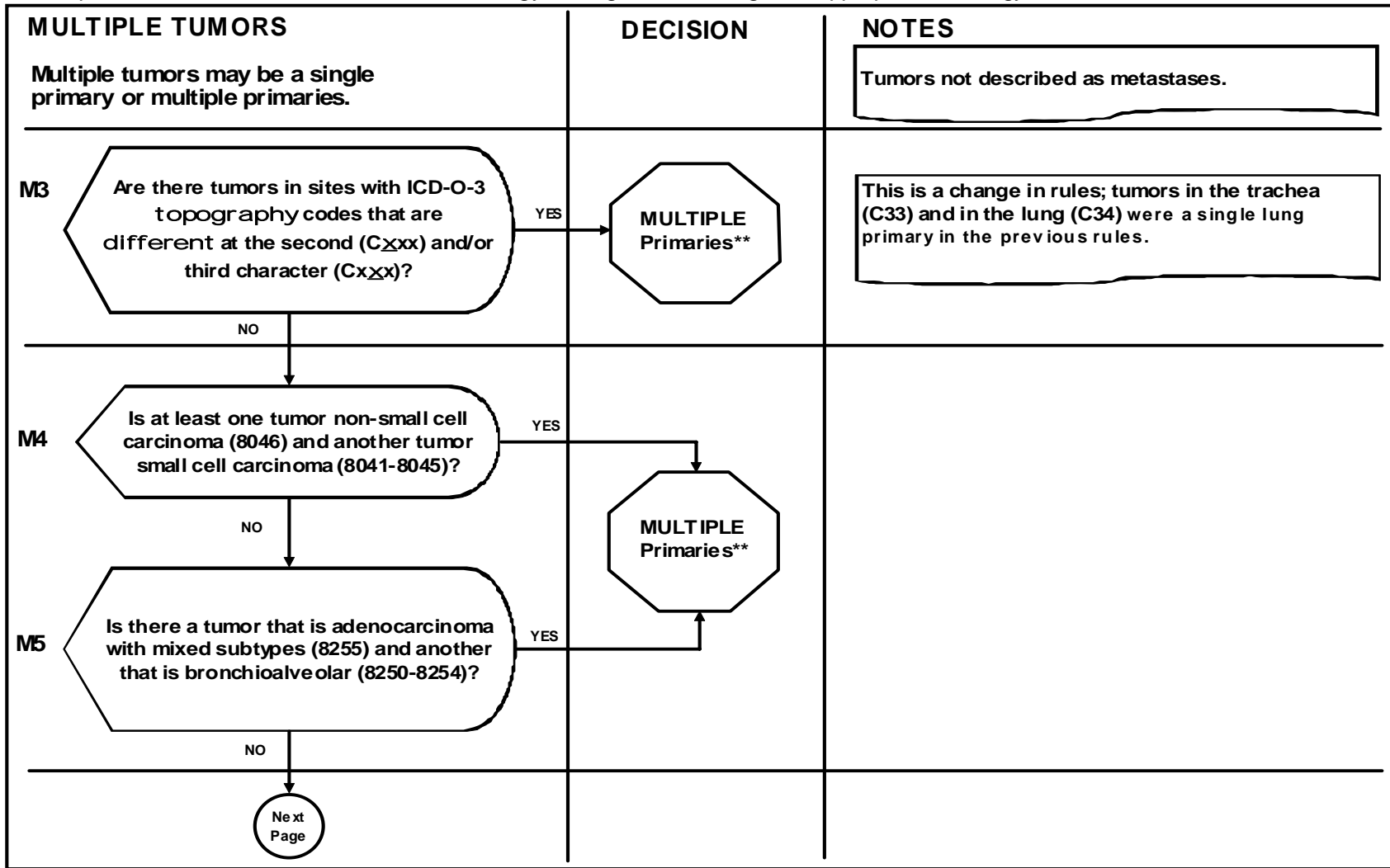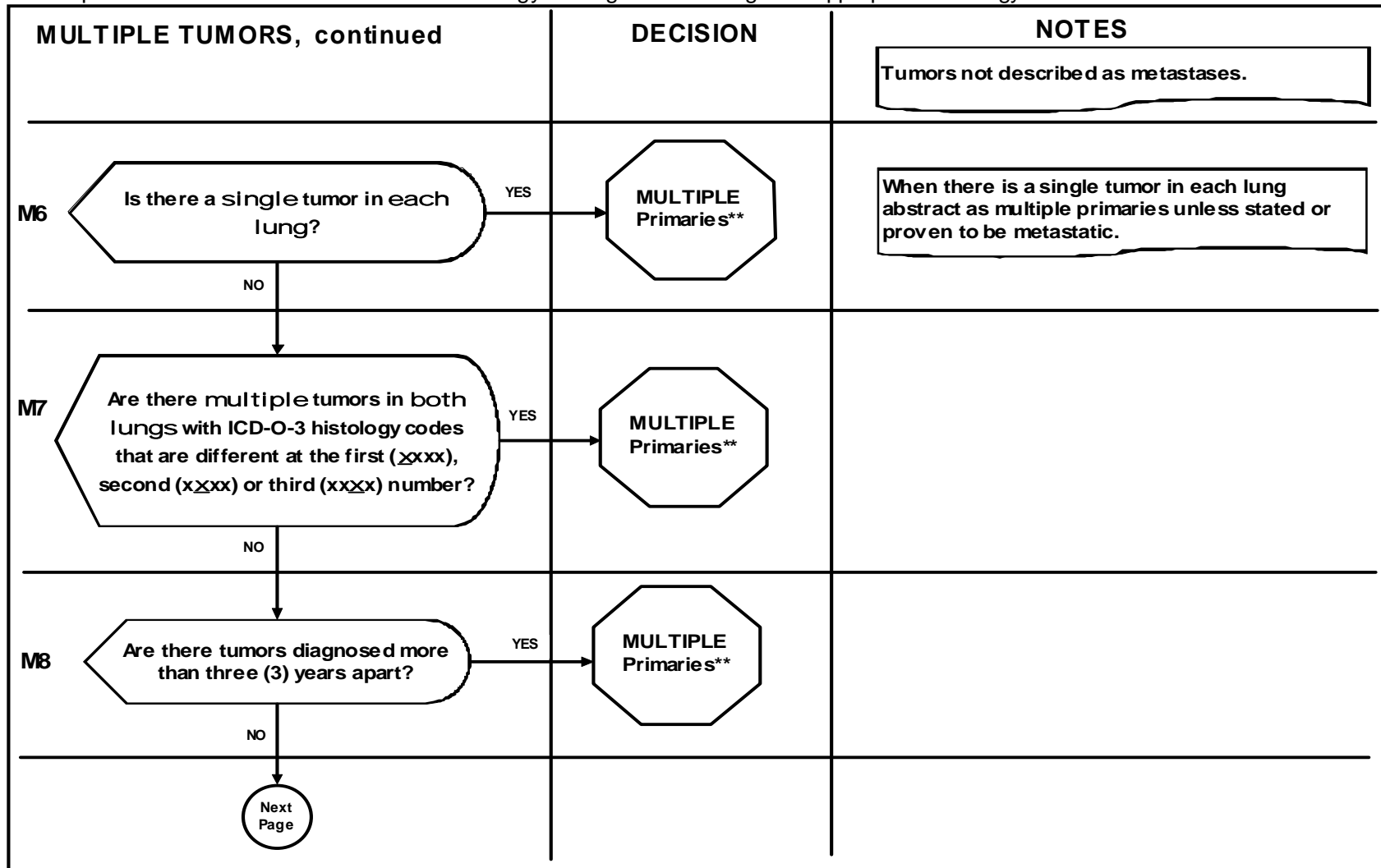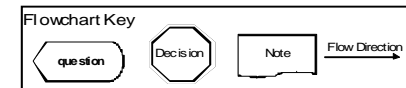| MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		**Tumors not described as metastases.**
M3 Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x)? — YES →	**MULTIPLE Primaries****	**This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single lung primary in the previous rules.**
NO ↓		
M4 Is at least one tumor non-small cell carcinoma (8046) and another tumor small cell carcinoma (8041-8045)? — YES →	**MULTIPLE Primaries****	
NO ↓		
M5 Is there a tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioalveolar (8250-8254)? — YES →		
NO ↓		
(Next Page)		

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.

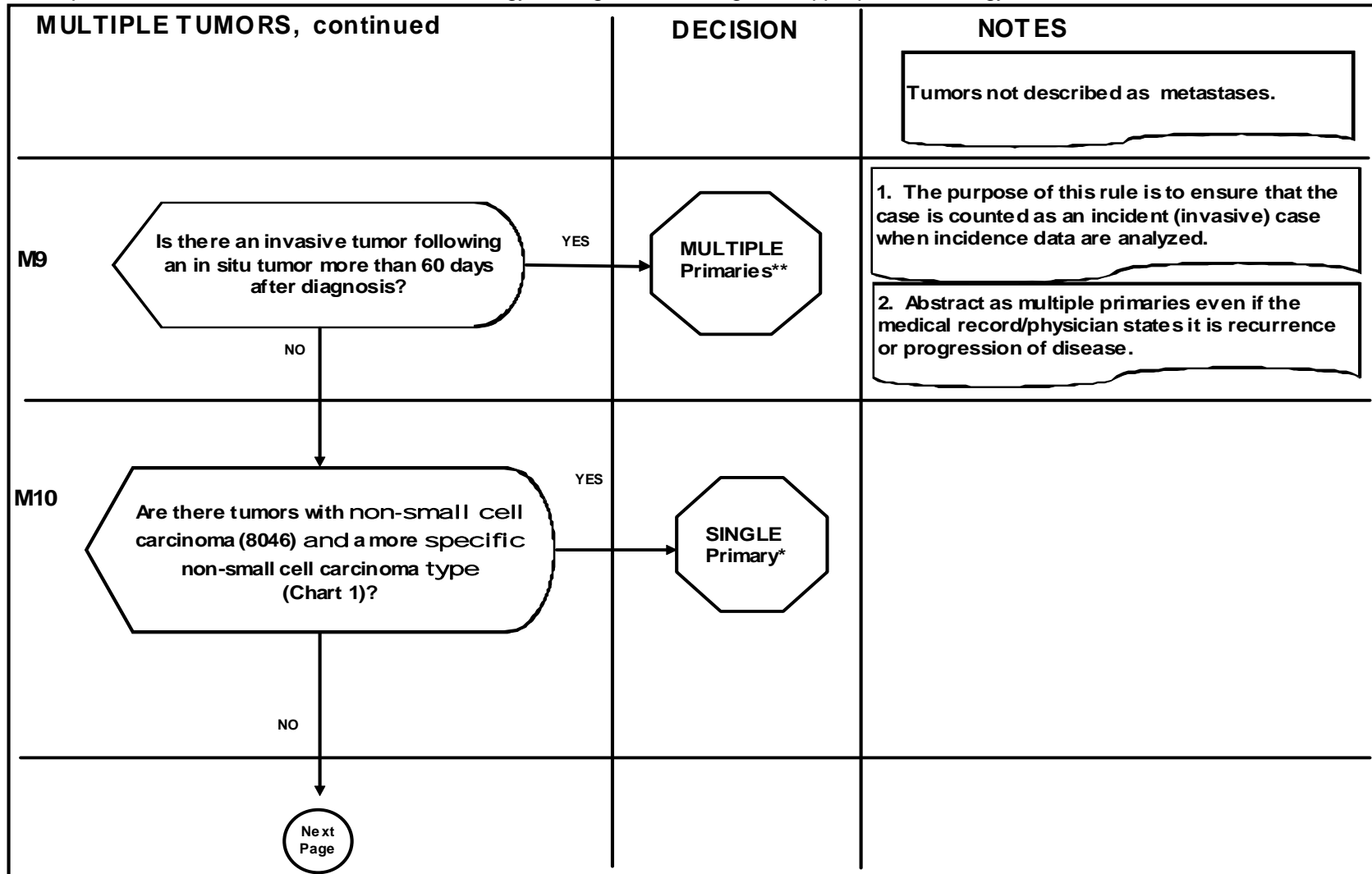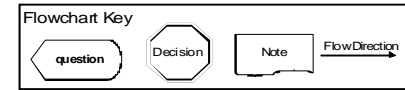| MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M6 — Is there a **single** tumor in **each lung**? — YES →	MULTIPLE Primaries**	When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.
NO ↓		
M7 — Are there **multiple** tumors in **both lungs** with ICD-O-3 histology codes that are different at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number? — YES →	MULTIPLE Primaries**	
NO ↓		
M8 — Are there tumors diagnosed more than three (3) years apart? — YES →	MULTIPLE Primaries**	
NO ↓ Next Page		

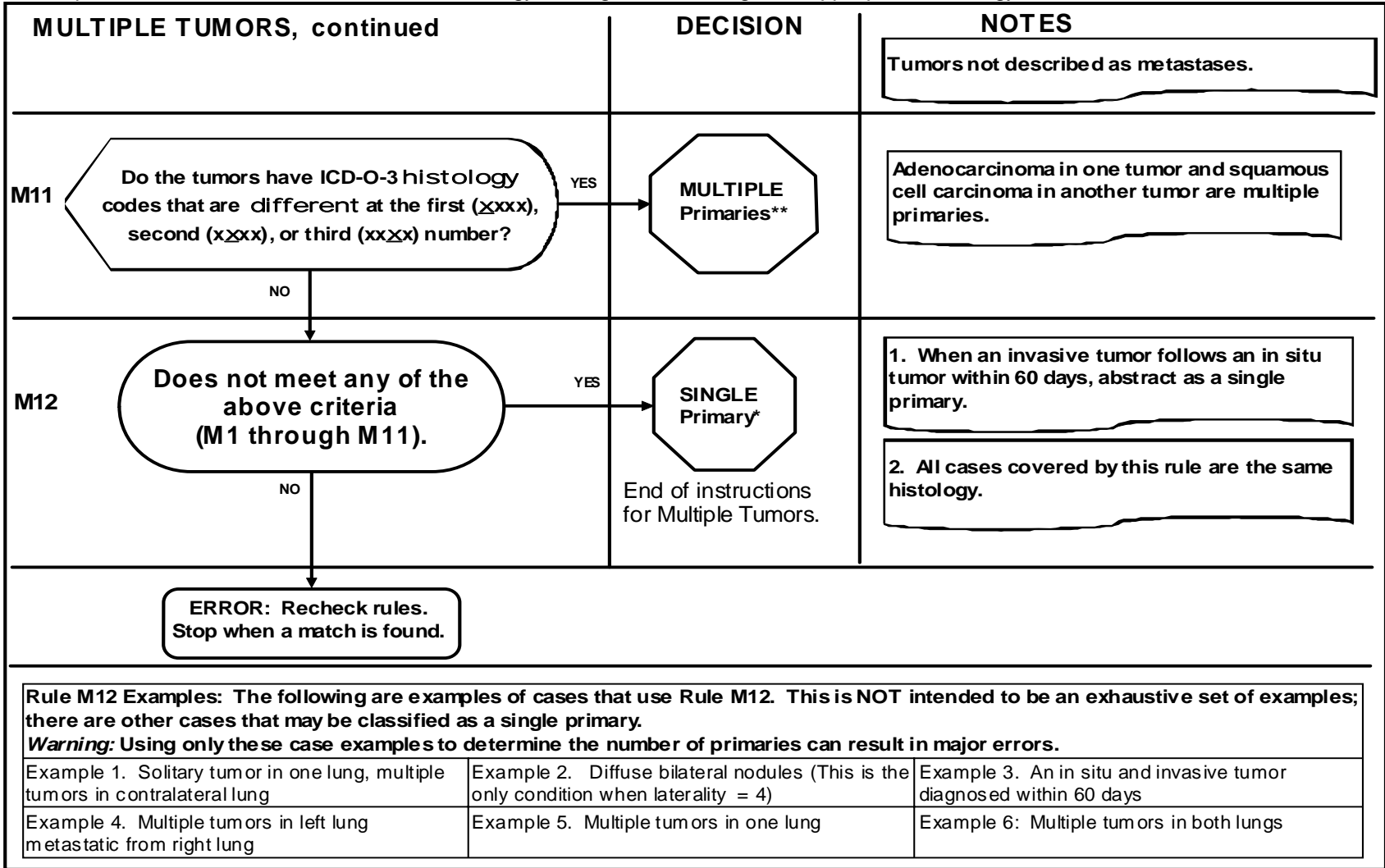**Lung MP**

Lung MP

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.

Flowchart Key

question | Decision | Note | Flow Direction

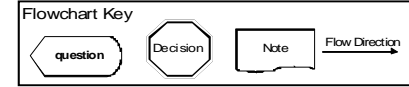| MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M9 Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis? — YES →	**MULTIPLE Primaries****	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
NO ↓		
M10 Are there tumors with **non-small cell** carcinoma (8046) **and** a more **specific** non-small cell carcinoma **type** (Chart 1)? — YES →	**SINGLE Primary***	
NO ↓ Next Page		

January 1, 2007

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.
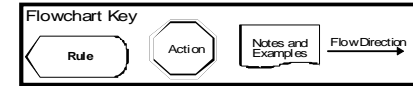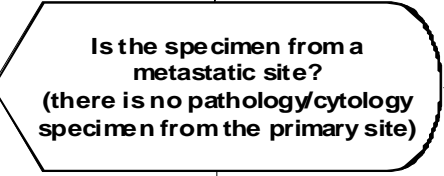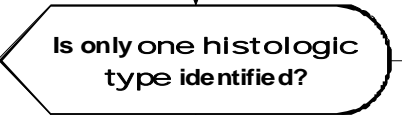
MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M11 — Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number? → YES	MULTIPLE Primaries**	Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.
NO ↓		
M12 — Does not meet any of the above criteria (M1 through M11). → YES	SINGLE Primary* End of instructions for Multiple Tumors.	1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. 2. All cases covered by this rule are the same histology.
NO ↓		
ERROR: Recheck rules. Stop when a match is found.		

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.

Warning: Using only these case examples to determine the number of primaries can result in major errors.

Example 1. Solitary tumor in one lung, multiple tumors in contralateral lung	Example 2. Diffuse bilateral nodules (This is the only condition when laterality = 4)	Example 3. An in situ and invasive tumor diagnosed within 60 days
Example 4. Multiple tumors in left lung metastatic from right lung	Example 5. Multiple tumors in one lung	Example 6: Multiple tumors in both lungs

Lung MP

LUNG Histology Coding Rules - Flowchart

(C340 - C349)

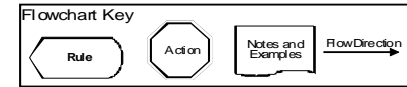(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

Rule	Action	Notes and Examples
H1 — Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable?	**YES** → Code the histology documented by the physician.	1. **Priority for using documents to code the histology** 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** o **Chest x-rays** 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.**
NO ↓		
H2 — Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)	**YES** → Code the histology from a metastatic site.	**Code the behavior /3.**
NO ↓		
H3 — Is only **one histologic type** identified?	**YES** → Code the histology.	Do not code terms that do not appear in the histology description. ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.
NO ↓		
Next Page		

LUNG Histology Coding Rules - - Flowchart

(C340 - C349)

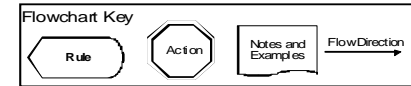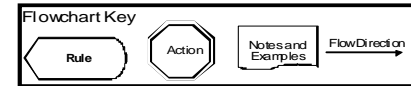(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule	Action	Notes and Examples
H4 Does the tumor have **invasive and in situ** components? — YES →	Code the invasive histologic type.	
NO ↓		
H5 Are there multiple histologies within the same branch such as: • cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR • carcinoma, NOS (8010) and a more specific carcinoma? OR • adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR • squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR • sarcoma, NOS (8800) and a more specific sarcoma? — YES →	Code the **most specific** histologic term using Chart 1	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480. ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.
NO ↓		
(Next Page)		

Lung Histo

LUNG Histology Coding Rules - Flowchart

(C340 - C349)

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

SINGLE TUMOR

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

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

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

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
H8 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? → **YES**	Code the histology documented by the physician.	**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, PET, or MRI scans** ○ **Chest x-rays** **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.**
NO		
H9 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) → **YES**	Code the histology from a metastatic site.	**Code the behavior /3.**
NO → Next Page		

Lung Histo

LUNG Histology Coding Rules - - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key
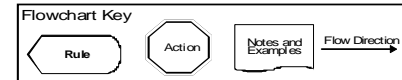
| Rule | Action | Notes and Examples | Flow Direction |

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H10 Is only **one histologic type** identified? **YES** → **NO** ↓	**Code the histology.**	Do not code terms that do not appear in the histology description. ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.
H11 Is one tumor in situ and the other invasive or are both tumors invasive? **YES** → **NO** ↓	Code the histology of the **most invasive** tumor.	1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.) 2. See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor.
Next Page		

LUNG Histology Coding Rules - Flowchart

(C340 - C349)

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

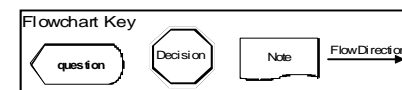**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

Rule	Action	Notes and Examples
H12 Are there multiple histologies within the same branch such as: ● cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR ● carcinoma, NOS (8010) and a more specific carcinoma? OR ● adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR ● squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR ● sarcoma, NOS (8800) and a more specific sarcoma? NO	YES → Code the **most specific** histologic term using Chart 1	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480. ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.
H13	Code 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.

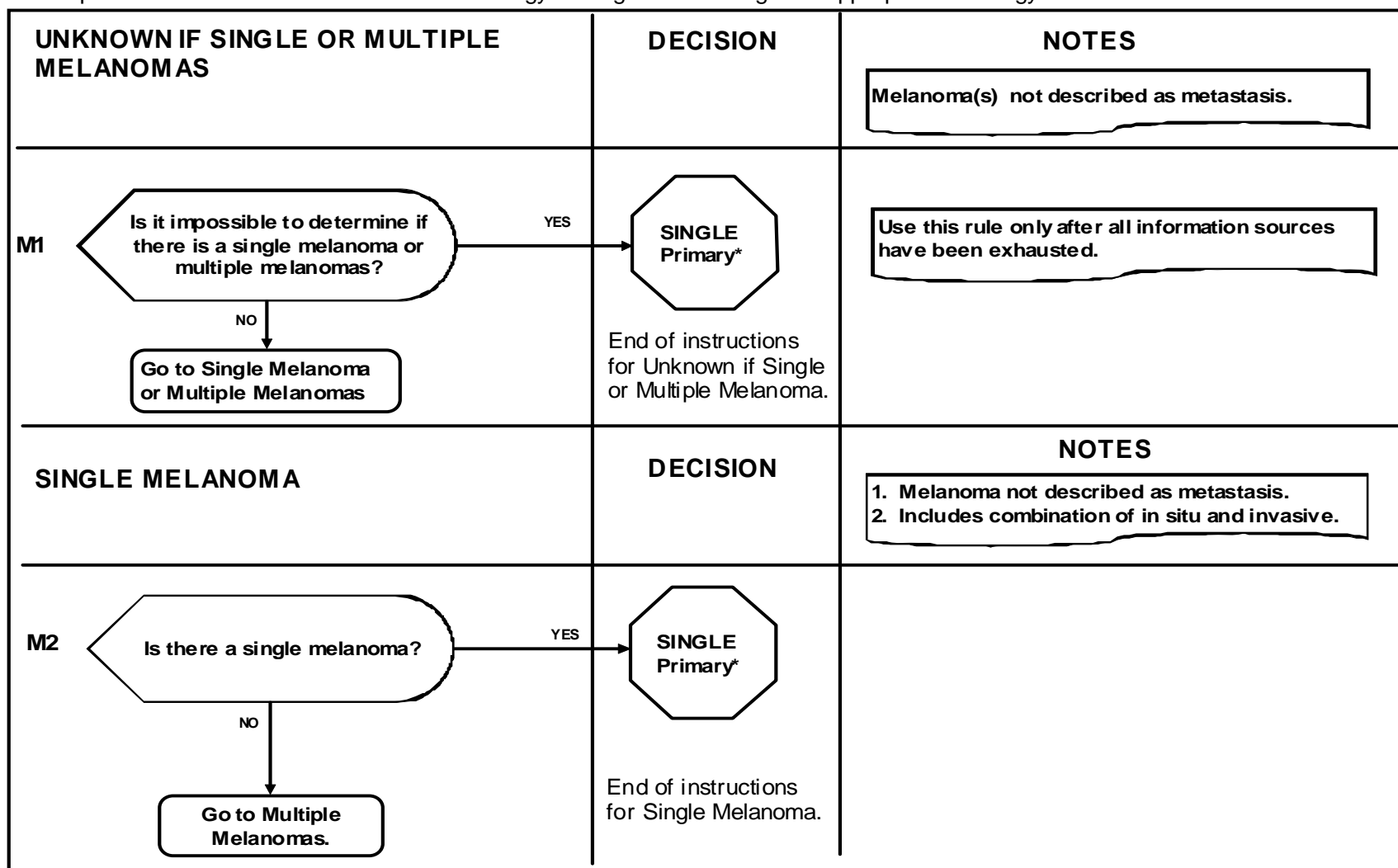**Lung Histo**

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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.

UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS	DECISION	NOTES
		Melanoma(s) not described as metastasis.
M1 Is it impossible to determine if there is a single melanoma or multiple melanomas? —YES→	**SINGLE Primary*** End of instructions for Unknown if Single or Multiple Melanoma.	Use this rule only after all information sources have been exhausted.
NO ↓ Go to Single Melanoma or Multiple Melanomas		
SINGLE MELANOMA	DECISION	NOTES 1. Melanoma not described as metastasis. 2. Includes combination of in situ and invasive.
M2 Is there a single melanoma? —YES→	**SINGLE Primary*** End of instructions for Single Melanoma.	
NO ↓ Go to Multiple Melanomas.		

Melanoma MP

Cutaneous Melanoma Multiple Primary Rules - Flowchart

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

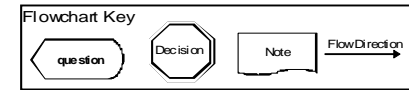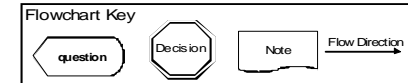Flowchart Key

⬡ question ⬡ Decision Note FlowDirection →

* 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.

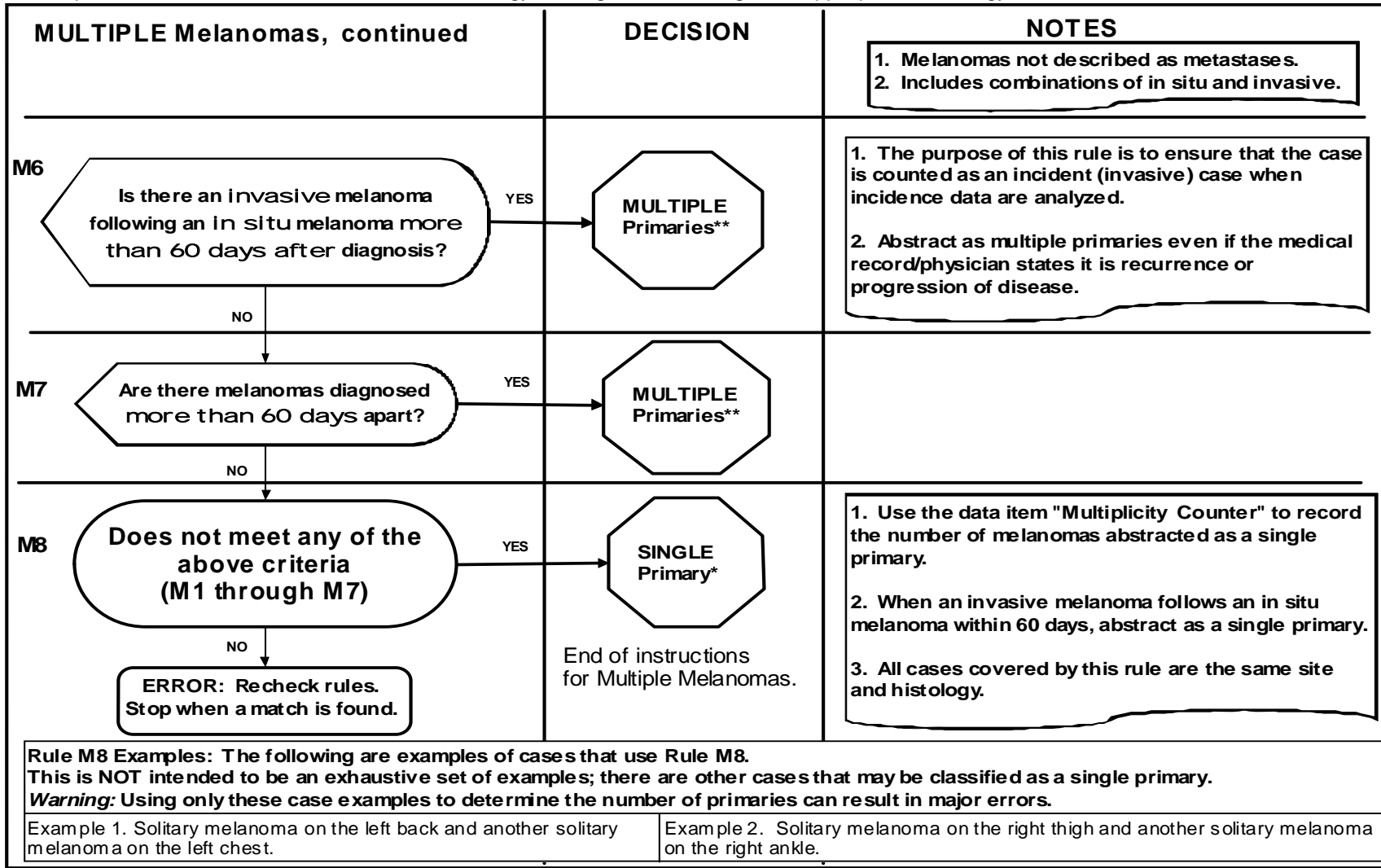| MULTIPLE MELANOMAS	DECISION	NOTES
Multiple Melanomas may be a single primary or multiple primaries.		1. **Melanoma not described as metastases.** 2. **Includes combinations of in situ and invasive.**
M3 Are there melanomas in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx), third (Cx**x**x), and/or fourth character (C44**x**)? — YES →	**MULTIPLE Primaries****	
NO ↓		
M4 Do the melanomas have **different lateralities**? — YES →	**MULTIPLE Primaries****	A **midline** melanoma is a different laterality than right or left. ***Example 1:*** Melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries. ***Example 2:*** A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.
NO ↓		
M5 Do the melanomas have ICD-O-3 **histology** codes that are **different** at the first (**X**xxx), second (x**X**xx), or third (xx**X**x) number? — YES →	**MULTIPLE Primaries****	
NO ↓ (Next Page)		

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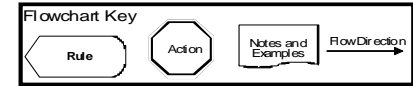** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE Melanomas, continued	DECISION	NOTES
		1. Melanomas not described as metastases. 2. Includes combinations of in situ and invasive.
M6 Is there an **invasive** melanoma following an **in situ** melanoma **more than 60 days after** diagnosis? — YES →	**MULTIPLE Primaries****	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
NO ↓		
M7 Are there melanomas diagnosed **more than 60 days** apart? — YES →	**MULTIPLE Primaries****	
NO ↓		
M8 **Does not meet any of the above criteria (M1 through M7)** — YES →	**SINGLE Primary*** End of instructions for Multiple Melanomas.	1. Use the data item "Multiplicity Counter" to record the number of melanomas abstracted as a single primary. 2. When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary. 3. All cases covered by this rule are the same site and histology.
NO ↓ ERROR: Recheck rules. Stop when a match is found.		

Rule M8 Examples: The following are examples of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. *Warning:* Using only these case examples to determine the number of primaries can result in major errors.	
Example 1. Solitary melanoma on the left back and another solitary melanoma on the left chest.	Example 2. Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

Melanoma MP

Melanoma Histo

Cutaneous Melanoma Histology Coding Rules - Flowchart
(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

Flowchart Key
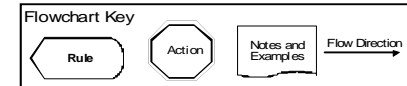
| Rule | Action | Notes and Examples | FlowDirection |

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H1 — Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? **YES** →	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of melanoma in the medical record o PET scan 2. Code the specific histology when documented.
NO ↓		
H2 — Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) **YES** →	Code the histology from a metastatic site.	Code the behavior /3.
NO ↓		
H3 — Is only **one histologic type** identified? **YES** →	Code the histology.	
NO ↓		
Next Page		

Cutaneous Melanoma Histology Coding Rules - Flowchart

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

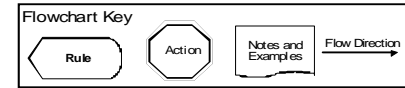**Flowchart Key**

Rule | Action | Notes and Examples | Flow Direction

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H4 Does the melanoma have **invasive and in situ** components? — YES →	Code the invasive histologic type.	
NO ↓		
H5 Is the diagnosis regressing melanoma and a histologic type? — YES →	Code the histologic type	**Example:** Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).
NO ↓		
H6 Is the diagnosis regressing melanoma? — YES →	Code 8723 (Malignant melanoma, regressing)	**Example:** Malignant melanoma with features of regression. Code 8723.
NO ↓ Next Page		

Cutaneous Melanoma Histology Coding Rules - Flowchart

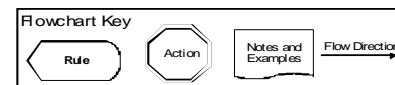(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H7 Is the diagnosis **lentigo maligna** melanoma **and** a **histologic** type? — YES →	Code the **histologic type**	
NO ↓		
H8 Is the diagnosis **lentigo maligna** melanoma? — YES →	Code 8742 (Lentigo maligna melanoma)	
NO ↓ Next Page		

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

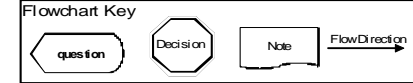| Rule	Action	Notes and Examples
H9 — Is the diagnosis Melanoma, NOS (8720) with a single specific type? → **YES**	**Code the** most **specific** histologic **term**	1. The specific type for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific type for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
NO ↓		
H10	Code the **numerically higher** ICD-O-3 histology code.	

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.

Melanoma Histo

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Breast Multiple Primary Rules - Flowchart

(C500-C509)

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

Flowchart Key

| question | Decision | Note | FlowDirection |

*   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.
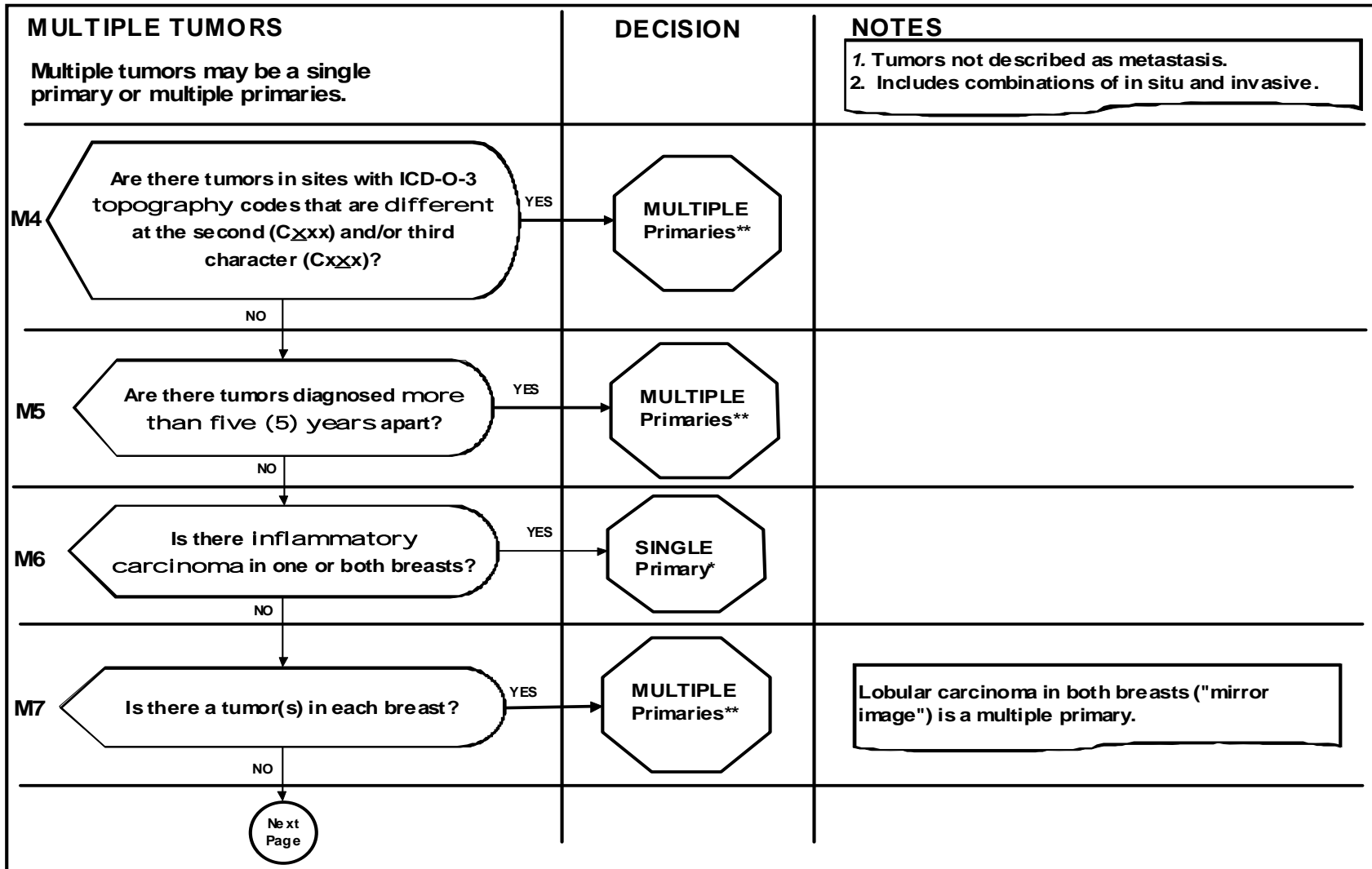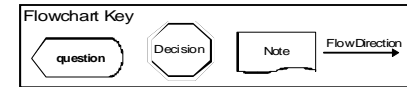
UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as a metastasis.
M1 Is it impossible to determine if there is a single tumor or multiple tumors? — YES → **SINGLE Primary*** / NO → Go to Single Tumor or Multiple Tumors	SINGLE Primary* — End of instructions for Unknown if Single or Multiple Tumors	Use this rule only after all information sources have been exhausted.

SINGLE TUMOR	DECISION	NOTES
		1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive
M2 Is there **inflammatory carcinoma** in one or both breasts? — YES → SINGLE Primary* / NO ↓ **M3** Is there a single tumor? — YES → SINGLE Primary* / NO → Go to Multiple Tumors.	SINGLE Primary* — End of instructions for Single Tumor.	The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Breast MP

Breast Multiple Primary Rules - Flowchart

(C500-C509)

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

Flowchart Key
question | Decision | Note | FlowDirection

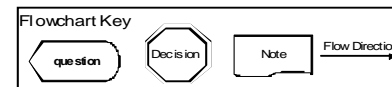*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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

MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastasis. 2. Includes combinations of in situ and invasive.
M4 Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x)? — YES →	MULTIPLE Primaries**	
NO ↓		
M5 Are there tumors diagnosed **more than five (5) years** apart? — YES →	MULTIPLE Primaries**	
NO ↓		
M6 Is there **inflammatory carcinoma** in one or both breasts? — YES →	SINGLE Primary*	
NO ↓		
M7 Is there a tumor(s) in each breast? — YES →	MULTIPLE Primaries**	Lobular carcinoma in both breasts ("mirror image") is a multiple primary.
NO ↓		
Next Page		

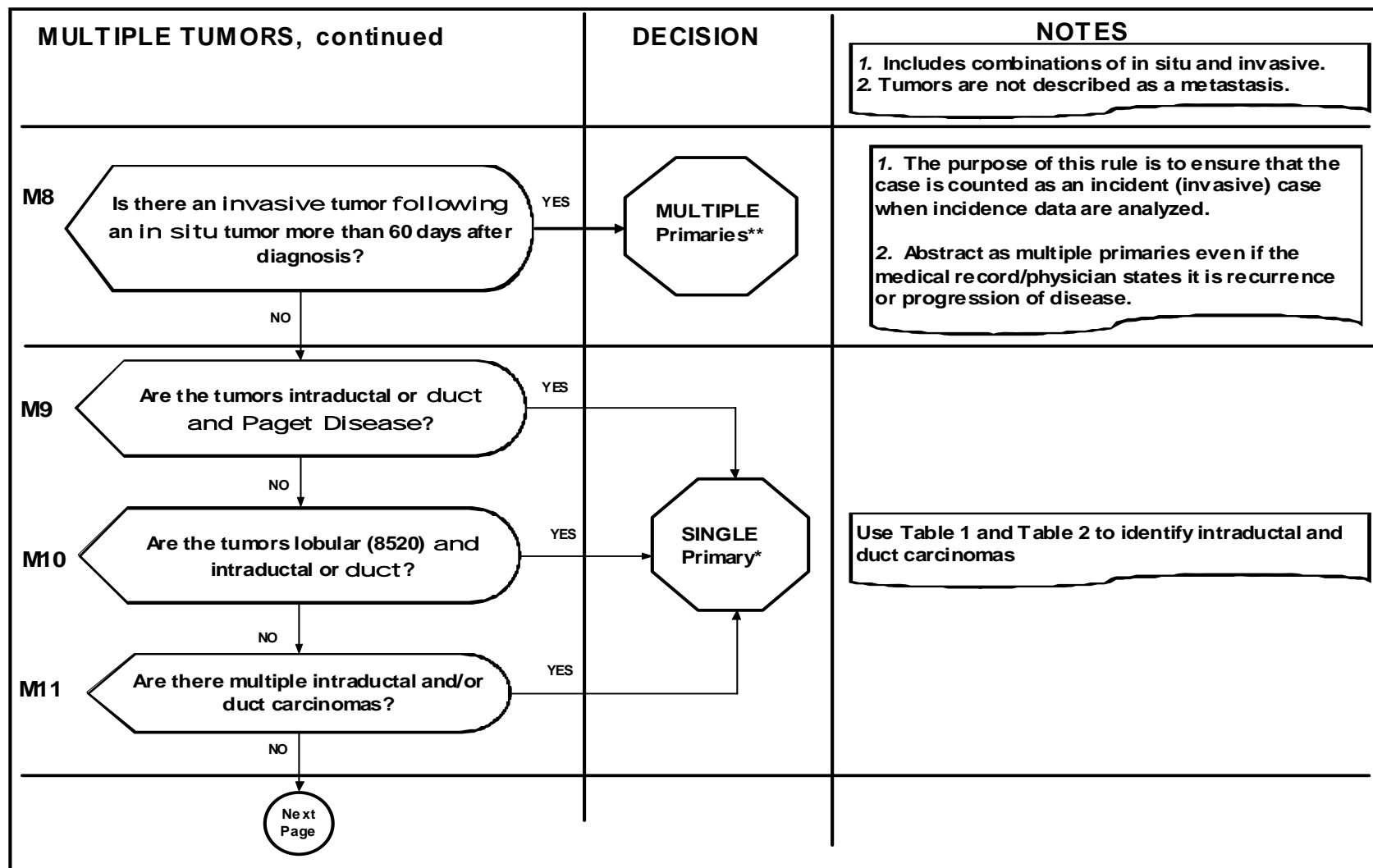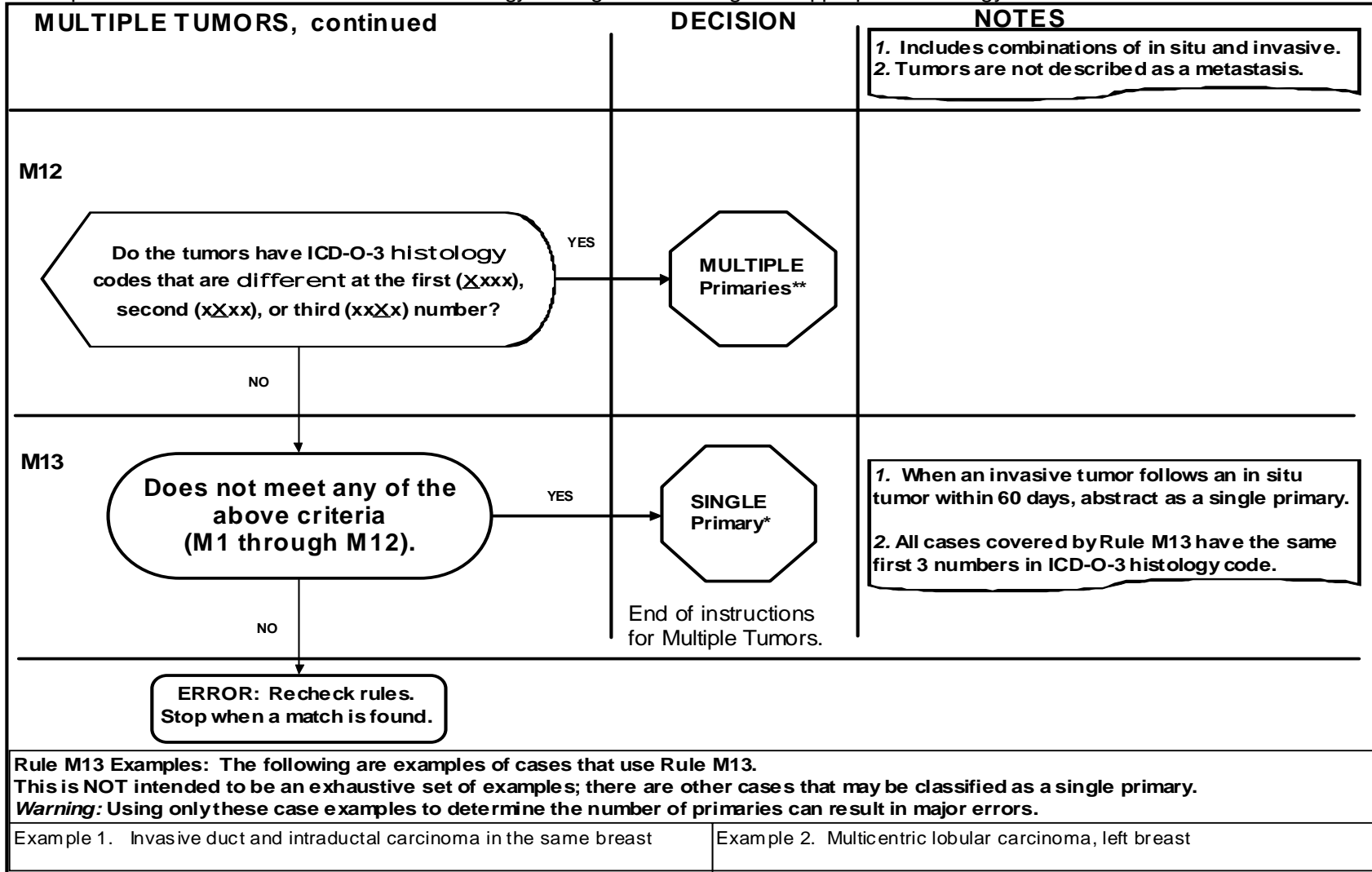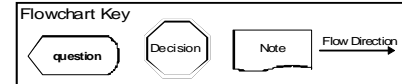# Breast Multiple Primary Rules - Flowchart

(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.
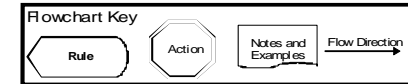
MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Includes combinations of in situ and invasive. 2. Tumors are not described as a metastasis.
M8 — Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis? → YES →	**MULTIPLE Primaries****	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
NO ↓		
M9 — Are the tumors intraductal or **duct and Paget Disease**? → YES →		
NO ↓		
M10 — Are the tumors lobular (8520) **and** intraductal or **duct**? → YES →	**SINGLE Primary***	Use Table 1 and Table 2 to identify intraductal and duct carcinomas
NO ↓		
M11 — Are there multiple intraductal and/or duct carcinomas? → YES →		
NO ↓ Next Page		

Breast MP

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.

Flowchart Key

| question | Decision | Note | Flow Direction |

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Includes combinations of in situ and invasive. **2. Tumors are not described as a metastasis.**
M12 Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (**X**xxx), second (x**X**xx), or third (xx**X**x) number? → YES	**MULTIPLE Primaries****	
NO ↓		
M13 Does not meet any of the above criteria (M1 through M12). → YES	**SINGLE Primary*** End of instructions for Multiple Tumors.	**1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.** **2. All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code.**
NO ↓ ERROR: Recheck rules. Stop when a match is found.		

Rule M13 Examples: The following are examples of cases that use Rule M13.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: Using only these case examples to determine the number of primaries can result in major errors.

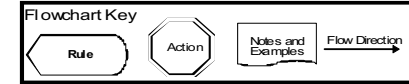| Example 1. Invasive duct and intraductal carcinoma in the same breast	Example 2. Multicentric lobular carcinoma, left breast

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)

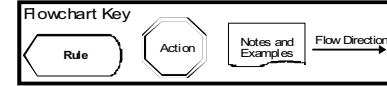| Rule	Action	Notes and Examples
H1 — Is the **pathology/cytology** report unavailable? **YES** →	Code the histology documented by the physician	1. **Priority for using documents to code the histology** o **Documentation in the medical record that refers to pathologic or cytologic findings** o **Physician's reference to type of cancer (histology) in the medical record** 2. **Code the specific histology when documented.**
NO ↓		
H2 — Is only **one histologic type** identified? **YES** →	Code the histology.	
NO ↓		
Next Page		

Breast Histo

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: IN SITU CARCINOMA ONLY
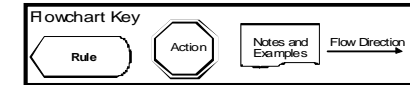(Single Tumor; all parts are in situ)

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

Rule	Action	Notes and Examples
H3 Is there carcinoma in situ, NOS (8010) and a specific carcinoma in situ? — YES	**Code the** more **specific** histologic **term.**	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.
NO ↓ Is there adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ? — YES		
NO ↓ Is there intraductal NOS (8500) and a specific intraductal carcinoma (Table1)? — YES		
NO ↓ **H4** Does the tumor have **non-infiltrating comedocarcinoma and any** other intraductal carcinoma (Table 1)? — YES	Code **8501/2** (comedo-carcinoma, non-infiltrating).	**Example:** Pathology report reads intraductal carcinoma with comedo and solid features. Code comedocarcinoma (8501/2).
NO ↓ **H5** Does the tumor have a combination of **in situ lobular (8520) and intraductal** carcinoma (Table 1)? — YES	Code **8522/2** (intraductal and lobular carcinoma in situ) (Table 3).	
NO ↓ Next Page		

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)

Flowchart Key			
Rule	Action	Notes and Examples	Flow Direction

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

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

Breast Histo
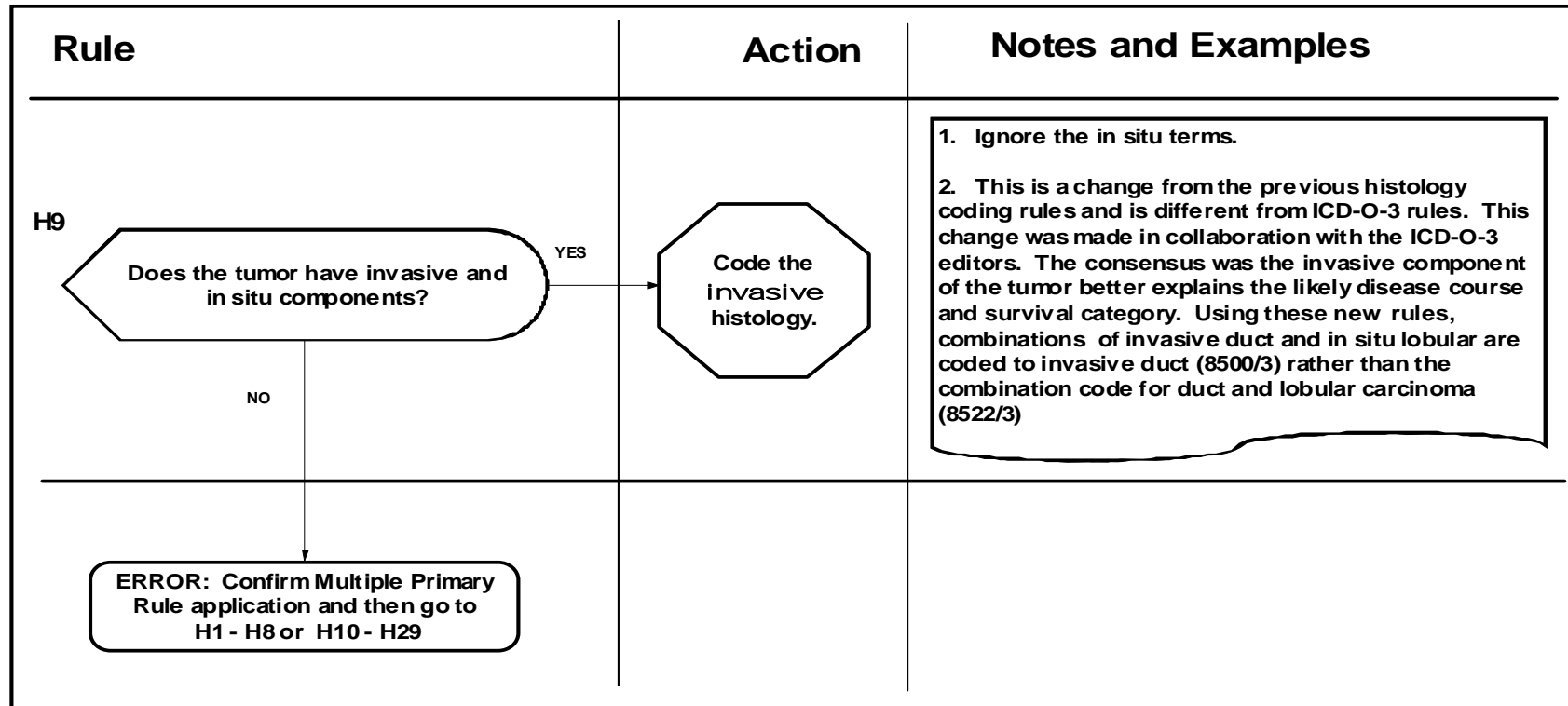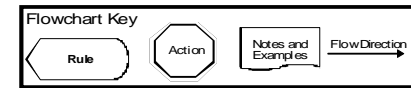
Breast Histology Coding Rules - Flowchart

(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)

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

Rule	Action	Notes and Examples
H9 Does the tumor have invasive and in situ components? → **YES** **NO** ↓ ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29	Code the **invasive** histology.	1. Ignore the in situ terms. 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)

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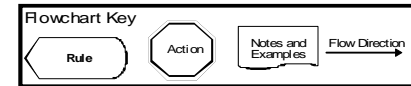Code the histology according to the rule that fits the case.

Breast Histology Coding Rules - Flowchart

(C500-C509)

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

SINGLE TUMOR: INVASIVE CARCINOMA ONLY
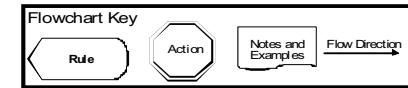(Single Tumor; all parts are invasive)

Rule	Action	Notes and Examples
H10 — Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? —YES→	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** 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 **Mammogram** o **PET scan** o **Ultrasound** 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.**
NO		
H11 — Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) —YES→	Code the histology from the metastatic site.	Code the behavior /3.
NO		
Next Page		

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)

Flowchart Key

| Rule | Action | Notes and Examples | Flow Direction |

Rule	Action	Notes and Examples

H12

Is there carcinoma, NOS (8010) and a more specific carcinoma? — YES

NO

Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? — YES

NO

Is there duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508)? — YES

NO

Is there sarcoma NOS (8800) and a more specific sarcoma ? — YES

NO

Code the most **specific** histologic **term.**

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.

H13

Does the final diagnosis of the **pathology** report specifically state **inflammatory carcinoma**? — YES

NO

Code **8530** (inflammatory carcinoma).

Record dermal lymphatic invasion in Collaborative Staging.

Next Page

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR: INVASIVE CARCINOMA ONLY
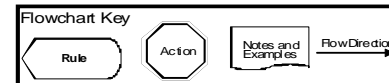(Single Tumor; all parts are invasive)

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

Breast Histo

Breast Histo

Breast Histology Coding Rules - Flowchart

(C500-C509)

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

Flowchart Key

| Rule | Action | Notes and Examples | FlowDirection |

SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

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

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

Revised November 1, 2007

Breast Histology Coding Rules - Flowchart

(C500-C509)
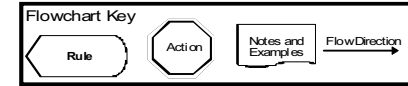(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H20 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician.	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** ○ **Mammogram** ○ **PET Scan** ○ **Ultrasound** 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.**
H21 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site — YES →	Code the histology from a metastatic site.	Code the behavior /3.
H22 Does the final diagnosis of the **pathology** report specifically **state inflammatory carcinoma**? — YES →	Code **8530** (inflammatory carcinoma).	Record dermal lymphatic invasion in Collaborative Staging.

NO → Next Page

Breast Histo

Breast Histo

Breast Histology Coding Rules - Flowchart

(C500-C509)
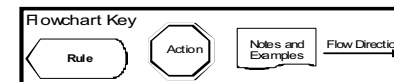(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H23 Is only **one histologic type** identified? — YES →	Code the histology.	
NO ↓		
H24 Does the pathology report **specifically state** that the Paget disease is **in situ and** the underlying tumor is **intraductal** carcinoma (Table 1)? — YES →	Code **8543/2** (in situ Paget disease and intraductal carcinoma (Table 3).	Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).
NO ↓		
H25 Is there **Paget disease and intraductal** carcinoma (Table 3)? — YES →	Code **8543/3** (Paget disease and intraductal carcinoma).	1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 2. Includes both invasive Paget disease and Paget disease with behavior not stated. 3. Use Table 1 to identify intraductal carcinomas.
NO ↓		
H26 Is there **Paget disease and** invasive **duct** carcinoma (Table 3)? — YES →	Code **8541/3** (Paget disease and infiltrating duct carcinoma).	1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 2. Includes both invasive Paget disease and Paget disease with behavior not stated. 3. Use Table 2 to identify duct carcinomas.
NO ↓ Next Page		

Revised November 1, 2007

Breast Histology Coding Rules - Flowchart

(C500-C509)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H27 Are there invasive and in situ components? — YES →	Code the **invasive** histology.	**1.** Ignore the in situ terms. **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)
NO ↓		
H28 Is there any combination of lobular (8520) and duct carcinoma (Table 3)? — YES →	Code **8522** (duct and lobular).	Use Table 2 to identify duct carcinomas.
NO ↓		
H29	Code the **numerically higher** ICD-O-3 histology 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.
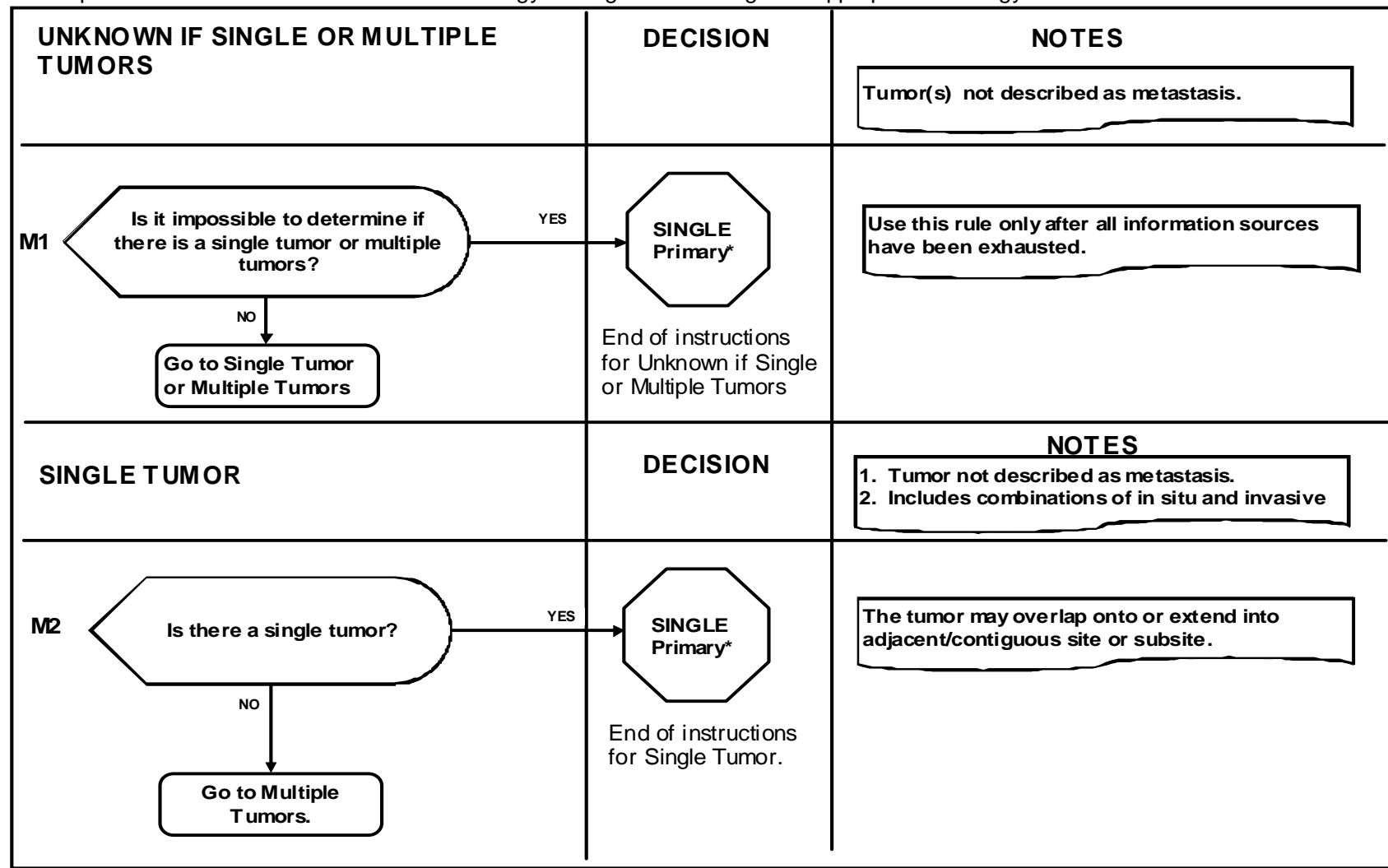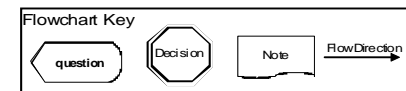
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Kidney Multiple Primary Rules - Flowchart

(C649)

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

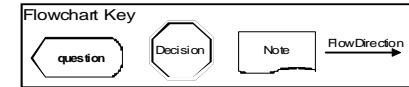*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.
M1 Is it impossible to determine if there is a single tumor or multiple tumors? —YES→ **SINGLE Primary*** NO ↓ **Go to Single Tumor or Multiple Tumors** End of instructions for Unknown if Single or Multiple Tumors		Use this rule only after all information sources have been exhausted.
SINGLE TUMOR	DECISION	**NOTES** 1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive
M2 Is there a single tumor? —YES→ **SINGLE Primary*** NO ↓ **Go to Multiple Tumors.** End of instructions for Single Tumor.		The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Kidney MP

Kidney Multiple Primary Rules - Flowchart

(C649)

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

Flowchart Key: question | Decision | Note | FlowDirection

*   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.

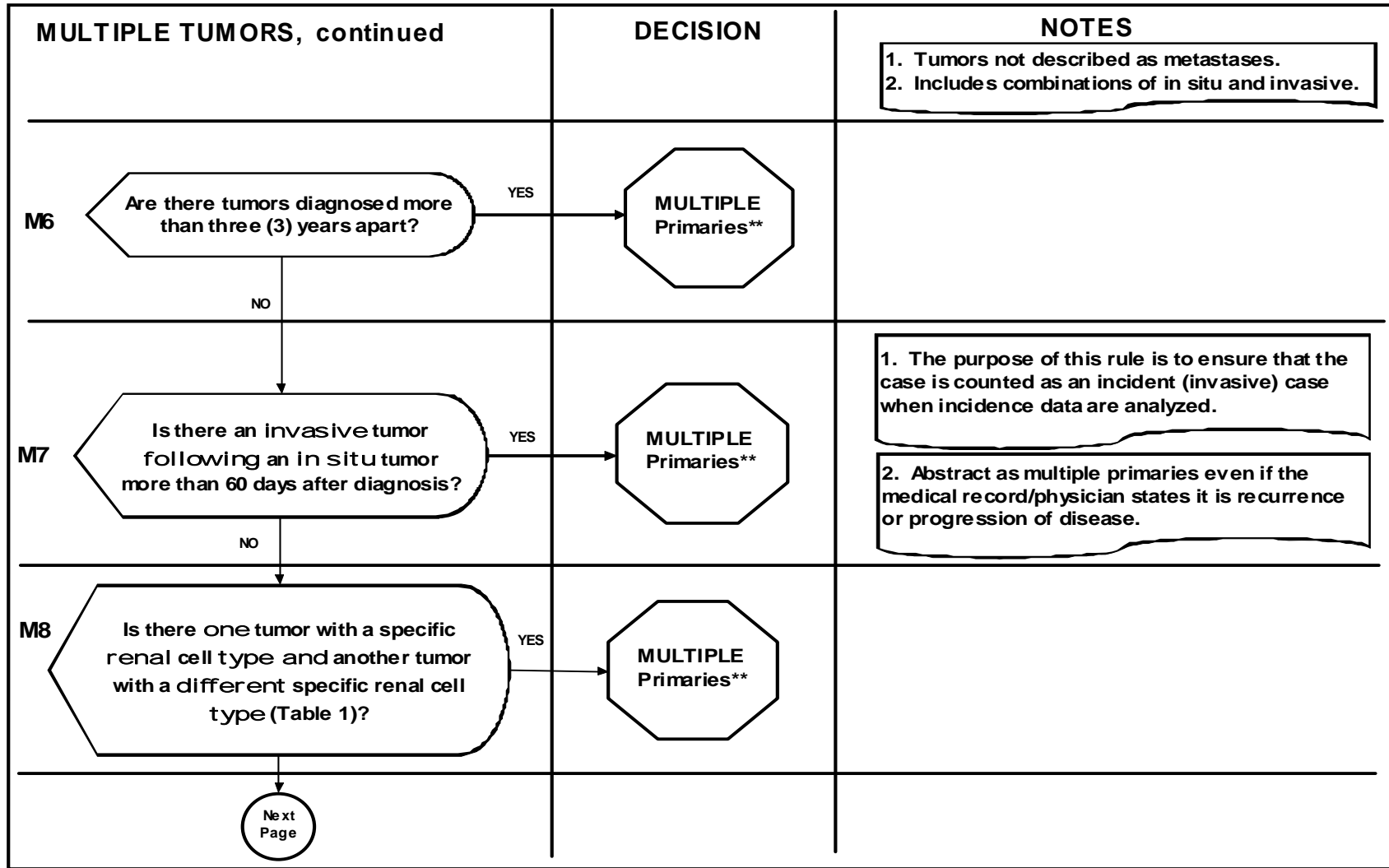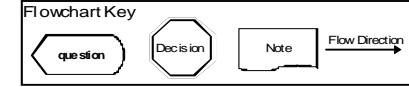| MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M3 Is the diagnosis Wilms tumor? — YES	SINGLE Primary*	
NO		
M4 Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x)? — YES	MULTIPLE Primaries**	
NO		
M5 Are there tumors in **both** the **left and right kidney**? — YES	MULTIPLE Primaries**	Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.
NO → Next Page		

January 1, 2007

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.

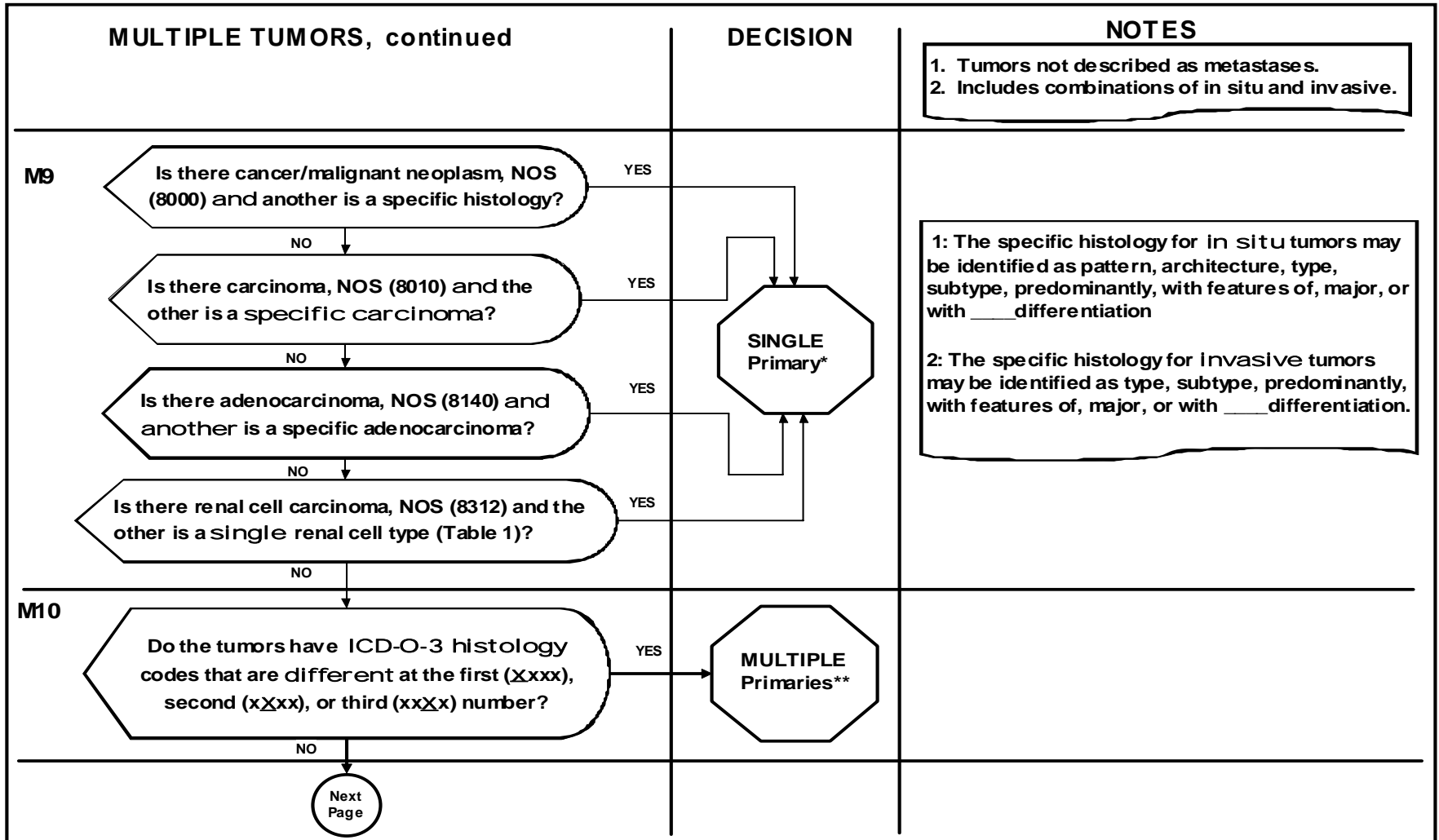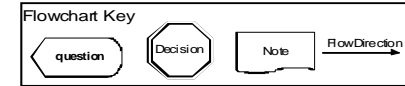| MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M6 Are there tumors diagnosed more than three (3) years apart? YES	MULTIPLE Primaries**	
NO		
M7 Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis? YES	MULTIPLE Primaries**	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
NO		
M8 Is there **one** tumor with a specific **renal** cell **type and** another tumor with a **different** specific renal cell **type** (Table 1)? YES	MULTIPLE Primaries**	
Next Page		

Kidney MP

Kidney MP

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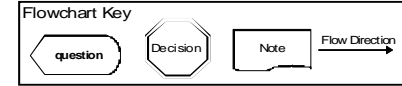
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Flowchart Key

question — Decision — Note — FlowDirection

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M9 — Is there cancer/malignant neoplasm, NOS (8000) **and** another is a specific histology? — **YES** → SINGLE Primary*

NO ↓

Is there carcinoma, NOS (8010) **and** the other is a **specific carcinoma**? — **YES** → SINGLE Primary*

NO ↓

Is there adenocarcinoma, NOS (8140) **and another** is a specific adenocarcinoma? — **YES** → SINGLE Primary*

NO ↓

Is there renal cell carcinoma, NOS (8312) and the other is a **single** renal cell type (Table 1)? — **YES** → SINGLE Primary*

NO ↓

M10 — Do the tumors have **ICD-O-3 histology** codes that are **different** at the first (**X**xxx), second (x**X**xx), or third (xx**X**x) number? — **YES** → MULTIPLE Primaries**

NO ↓

Next Page

NOTES:

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

2: The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
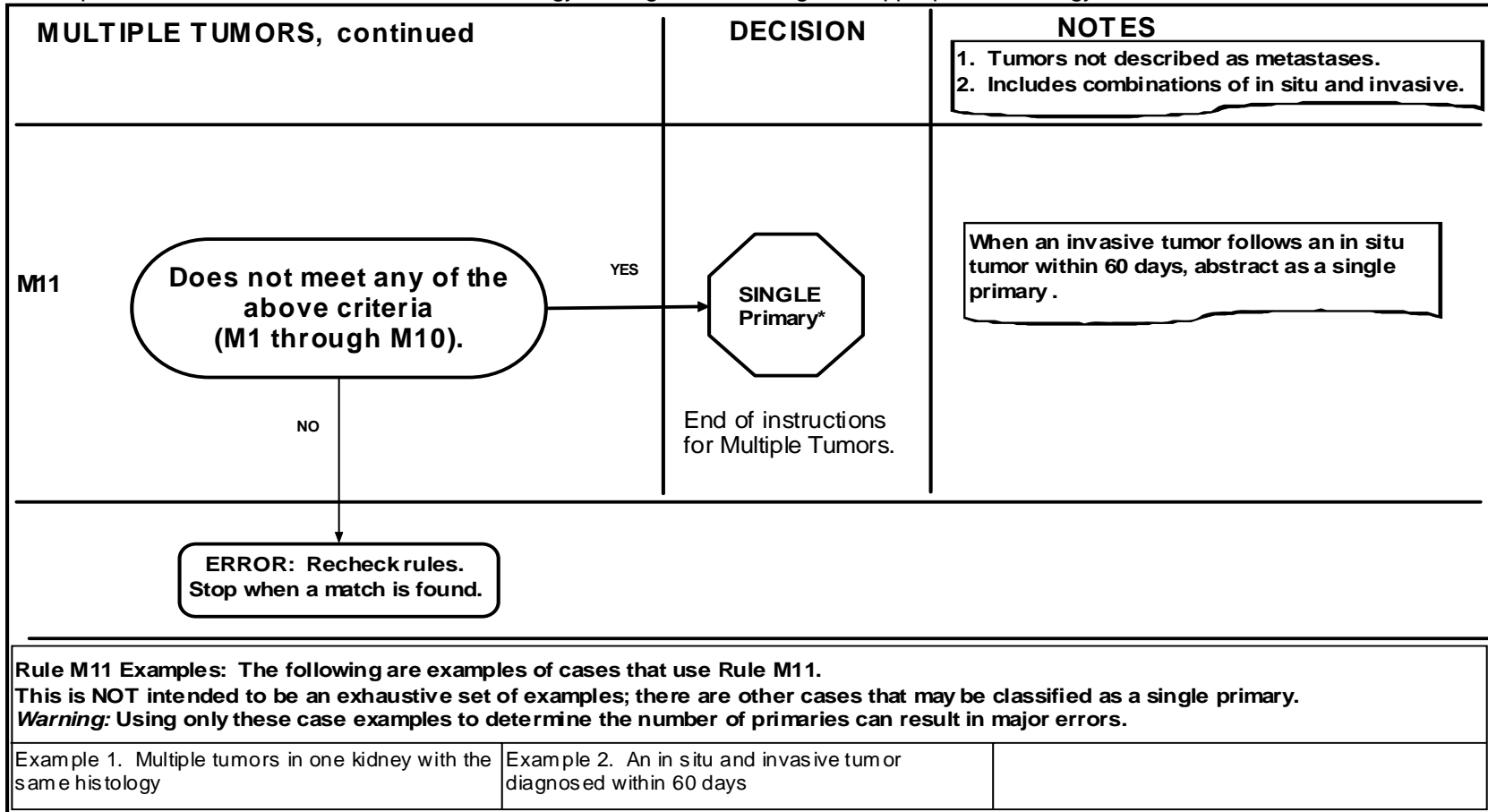
Kidney Multiple Primary Rules - Flowchart

(C649)

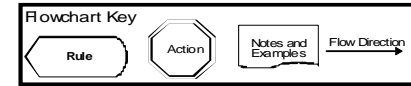(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

*   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, continued	DECISION	NOTES
		1. **Tumors not described as metastases.** 2. **Includes combinations of in situ and invasive.**

M11

Does not meet any of the above criteria (M1 through M10).

YES →

SINGLE Primary*

End of instructions for Multiple Tumors.

NO ↓

When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

ERROR: Recheck rules. Stop when a match is found.

Rule M11 Examples: The following are examples of cases that use Rule M11.

This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.

Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

Example 1. Multiple tumors in one kidney with the same histology	Example 2. An in situ and invasive tumor diagnosed within 60 days	

Kidney MP

Kidney Histology Coding Rules - Flowchart

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

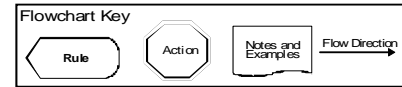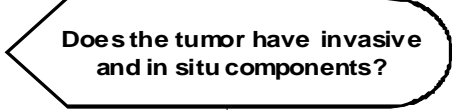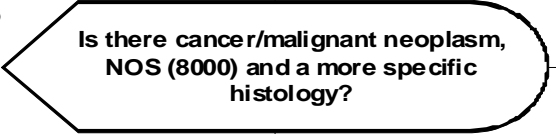Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

SINGLE TUMOR

Rule	Action	Notes and Examples
H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable?	YES → Code the histology documented by the physician.	1. **Priority for using documents to code the histology** 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 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.**
NO ↓		
H2 Is the specimen from a metastatic site? **(there is no pathology/cytology specimen from the primary site)**	YES → Code the histology from a metastatic site.	**Code the behavior /3.**
NO ↓		
H3 Is only **one histologic type** identified?	YES → Code the histology.	
NO ↓ Next Page		

Kidney Histology Coding Rules - Flowchart

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

SINGLE TUMOR

Rule	Action	Notes and Examples
H4 Does the tumor have invasive and in situ components? — YES →	Code the **invasive** histology.	
NO ↓		
H5 Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology? — YES	Code the specific type.	1. Use Table 1 to identify specific renal cell types. 2. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____ differentiation. 3. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation.
NO ↓ Is there carcinoma, NOS (8010) and a more specific carcinoma? — YES		
NO ↓ Is there adenocarcinoma, NOS (8140) and one specific adenocarcinoma type? — YES		
NO ↓ Is there renal cell carcinoma, NOS (8312) and one specific renal cell type? — YES		
NO ↓ Next Page		

Kidney Histology Coding Rules - Flowchart

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

SINGLE TUMOR

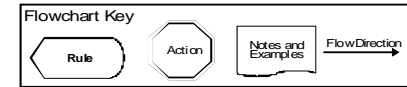| Rule	Action	Notes and Examples
H6 Are there **two or more specific** renal cell carcinoma types? — YES → NO	**Code 8255** (adeno-carcinoma with mixed subtypes).	Use Table 1 to identify specific renal cell types. **_Example:_** Renal cell carcinoma, papillary and clear cell types. Assign code 8255.
H7	Code the **numerically higher** ICD-O-3 histology code.	

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)

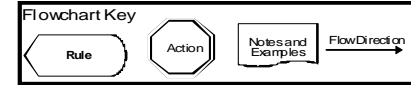**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

Rule	Action	Notes and Examples
H8 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** o Documentation in the medical record refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT 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.
NO ↓		
H9 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) — YES	Code the histology from a metastatic site.	Code the behavior /3.
NO ↓ **Next Page**		

Kidney Histology Coding Rules - Flowchart

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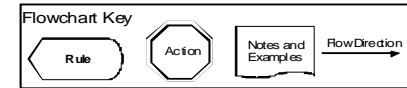
Flowchart Key

Rule / Action / Notes and Examples / Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H10 Is only **one histologic type** identified? — YES →	**Code the histology.**	
NO ↓		
H11 Is one tumor in situ and the other invasive or are both tumors invasive? — YES →	**Code the histology of the most invasive tumor**	1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.) 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.
NO ↓ Next Page		

Kidney Histology Coding Rules - Flowchart

(C649)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)
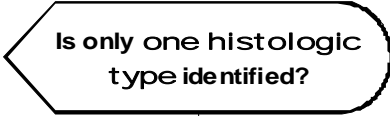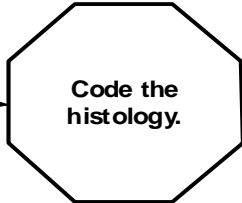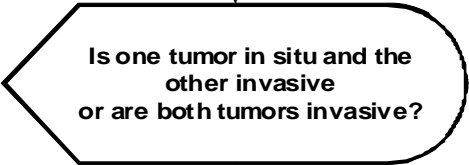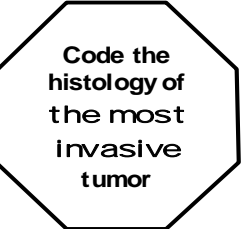
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H12 Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology? — YES NO ↓ Is there carcinoma, NOS (8010) and a more specific carcinoma? — YES NO ↓ Is there adenocarcinoma, NOS (8140) and one specific adenocarcinoma type? — YES NO ↓ Is there renal cell carcinoma, NOS (8312) and one specific renal cell type? — YES NO ↓	**Code the specific type.**	1. Use Table 1 to identify specific renal cell types 2. The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 3. The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
H13	**Code the numerically higher** ICD-O-3 histology 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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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)

Flowchart Key

| question | Decision | Note | FlowDirection |

*   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
		Tumor(s) not described as metastasis.
M1 Is it impossible to determine if there is a single tumor or multiple tumors? **YES** → SINGLE Primary* End of instructions for Unknown if Single or Multiple Tumors **NO** ↓ Go to Single Tumor or Multiple Tumors	SINGLE Primary* End of instructions for Unknown if Single or Multiple Tumors	Use this rule only after all information sources have been exhausted.

SINGLE TUMOR	DECISION	NOTES 1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive.
M2 Is there a single tumor? **YES** → SINGLE Primary* End of instructions for Single Tumor. **NO** ↓ Go to Multiple Tumors.	SINGLE Primary* End of instructions for Single Tumor.	The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Urinary MP

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)

Flowchart Key

question | Decision | Note | FlowDirection

* 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
Multiple tumors may be a single primary or multiple primaries.		1. **Tumors not described as metastases.** 2. **Includes combinations of in situ and invasive.**
M3 **Are there tumors in both the right renal pelvis and the left renal pelvis and no other urinary sites are involved?** — YES →	**MULTIPLE Primaries****	**Use this rule and abstract as a multiple primary unless documented to be metastatic.**
NO ↓		
M4 **Are there tumors in both the right ureter and the left ureter and no other urinary sites are involved?** — YES →	**MULTIPLE Primaries****	**Use this rule and abstract as a multiple primary unless documented to be metastatic.**
NO ↓		
M5 **Is there an _invasive_ tumor _following_ a _non-invasive_ or _an in situ_ tumor more than 60 days after diagnosis?** — YES →	**MULTIPLE Primaries****	**1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.** **2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.**
NO ↓ Next Page		

Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart
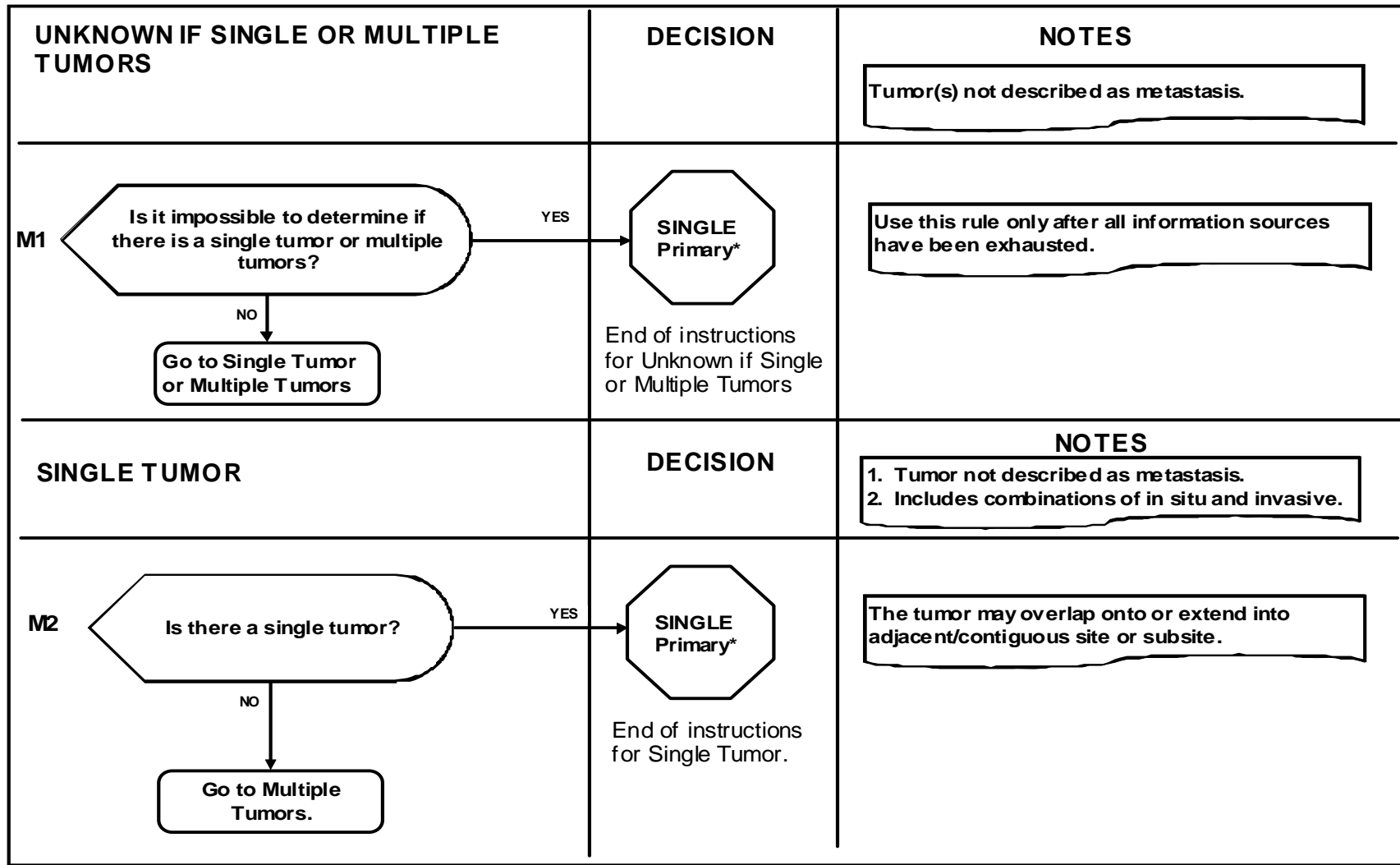
(C659, C669, C670-C679, C680-C689)

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

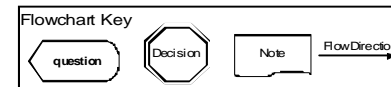* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

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

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M6 — Are there bladder tumors with any combination of the following histologies:
- papillary carcinoma (8050)
- transitional cell carcinoma (8120-8124)
- papillary tansitional cell carcinoma (8130-8131)?

YES → SINGLE Primary*

NO ↓

M7 — Are there tumors diagnosed more than three (3) years apart?

YES → MULTIPLE Primaries**

NO ↓

M8 — Are there urothelial tumors (See Table 1) in two or more of the following sites:
- Renal pelvis (C659)?
- Ureter (C669)?
- Bladder (C670-C679)?
- Urethra/prostatic urethra (C680)?

YES → SINGLE Primary*

NO ↓

Next Page

Urinary MP

Urinary MP

Renal Pelvis, Ureter, Bladder and Other Urinary Multiple Primary Rules - Flowchart
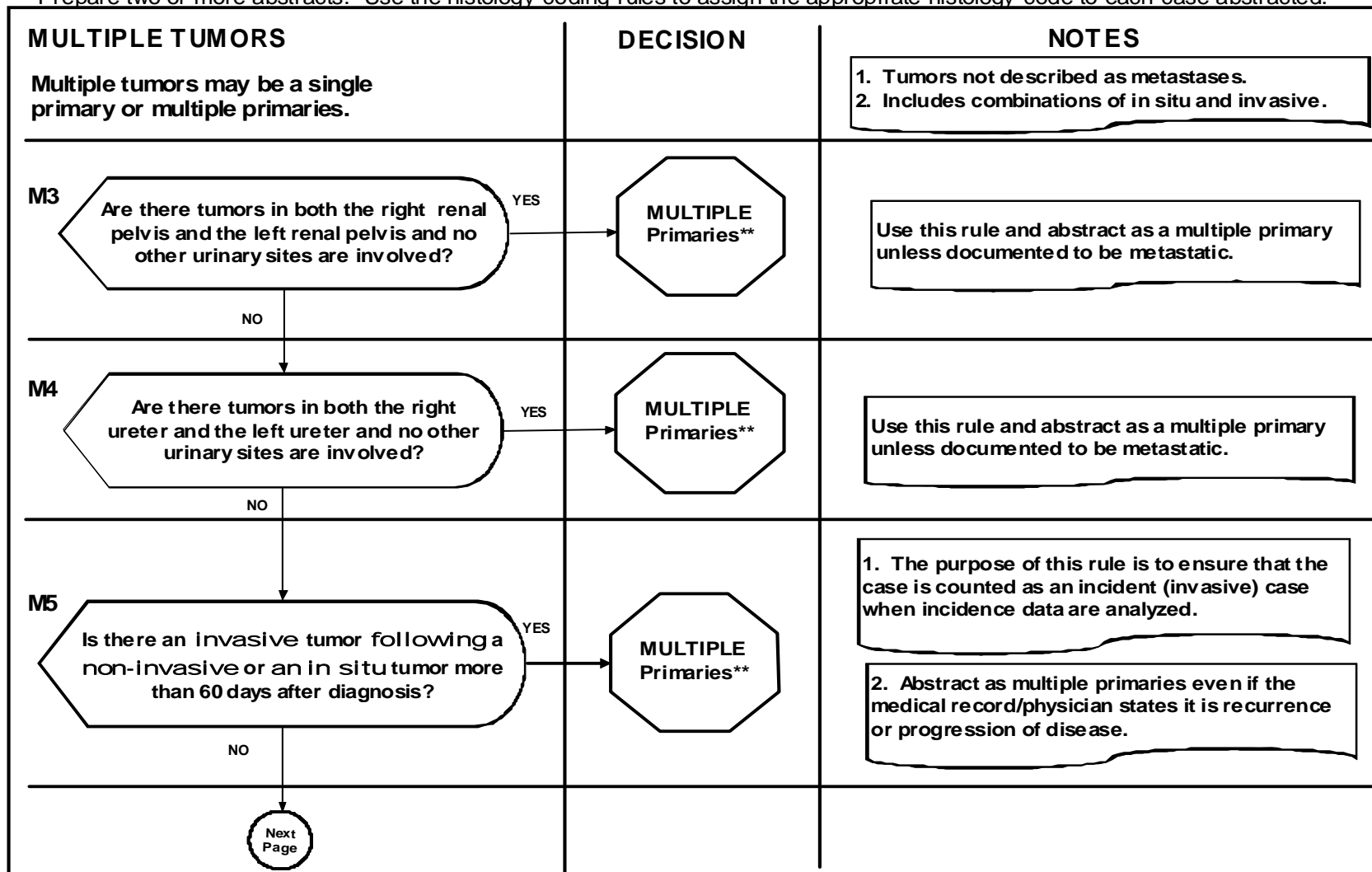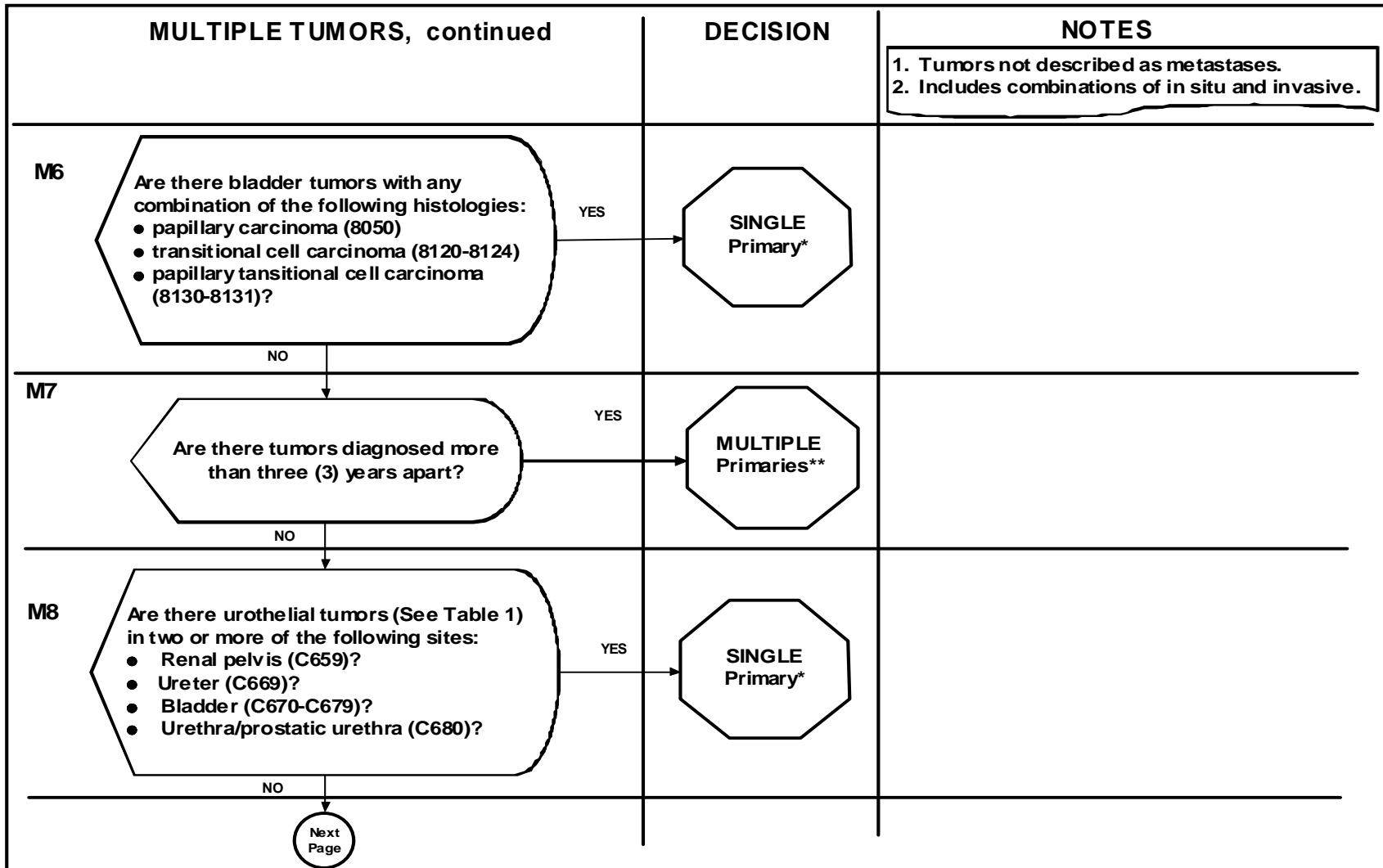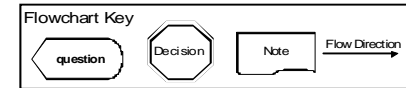(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

*   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.

Flowchart Key

| question | Decision | Note | Flow Direction |

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases.
		2. Includes combinations of in situ and invasive.

M9   Are there tumors with **ICD-O-3 histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third number (xx**x**x)?   YES → **MULTIPLE Primaries****

NO

M10   Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x)?   YES → **MULTIPLE Primaries****

NO

M11   Does not meet any of the above criteria (M1 through M10).   YES → **SINGLE Primary***

When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

End of instructions for Multiple Tumors

NO

ERROR: Recheck rules. Stop when a match is found.

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
H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** 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 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.**
NO ↓		
H2 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) — YES →	Code the histology from the metastatic site.	Code the behavior /3.
NO ↓		
(Next Page)		

Urinary Histo

Urinary Histo

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

(C659, C669, C670-C679, C680-C689)
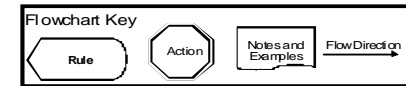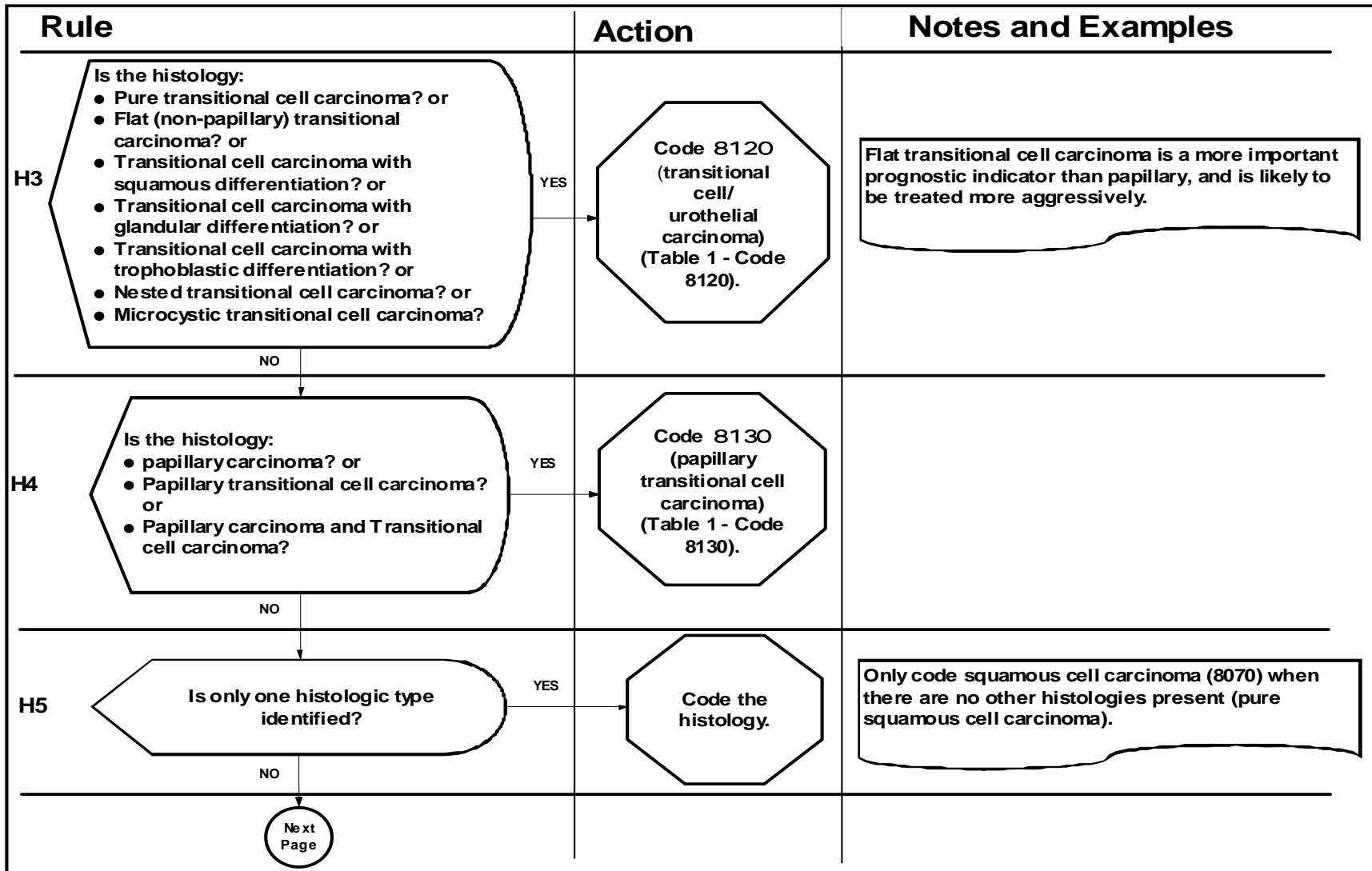(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

SINGLE TUMOR

Rule	Action	Notes and Examples
H3 Is the histology: • **Pure transitional cell carcinoma?** or • **Flat (non-papillary) transitional carcinoma?** or • **Transitional cell carcinoma with squamous differentiation?** or • **Transitional cell carcinoma with glandular differentiation?** or • **Transitional cell carcinoma with trophoblastic differentiation?** or • **Nested transitional cell carcinoma?** or • **Microcystic transitional cell carcinoma?** YES → / NO ↓	Code **8120** (transitional cell/ urothelial carcinoma) (Table 1 - Code 8120).	Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.
H4 Is the histology: • **papillary carcinoma?** or • **Papillary transitional cell carcinoma?** or • **Papillary carcinoma and Transitional cell carcinoma?** YES → / NO ↓	Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130).	
H5 Is only one histologic type identified? YES → / NO ↓	Code the histology.	Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
	Next Page	

January 1, 2007

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

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

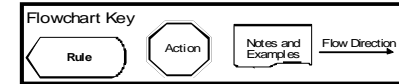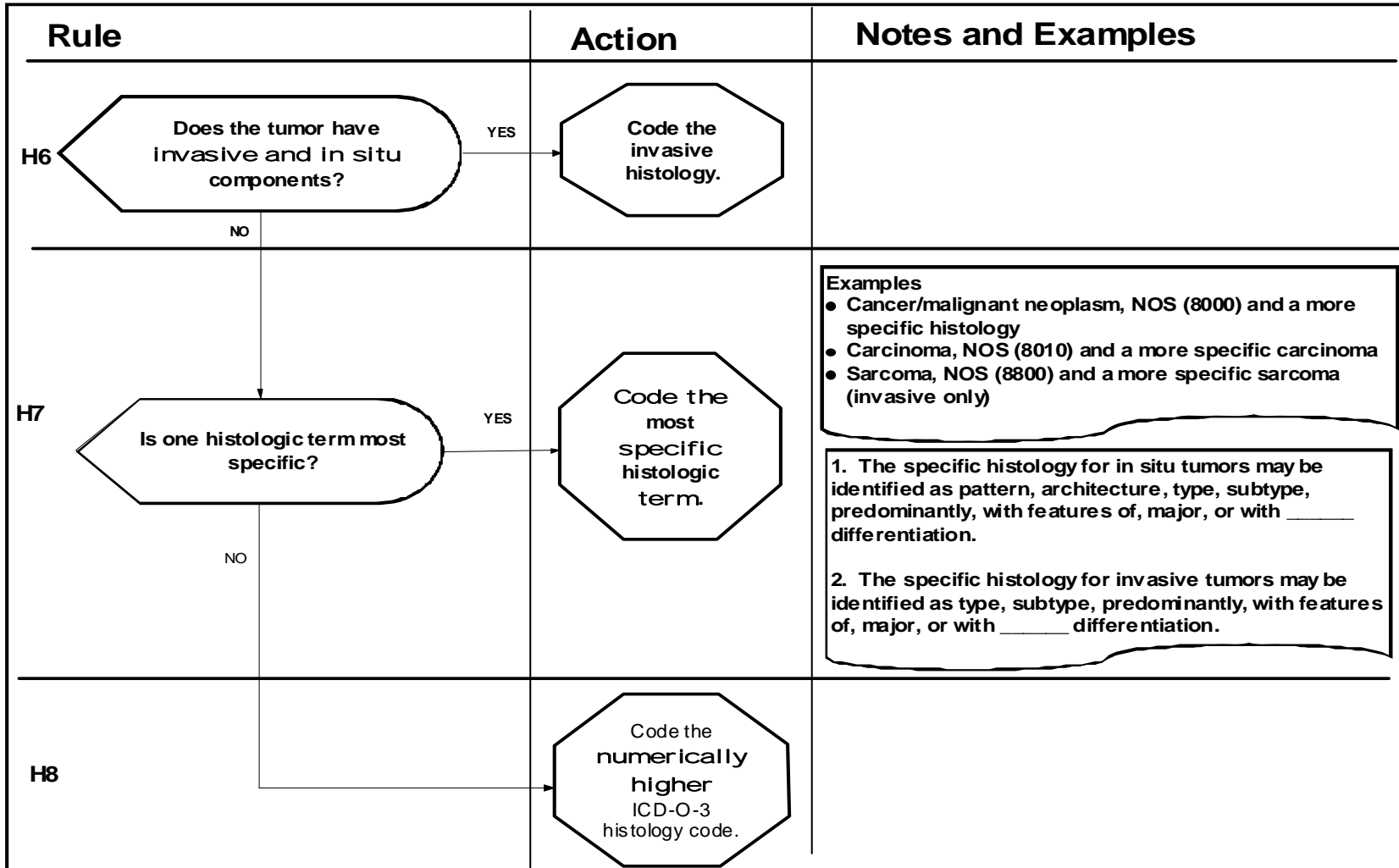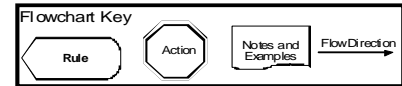(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule	Action	Notes and Examples
H6 Does the tumor have **invasive and in situ** components? — YES →	Code the invasive histology.	
NO ↓		
H7 Is one histologic term most specific? — YES →	Code the most **specific** histologic **term.**	**Examples** • Cancer/malignant neoplasm, NOS (8000) and a more specific histology • Carcinoma, NOS (8010) and a more specific carcinoma • Sarcoma, NOS (8800) and a more specific sarcoma (invasive only) 1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
NO ↓		
H8	Code the **numerically higher** ICD-O-3 histology code.	

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

Urinary Histo

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

Flowchart Key
Rule / Action / Notes and Examples / Flow Direction

Rule	Action	Notes and Examples
H9 Is there **no pathology/cytology specimen** or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician.	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 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.**
H10 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) — YES → NO ↓	Code the histology from the metastatic site.	Code the behavior /3.
Next Page		

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

(C659, C669, C670-C679, C680-C689)
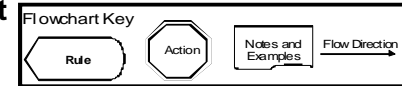(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Flowchart Key
Rule · Action · Notes and Examples · FlowDirection

Rule	Action	Notes and Examples
H11 Is the histology: • **Pure transitional cell carcinoma?** or • **Flat (non-papillary) transitional cell carcinoma?** or • **Transitional cell carcinoma with squamous differentiation?** or • **Transitional cell carcinoma with glandular differentiation?** or • **Transitional cell carcinoma with trophoblastic differentiation?** or • **Nested transitional cell carcinoma?** or • **Microcystic transitional cell carcinoma?** — YES →	**Code 8120** (transitional cell/ urothelial carcinoma) (Table 1 - Code 8120).	Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.
NO ↓		
H12 Is the histology: • **papillary carcinoma?** or • **Papillary transitional carcinoma?** or • **Papillary carcinoma and Transitional carcinoma?** — YES →	**Code 8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130).	
NO ↓ Next Page		

Urinary Histo

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

(C659, C669, C670-C679, C680-C689)
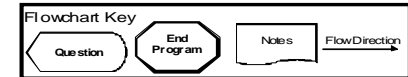(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H13 Is only **one histologic type** identified? — YES →	Code the histology.	Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
NO ↓		
H14 Is one tumor in situ and the other invasive or are both tumors invasive? — YES →	Code the histology of the **most invasive** tumor.	1. This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary). 2. See the Renal Pelvis, Ureter, Bladder and Other Urinary 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.
NO ↓		
H15	Code 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.

January 1, 2007

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.

Flowchart Key
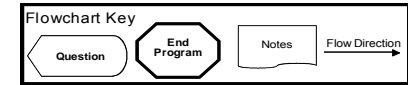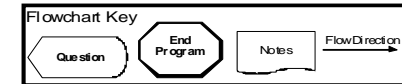Question | End Program | Notes | Flow Direction

* 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
		Tumor(s) not described as metastasis.
M1 Is it impossible to determine if there is a single tumor or multiple tumors? — YES → **SINGLE Primary*** NO → Error: Choose appropriate module	End of instructions for Unknown if Single or Multiple Tumors	Use this rule only after all information sources have been exhausted.
SINGLE TUMOR	DECISION	NOTES
		Tumor not described as metastasis.
M2 Is there a single tumor? — YES → **SINGLE Primary*** NO → Error: Choose appropriate module	End of instructions for Single Tumor.	The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Revised April 30, 2008

168.1

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.

Flowchart Key

| Question | End Program | Notes | Flow Direction |

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

Revised April 30, 2008

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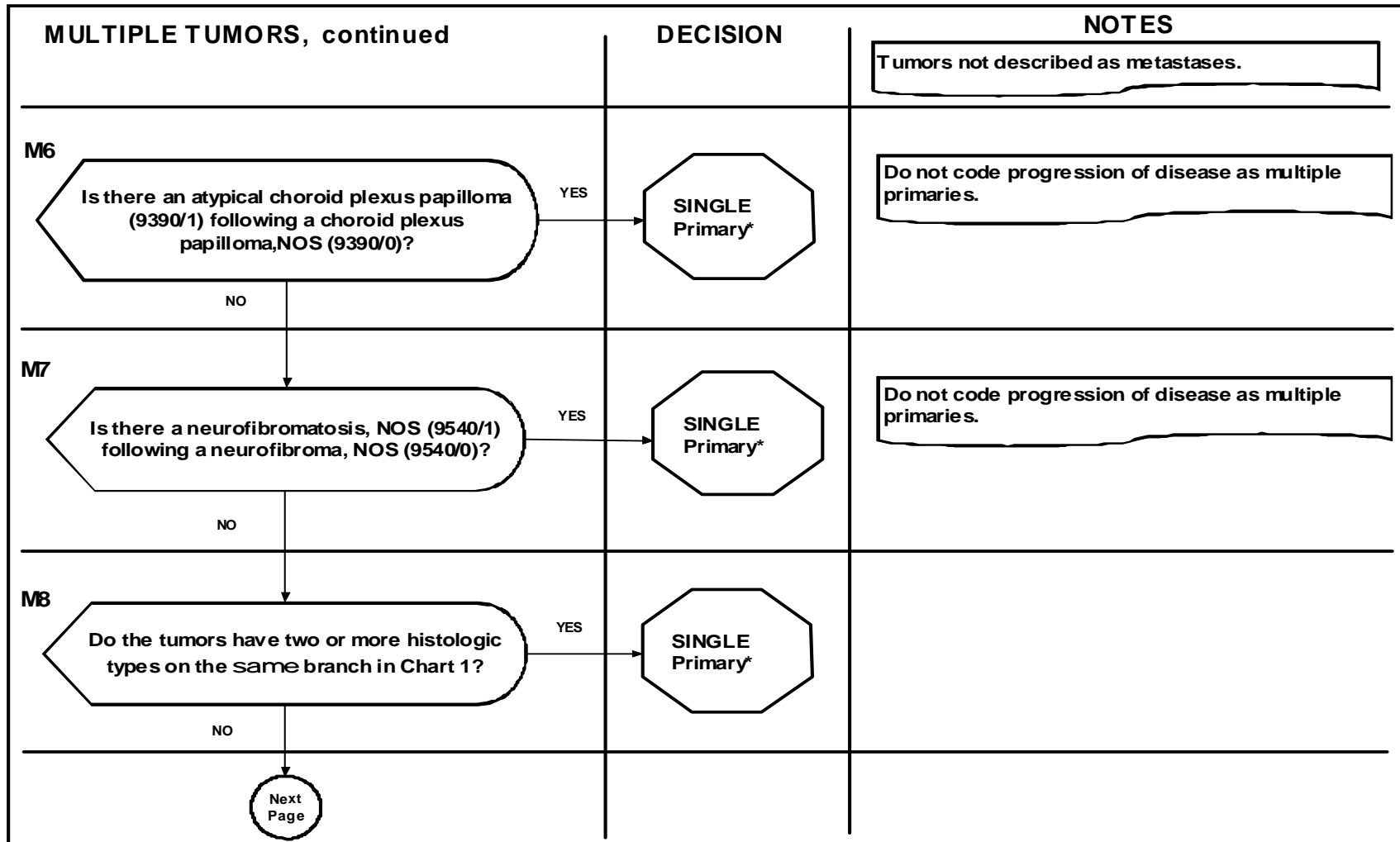## (C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

Flowchart Key

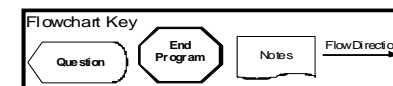Question | End Program | Notes | Flow Direction

*   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
		Tumors not described as metastases.
M6 Is there an atypical choroid plexus papilloma (9390/1) following a choroid plexus papilloma, NOS (9390/0)? — YES →	SINGLE Primary*	Do not code progression of disease as multiple primaries.
NO ↓		
M7 Is there a neurofibromatosis, NOS (9540/1) following a neurofibroma, NOS (9540/0)? — YES →	SINGLE Primary*	Do not code progression of disease as multiple primaries.
NO ↓		
M8 Do the tumors have two or more histologic types on the **same** branch in Chart 1? — YES →	SINGLE Primary*	
NO ↓ Next Page		

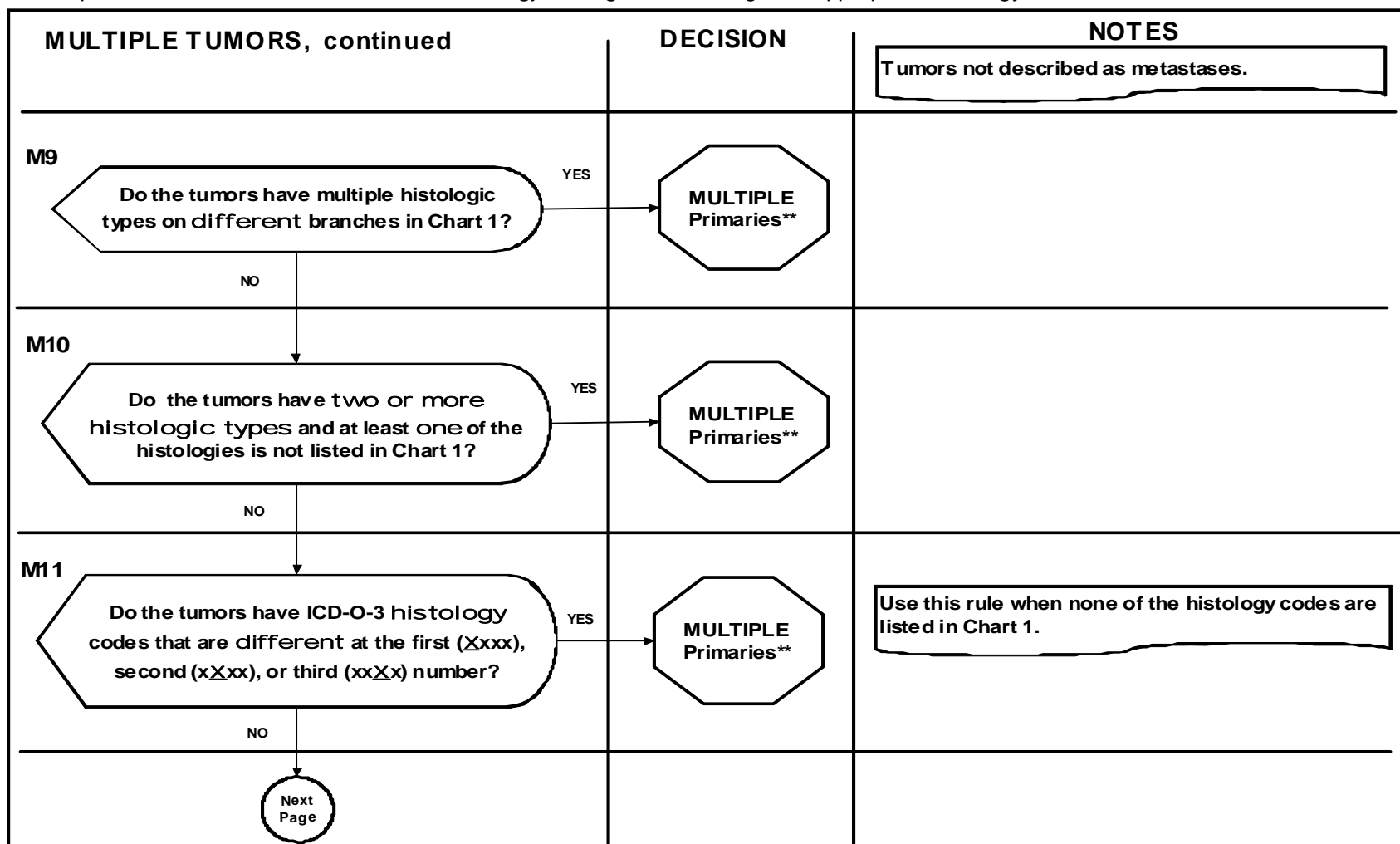# Benign and Borderline Intracranial and CNS Tumors Multiple Primary Rules - Flowchart
(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)

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

Flowchart Key
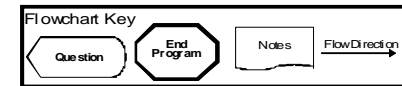Question | End Program | Notes | FlowDirection

* 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
		Tumors not described as metastases.
M9 Do the tumors have multiple histologic types on **different** branches in Chart 1? — YES →	MULTIPLE Primaries**	
NO ↓		
M10 Do the tumors have **two or more histologic types** and at least **one** of the histologies is not listed in Chart 1? — YES →	MULTIPLE Primaries**	
NO ↓		
M11 Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (**X**xxx), second (x**X**xx), or third (xx**X**x) number? — YES →	MULTIPLE Primaries**	Use this rule when none of the histology codes are listed in Chart 1.
NO ↓ Next Page		

Revised April 30, 2008

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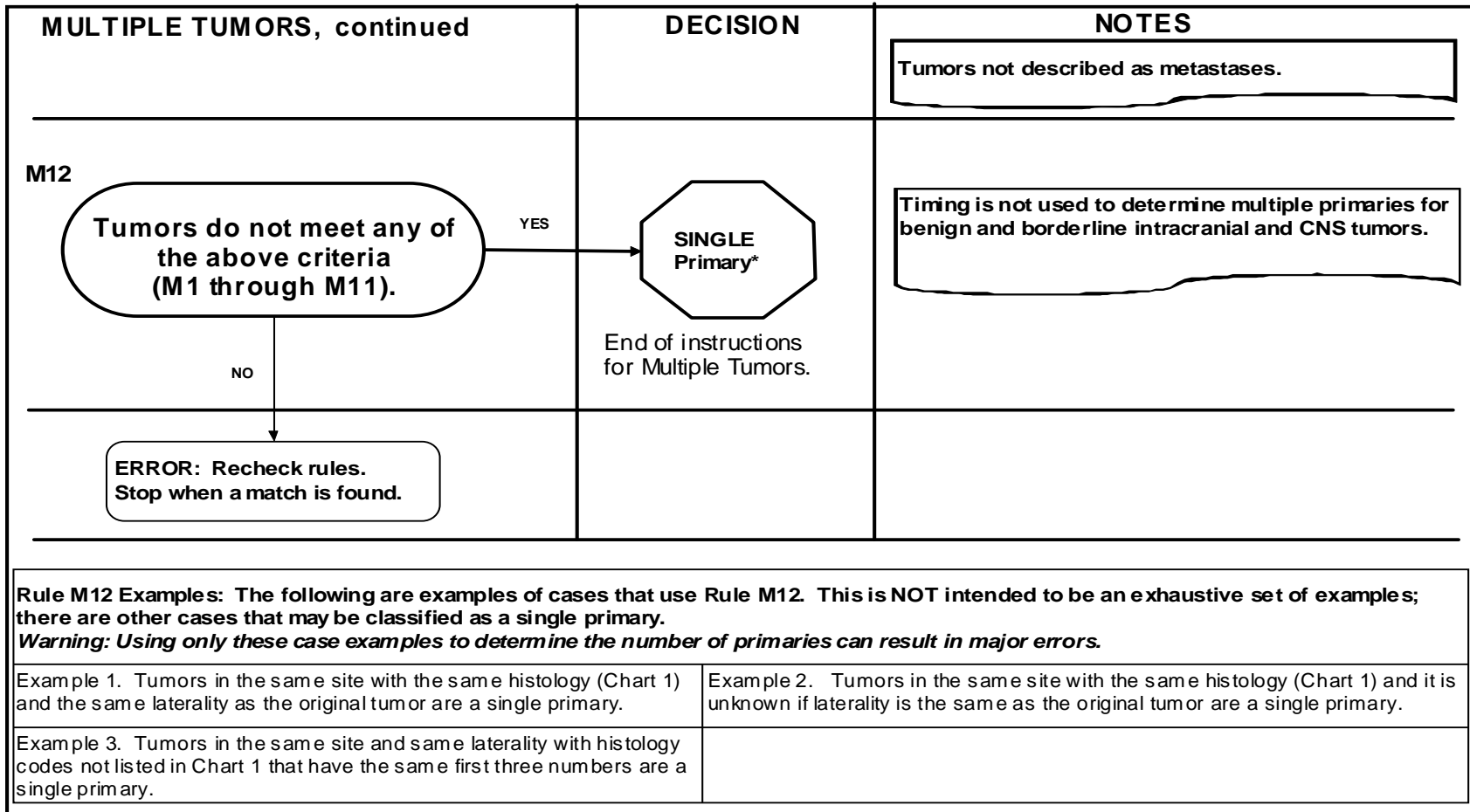**(C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753)**

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

Flowchart Key
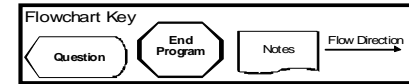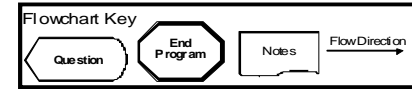Question | End Program | Notes | FlowDirection

* 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
		Tumors not described as metastases.
M12 Tumors do not meet any of the above criteria (M1 through M11).	YES → SINGLE Primary* — End of instructions for Multiple Tumors.	Timing is not used to determine multiple primaries for benign and borderline intracranial and CNS tumors.
NO ↓ ERROR: Recheck rules. Stop when a match is found.		

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.
Warning: Using only these case examples to determine the number of primaries can result in major errors.

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.	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.
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.	

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

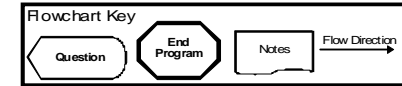Note: Malignant intracranial and CNS tumors have a separate set of rules.

Flowchart Key

Question | End Program | Notes | Flow Direction

SINGLE TUMOR

Rule	Action	Notes and Examples
H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES NO	Code the histology documented by the physician.	**1. Priority for using documents to code the histology** o **Documentation in the medical record that refers to pathologic or cytologic findings** o **Physician's reference to type of tumor (histology) in the medical record** o **PET, CT or MRI scans** **2. Code the specific histology when documented.** **3. Code the histology to 8000 (neoplasm, NOS) as stated by the physician when nothing more specific is documented.**
H2 Is only **one histologic type** identified? — YES NO Next Page	Code the histology.	

Revised April 30, 2008

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

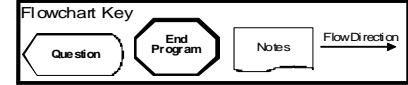Note: Malignant intracranial and CNS tumors have a separate set of rules.

Flowchart Key

Question · End Program · Notes · Flow Direction

SINGLE TUMOR

Rule	Action	Notes and Examples
H3 — Are there **multiple histologies** and all histologies are in the **same** branch on Chart 1? — YES → Code the **more specific** histology. — NO		
H4 → Code 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.

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.

Flowchart Key

Question   End Program   Notes   Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H5 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of tumor (histology) in the medical record o PET, CT or MRI scans 2. **Code the specific histology when documented.** 3. **Code the histology to 8000 (neoplasm, NOS) or as stated by the physician when nothing more specific is documented.**
NO ↓		
H6 Are there multiple meningiomas of uncertain behavior? — YES →	Code to 9530/1	1. **This is a rare condition that is usually associated with neurofibromatosis type 2 and other genetic disorders.** 2. **Use this code only for meningiomas with uncertain behavior; do not use this code for multiple benign or malignant meningiomas.**
NO ↓ **Next Page**		

Revised April 30, 2008

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.

Flowchart Key

Question | End Program | Notes | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H7 Is only **one histologic type** identified? — YES →	Code the histology.	
NO ↓		
H8 Was there a previous tumor(s)? — YES →	Code the histology from the original diagnosis.	**Do not change the behavior code when a later tumor(s) shows progression of disease.**
NO ↓		
H9 Are there **multiple histologies** and all histologies are in the same branch on Chart 1? — YES →	Code the **more specific** histology.	
NO ↓		
H10	Code the **numerically higher** ICD-O-3 histology 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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Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart
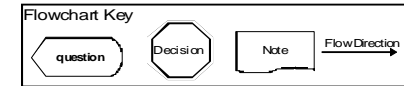
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

(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.

Flowchart Key: question / Decision / Note / FlowDirection

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.
M1 Is there an invasive tumor (/3) and either a benign (/0) or an uncertain/borderline tumor (/1)? — YES → **MULTIPLE Primaries****		Use this rule only after all information sources have been exhausted.
↓ NO		
M2 Is it impossible to determine if there is a single tumor or multiple tumors? — YES → **SINGLE Primary***		
↓ NO		
Go to Single Tumor or Multiple Tumors	End of instructions for Unknown if Single or Multiple Tumors	
SINGLE TUMOR	DECISION	NOTES
		Tumor not described as metastasis.
M3 Is there a single tumor? — YES → **SINGLE Primary***		The tumor may overlap onto or extend into adjacent/contiguous site or subsite.
↓ NO		
Go to Multiple Tumors.	End of instructions for Single Tumor.	

Brain and CNS MP

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary Gland, Craniopharyngeal duct and Pineal Gland Multiple Primary Rules - Flowchart
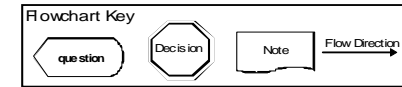
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753

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

Flowchart Key

question   Decision   Note   Flow Direction

* 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.
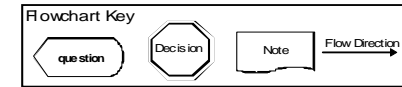
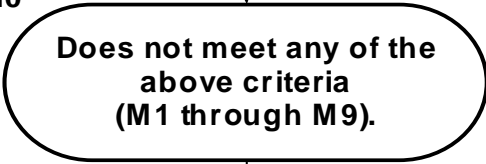| MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		Tumors not described as metastases.
M4 Is there an invasive tumor (/3) and either a benign (/0) or an uncertain/borderline tumor (/1)? — YES →	MULTIPLE Primaries**	
NO ↓		
M5 Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x)? — YES →	MULTIPLE Primaries**	
NO ↓		
M6 Is there a glioblastoma or glioblastoma multiforme (9440) following a glial tumor (See Chart 1) ? — YES →	SINGLE Primary*	
NO ↓ Next Page		

January 1, 2007

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.

Flowchart Key			
question	Decision	Note	Flow Direction

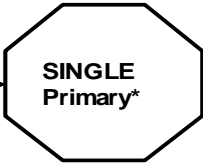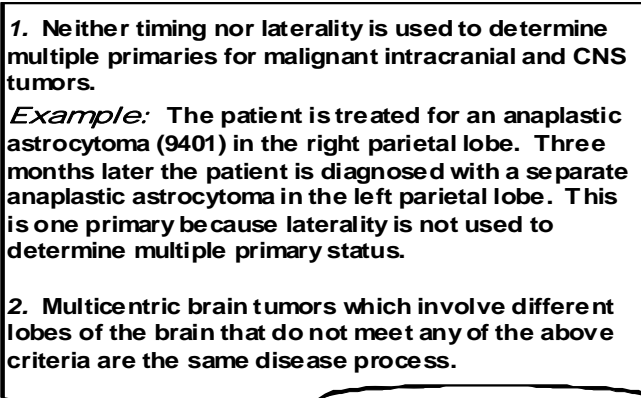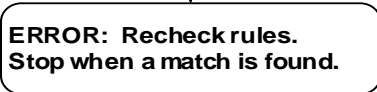| MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M7 Do the tumors have ICD-O-3 histology on the **same** branch in Chart 1 or Chart 2? — YES →	**SINGLE Primary***	Recurrence, progression, or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process. *Example:* Patient has an astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.
NO ↓		
M8 Do the tumors have ICD-O-3 histology codes on **different** branches in Chart 1 or Chart 2? — YES →	**MULTIPLE Primaries****	
NO ↓		
(Next Page)		

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.
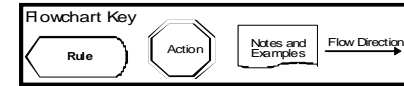
MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M9 Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (**X**xxx), second (x**X**xx), or third (xx**X**x) number? — YES →	**MULTIPLE Primaries****	
NO ↓		
M10 Does not meet any of the above criteria (M1 through M9). — YES →	**SINGLE Primary*** End of instructions for Multiple Tumors.	1. Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors. **Example:** 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. 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.
NO ↓ ERROR: Recheck rules. Stop when a match is found.		

Flowchart Key: question | Decision | Note | Flow Direction

January 1, 2007

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.
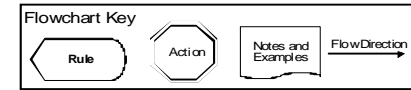
Flowchart Key — Rule — Action — Notes and Examples — Flow Direction

SINGLE TUMOR

Rule	Action	Notes and Examples
H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology 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 or MRI scans 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented.
NO		
H2 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) — YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H3 Are at **least two** of the following cells and/or differentiation present: ● Astrocytoma ● Oligodendroglioma ● Ependymal? — YES	Code **9382/3** (mixed glioma).	
NO → Next Page		

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

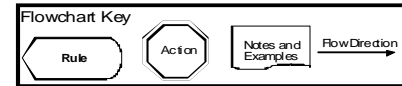**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**

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

Flowchart Key
Rule   Action   Notes and Examples   FlowDirection

Rule	Action	Notes and Examples
H4 Is only **one histologic type** identified? — YES →	Code the histology.	
NO ↓		
H5 Does the diagnosis include a **non-specific** term **and** a **specific** term or type **on** the **same branch** in Chart 1 or Chart 2? — YES →	Code the specific type	
NO ↓		
H6	Code 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.

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

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

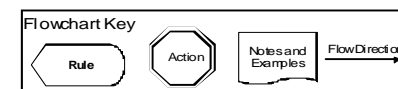| Rule	Action	Notes and Examples
H7 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician.	1. **Priority for using documents to code the histology** ○ Documentation in the medical record that refers to pathologic or cytologic findings ○ Physician's reference to type of cancer (histology) in the medical record ○ CT or MRI scans 2. **Code the specific histology when documented.** 3. **Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.**
NO ↓		
H8 Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) — YES →	Code the histology from a metastatic site.	Code the behavior /3.
NO ↓ Next Page		

Brain and CNS Histo

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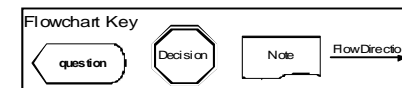Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.

Flowchart Key
Rule   Action   Notes and Examples   Flow Direction

Rule	Action	Notes and Examples
H9 Is only **one histologic type** identified? — YES →	Code the histology.	
NO ↓		
H10 Does the diagnosis include a **non-specific** term **and a specific** term or type **on** the **same branch** in Chart 1 or Chart 2? — YES →	Code the specific type.	
NO ↓		
H11	Code the **numerically higher** ICD-O-3 histology code.	

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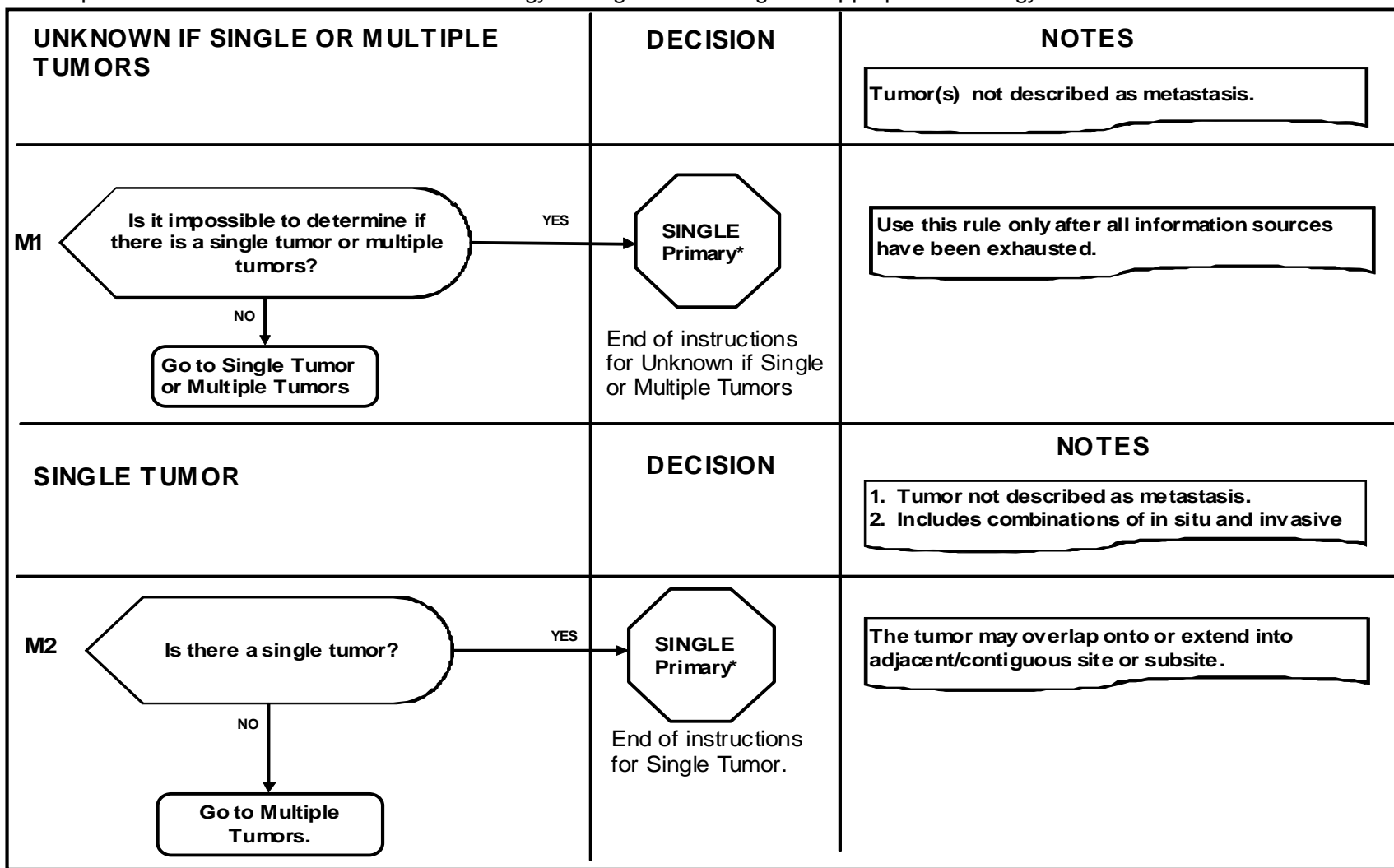Code the histology according to the rule that fits the case.

Other Sites Multiple Primary Rules - Flowchart

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

Flowchart Key

| question | Decision | Note | FlowDirection |

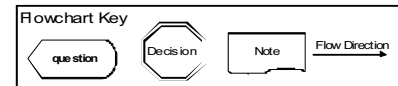*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.

M1 — Is it impossible to determine if there is a single tumor or multiple tumors?

YES → SINGLE Primary*

End of instructions for Unknown if Single or Multiple Tumors

NO → Go to Single Tumor or Multiple Tumors

Use this rule only after all information sources have been exhausted.

SINGLE TUMOR	DECISION	NOTES
		1. Tumor not described as metastasis. 2. Includes combinations of in situ and invasive

M2 — Is there a single tumor?

YES → SINGLE Primary*

End of instructions for Single Tumor.

NO → Go to Multiple Tumors.

The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Other Sites MP

January 1, 2007

Other Sites MP

Other Sites Multiple Primary Rules - Flowchart

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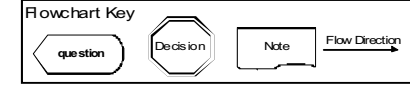 Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key

| question | Decision | Note | Flow Direction |

*   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.

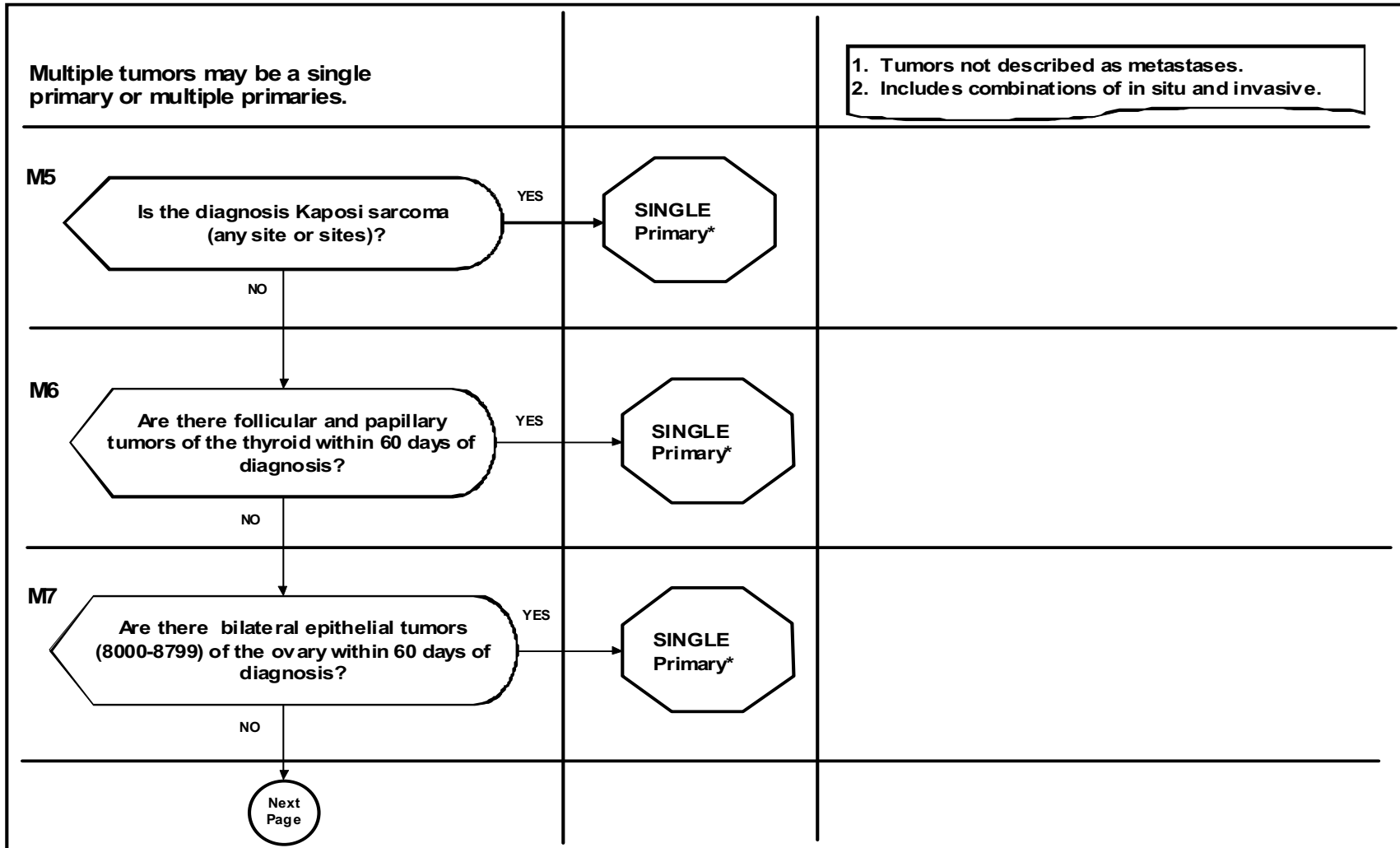| MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M3 Is the diagnosis adenocarcinoma of the prostate? — **YES** →	**SINGLE Primary***	1. Report only one adenocarcinoma of the prostate per patient per lifetime. 2. 95% of prostate malignancies are common (acinar) adenocarcinoma histology (8140). See Equivalent Terms, Definitions and Tables for more information. 3. If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.
NO ↓		
M4 Is the diagnosis retinoblastoma (unilateral or bilateral)? — **YES** →	**SINGLE Primary***	
NO ↓		
(Next Page)		

Revised November 1, 2007

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.

**Multiple tumors may be a single
primary or multiple primaries.**

> 1. **Tumors not described as metastases.**
> 2. **Includes combinations of in situ and invasive.**

M5

Is the diagnosis Kaposi sarcoma
(any site or sites)? ──YES──▶ **SINGLE Primary***

│ NO
▼

M6

Are there follicular and papillary
tumors of the thyroid within 60 days of
diagnosis? ──YES──▶ **SINGLE Primary***

│ NO
▼

M7

Are there bilateral epithelial tumors
(8000-8799) of the ovary within 60 days of
diagnosis? ──YES──▶ **SINGLE Primary***

│ NO
▼

(Next Page)

Other Sites MP

Other Sites MP

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Other Sites Multiple Primary Rules - Flowchart

Flowchart Key			
question	Decision	Note	Flow Direction →

(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.
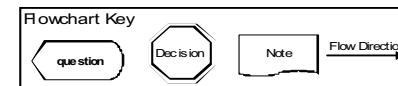
MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M8 Are there tumors in both the left and right sides of a paired site (Table 1)? — YES →	**MULTIPLE Primaries****	Table 1 - Paired Organs and Sites with Laterality
NO ↓		
M9 Is the diagnosis adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more malignant polyps? — YES →	**SINGLE Primary***	Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.
NO ↓		
M10 Are there tumors diagnosed more than one (1) year apart? — YES →	**MULTIPLE Primaries****	
NO ↓		
Next Page		

Other Sites MP

Revised November 1, 2007

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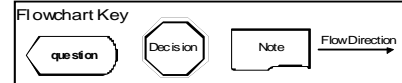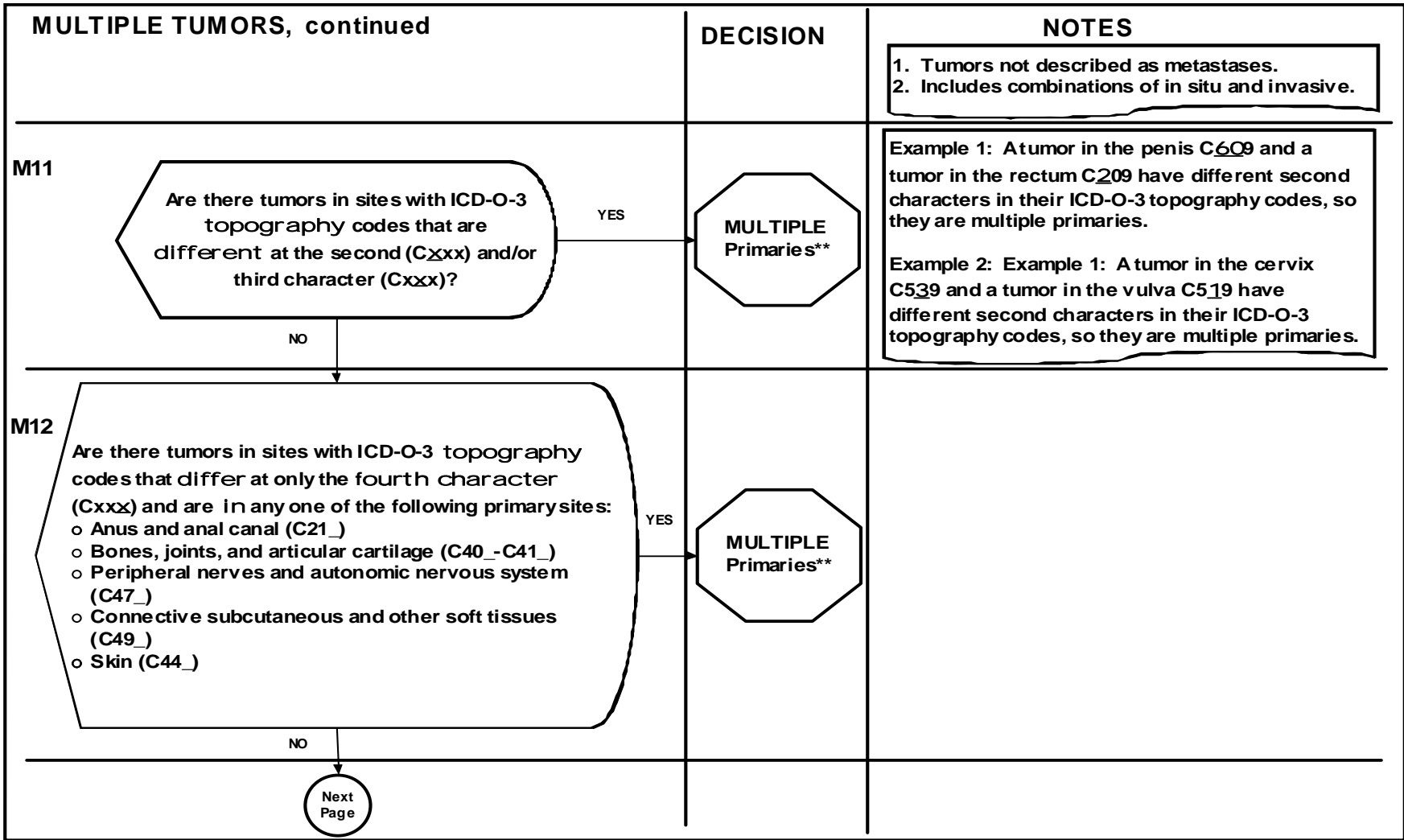** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Flowchart Key

| question | Decision | Note | Flow Direction |

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M11 Are there tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx) and/or third character (Cx**x**x)?	YES → **MULTIPLE Primaries****	**Example 1:** A tumor in the penis C**60**9 and a tumor in the rectum C**2**09 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries. **Example 2:** Example 1: A tumor in the cervix C5**3**9 and a tumor in the vulva C5**1**9 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.
NO ↓		
M12 Are there tumors in sites with ICD-O-3 **topography** codes that **differ** at only the **fourth character** (Cxx**x**) and are **in** any one of the following primary sites: o **Anus and anal canal (C21_)** o **Bones, joints, and articular cartilage (C40_-C41_)** o **Peripheral nerves and autonomic nervous system (C47_)** o **Connective subcutaneous and other soft tissues (C49_)** o **Skin (C44_)**	YES → **MULTIPLE Primaries****	
NO ↓ (Next Page)		

Other Sites Multiple Primary Rules - Flowchart

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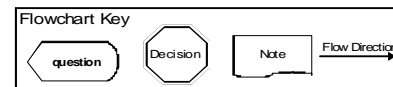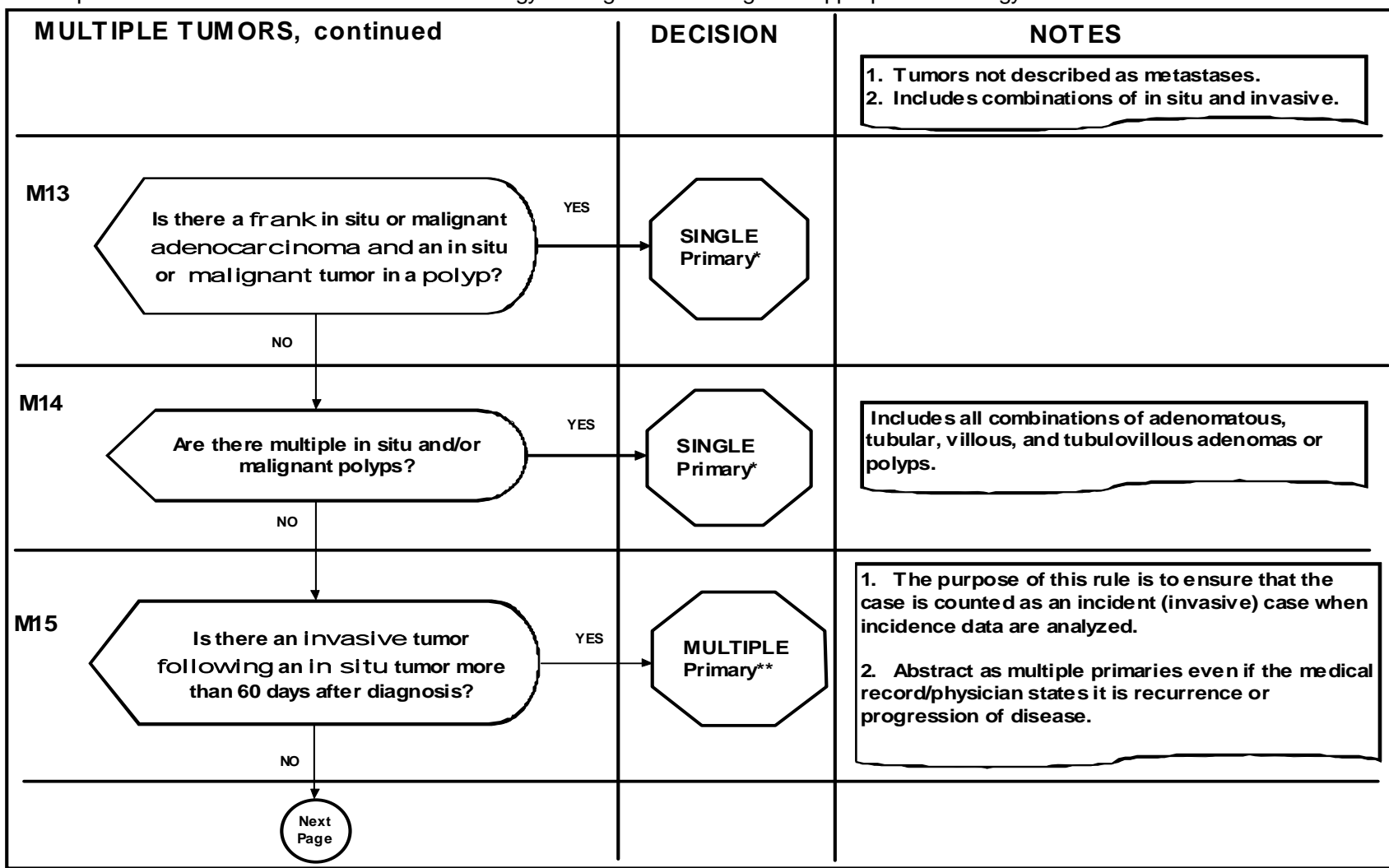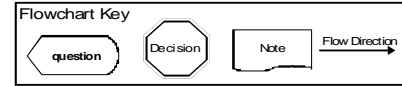
Flowchart Key

| question | Decision | Note | Flow Direction |

* 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.

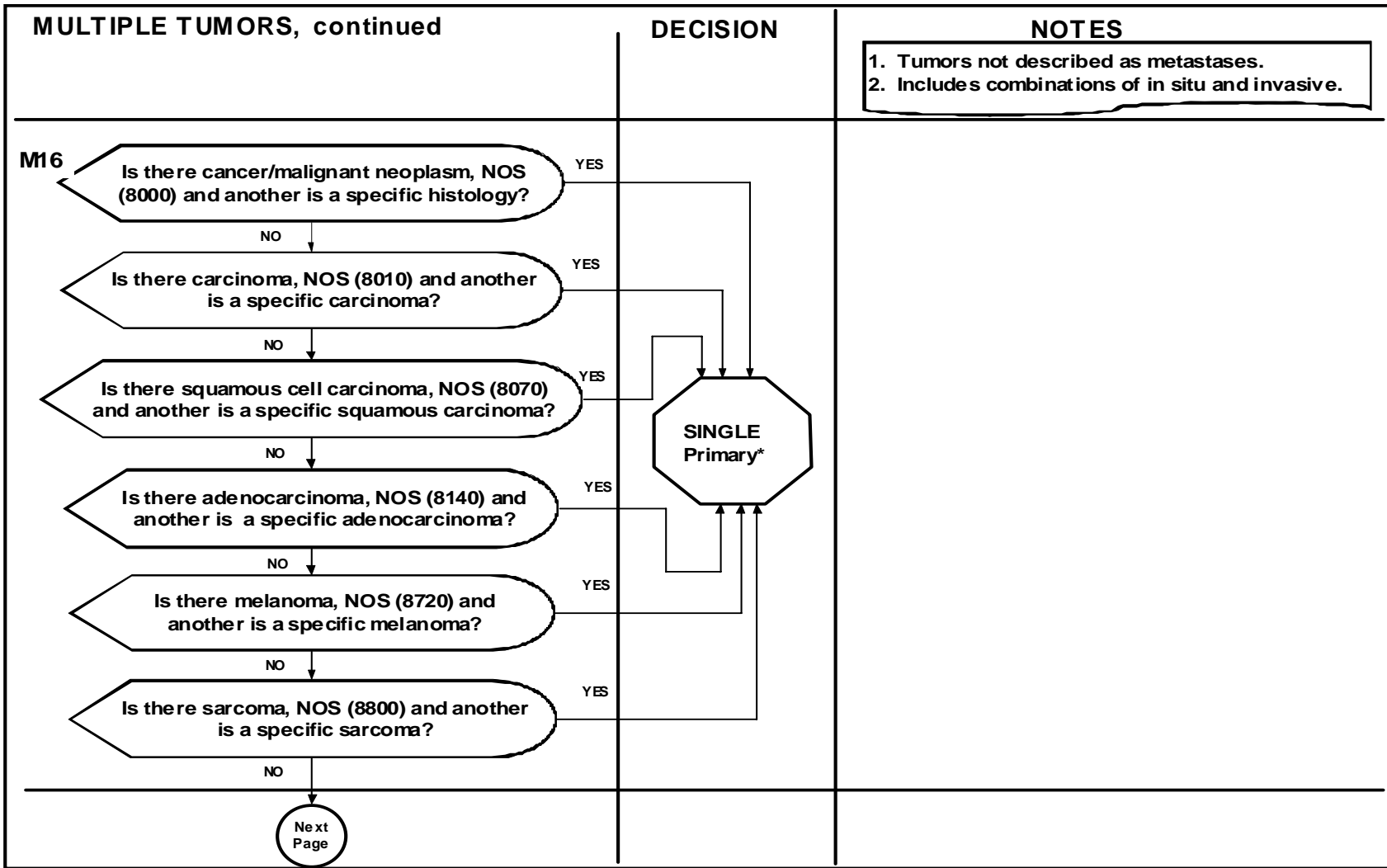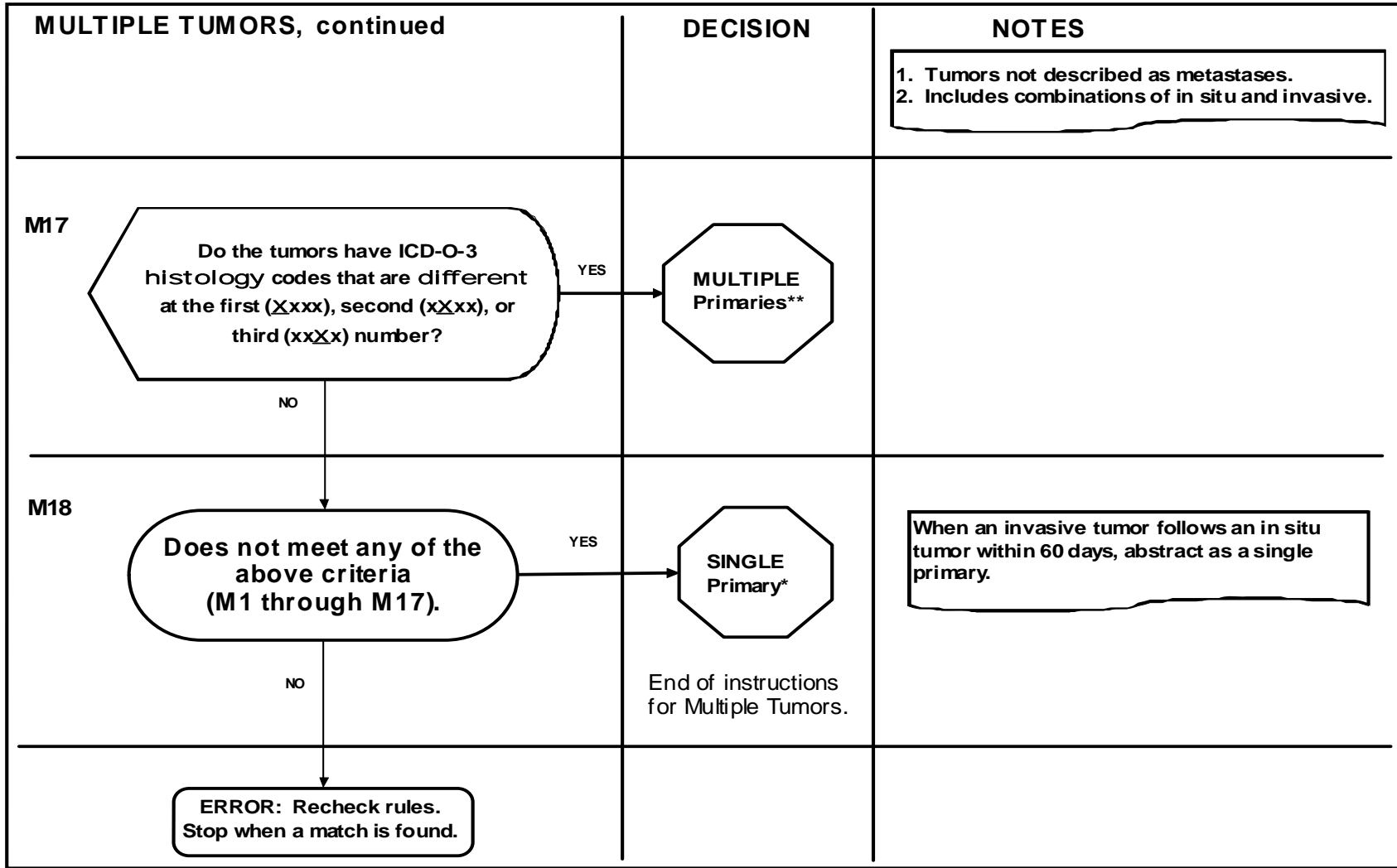| MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.
M13 Is there a **frank** in situ or malignant **adenocarcinoma and** an in situ or **malignant** tumor in a **polyp**? — YES →	SINGLE Primary*	
NO		
M14 Are there multiple in situ and/or malignant polyps? — YES →	SINGLE Primary*	Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
NO		
M15 Is there an **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis? — YES →	MULTIPLE Primary**	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
NO → Next Page		

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.

Flowchart Key

question   Decision   Note   Flow Direction

MULTIPLE TUMORS, continued	DECISION	NOTES
		1. Tumors not described as metastases.
		2. Includes combinations of in situ and invasive.

M16

Is there cancer/malignant neoplasm, NOS (8000) and another is a specific histology? — YES

NO

Is there carcinoma, NOS (8010) and another is a specific carcinoma? — YES

NO

Is there squamous cell carcinoma, NOS (8070) and another is a specific squamous carcinoma? — YES

NO

Is there adenocarcinoma, NOS (8140) and another is a specific adenocarcinoma? — YES

NO

Is there melanoma, NOS (8720) and another is a specific melanoma? — YES

NO

Is there sarcoma, NOS (8800) and another is a specific sarcoma? — YES

NO

SINGLE Primary*

Next Page

Other Sites Multiple Primary Rules - Flowchart

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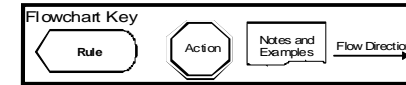Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key

| question | Decision | Note | Flow Direction |

*   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
		1. Tumors not described as metastases. 2. Includes combinations of in situ and invasive.

M17

Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (**X**xxx), second (x**X**xx), or third (xx**X**x) number?

YES → **MULTIPLE Primaries****

NO ↓

M18

Does not meet any of the above criteria (M1 through M17).

YES → **SINGLE Primary***

When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

End of instructions for Multiple Tumors.

NO ↓

ERROR: Recheck rules. Stop when a match is found.

Other Sites MP

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)
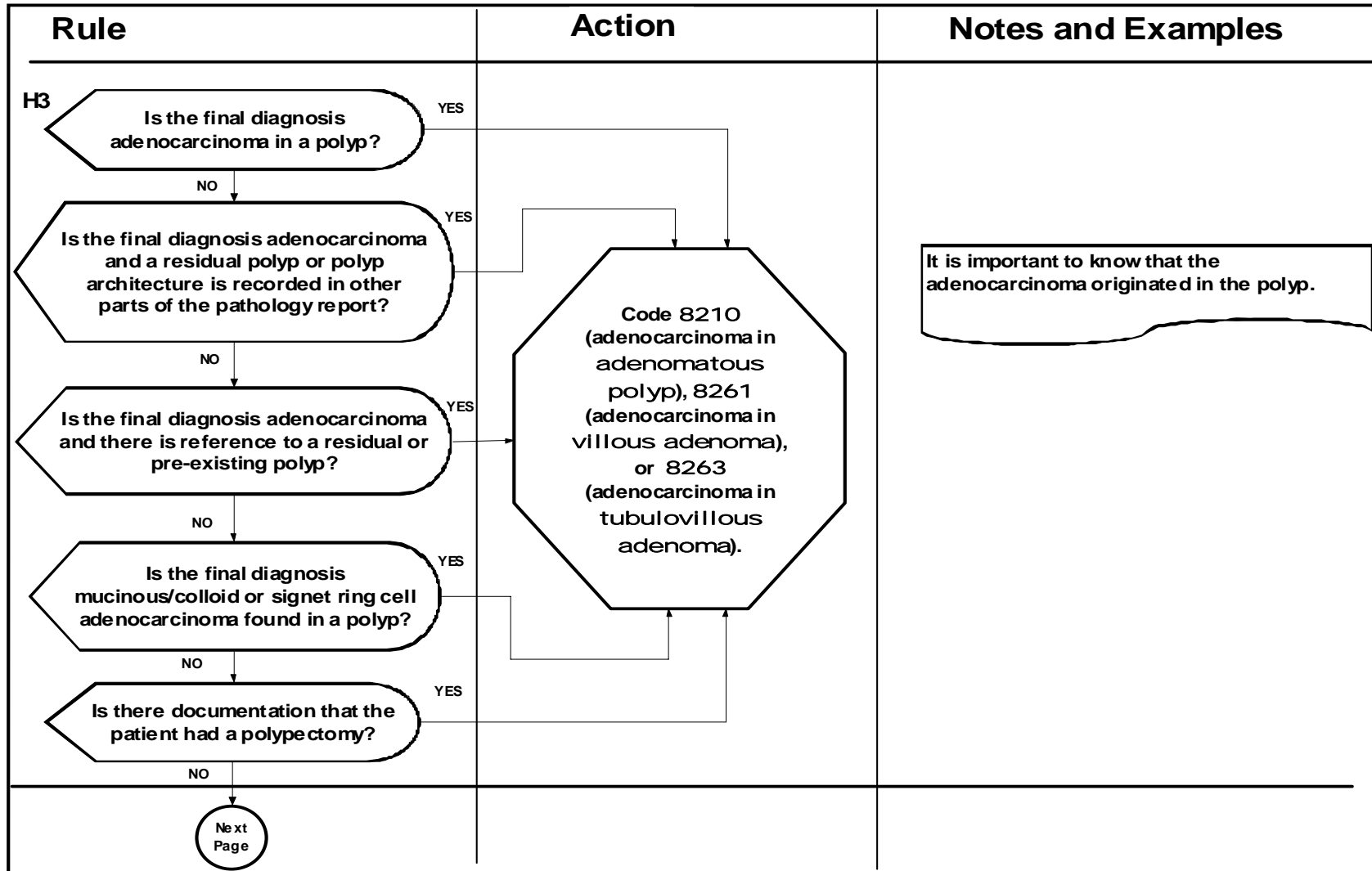
SINGLE TUMOR: IN SITU ONLY

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

Rule	Action	Notes and Examples
H1 Is the **pathology/cytology** report unavailable? — YES →	**Code the histology documented by the physician**	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 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.
NO ↓		
H2 Is only **one histologic type** identified? — YES →	**Code the histology.**	1. Do not code terms that do not appear in the histology diagnosis. *Example:* Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.
NO ↓		
(Next Page)		

Other Sites Histology Coding Rules - Flowchart

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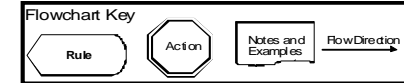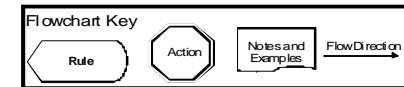Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: IN SITU ONLY

Rule	Action	Notes and Examples
H3		

H3

Is the final diagnosis adenocarcinoma in a polyp? — **YES**
↓ **NO**

Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report? — **YES**
↓ **NO**

Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp? — **YES**
↓ **NO**

Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp? — **YES**
↓ **NO**

Is there documentation that the patient had a polypectomy? — **YES**
↓ **NO**

(Next Page)

Action:
Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**).

Notes and Examples:
It is important to know that the adenocarcinoma originated in the polyp.

Other Sites Histology Coding Rules - Flowchart
(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)
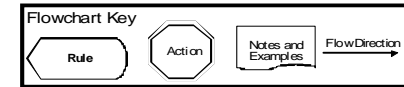
SINGLE TUMOR: IN SITU ONLY

Flowchart Key — Rule — Action — Notes and Examples — FlowDirection

Rule	Action	Notes and Examples
H4 Is there carcinoma, NOS (8010) and a specific in situ carcinoma? — YES/NO		
Is there squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma? — YES/NO	**Code the** most **specific** histologic **term.**	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.
Is there adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma? — YES/NO		
Is there melanoma in situ, NOS (8720) and a specific in situ melanoma? — YES/NO		
Next Page		

Other Sites Histology Coding Rules - Flowchart

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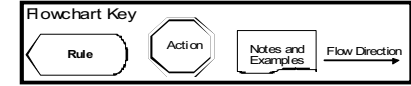Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: IN SITU ONLY

Rule	Action	Notes and Examples
H5 Does the tumor have **multiple specific histologies** or is there a non-specific histology **with multiple specific histologies**? — YES →	Code the appropriate combination/ mixed code (Table 2)	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.
NO ↓		
H6	Code the **numerically higher** ICD-O-3 code.	

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 Histo

Other Sites Histology Coding Rules - Flowchart

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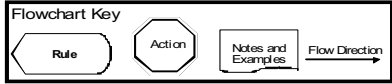Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: INVASIVE AND IN SITU

Rule	Action	Notes and Examples
H7 Does the tumor have invasive and in situ components? — YES →	Code the single invasive histology. **Ignore the in situ** terms.	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.

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.

Flowchart Key — Rule — Action — Notes and Examples — Flow Direction

Other Sites Histology Coding Rules - Flowchart

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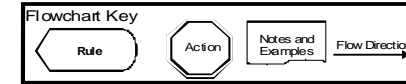Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
H8 Is there **no** **pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician	1. Priority for using documents to code the histology 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.
NO ↓		
H9 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site? — YES →	Code the histology from a metastatic site.	Code the behavior /3.
NO ↓ Next Page		

Other Sites Histo

Other Sites Histology Coding Rules - Flowchart

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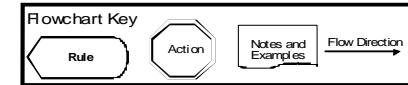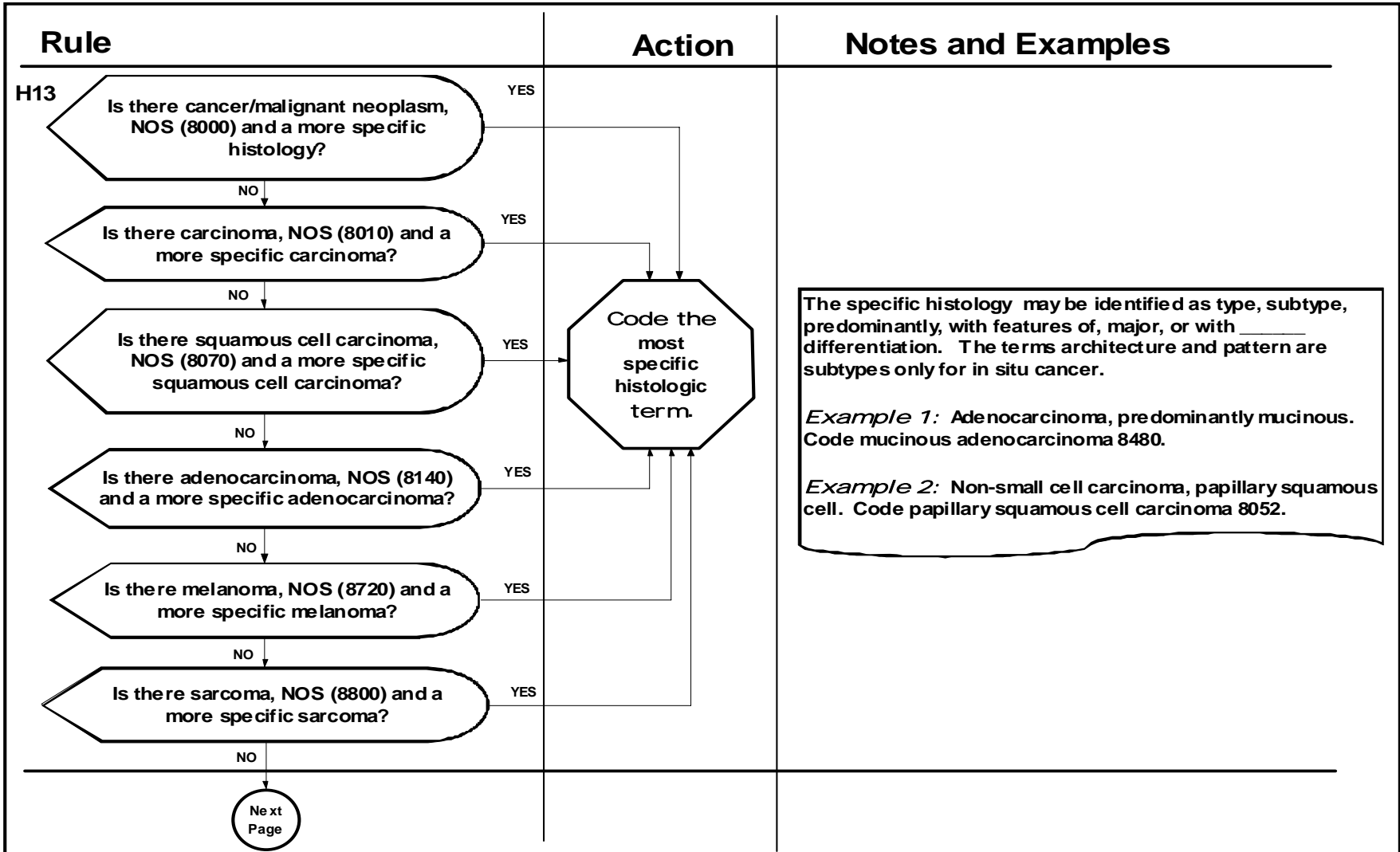 Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
H10 Is the diagnosis acinar (adeno)carcinoma for prostate primaries? — **YES** → / **NO** ↓	**Code 8140 (adeno-carcinoma, NOS)**	
H11 Is only **one histologic type** identified? — **YES** → / **NO** ↓	Code the histology.	*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. 2. If this is a papillary carcinoma of the thyroid, go to Rule H14
Next Page		

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Other Sites Histology Coding Rules - Flowchart

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

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

SINGLE TUMOR: INVASIVE ONLY

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

January 1, 2007

Other Sites Histology Coding Rules - Flowchart

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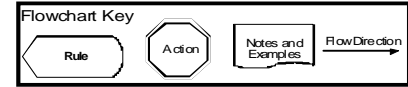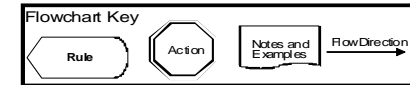 Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples

H13

Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology? — YES

NO

Is there carcinoma, NOS (8010) and a more specific carcinoma? — YES

NO

Is there squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? — YES

NO

Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? — YES

NO

Is there melanoma, NOS (8720) and a more specific melanoma? — YES

NO

Is there sarcoma, NOS (8800) and a more specific sarcoma? — YES

NO

Code the most specific histologic **term.**

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.

Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

Next Page

Other Sites Histology Coding Rules - Flowchart

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

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

SINGLE TUMOR: INVASIVE ONLY

Rule	Action	Notes and Examples
H14 Is the tumor in the thyroid papillary carcinoma? — **YES**	Code papillary adeno-carcinoma, NOS (8260)	
H15 Does the tumor in the thyroid have follicular and papillary carcinoma? — **YES**	Code papillary carcinoma, follicular variant (8340)	
NO → Next Page		

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
H16 Does the tumor have **multiple specific histologies** or is there a non-specific histolgoy with **multiple specific histologies**?	**YES** → Code the appropriate combination/ mixed code (Table 2)	The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. *Example 1 (multiple specific histologies)*: Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes) *Example 2 (multiple specific histologies)*: Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). *Example 3 (non-specific with multiple specific histologies)*: Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subytpes).
H17 **NO**	Code the **numerically higher** ICD-O-3 code.	

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 Histo

Other Sites Histology Coding Rules -Flowchart

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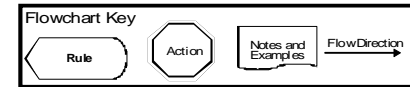Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H18 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? — YES →	Code the histology documented by the physician	1. **Priority for using documents to code the histology** 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.**
NO ↓		
H19 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site? — YES →	Code the histology from a metastatic site.	**Code the behavior /3.**
NO ↓		
H20 Is the diagnosis acinar (adeno)carcinoma for prostate primaries? — YES →	**Code 8140 (adeno-carcinoma, NOS)**	
NO ↓ Next Page		

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)
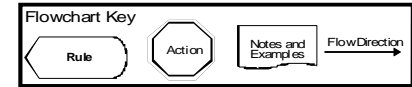
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H21 Is the diagnosis in situ squamous **intraepithelial neoplasia grade III** of the vulva (VIN III) vagina (VAIN III), or anus (AIN III)? —YES→	Code 8077/2 (sqamous intraepithelial neoplasia, grade III).	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). 2. This code may be used for reportable by agreement cases.
NO ↓		
H22 Is the diagnosis in situ glandular **intraepithelial neoplasia grade III** of the pancreas (PAIN III)? —YES→	Code 8148/2 (Glandular intraepithelial neoplasia grade III)	1. This code may be used for reportable by agreement cases such as intraepithelial neoplasia of the prostate (PIN III).
NO ↓		
Next Page		

Other Sites Histology Coding Rules - Flowchart

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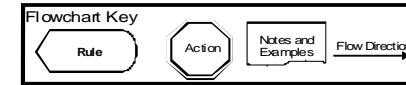Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key

Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H23 Is only **one histologic type** identified? — **YES** →	Code the histology	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.
NO ↓		
H24 Is there **extramammary Paget disease** and an underlying tumor of the **anus**, **perianal** region, or **vulva**? — **YES** →	Code the histology of the underlying tumor	
NO ↓ Next Page		

Other Sites Histology Coding Rules - Flowchart

(Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney,
Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)
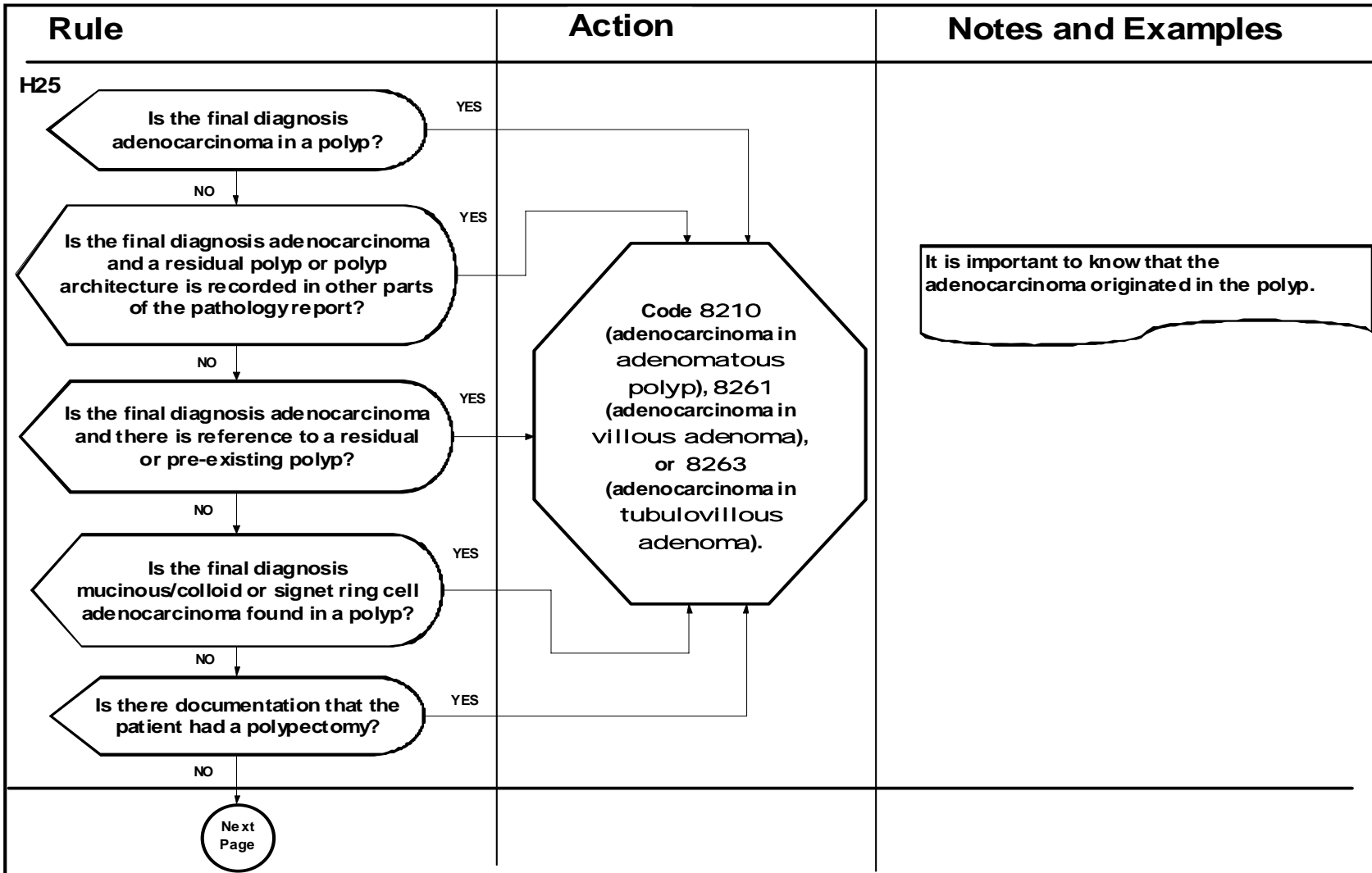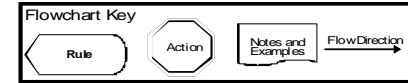
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H25		

Is the final diagnosis adenocarcinoma in a polyp? — YES

NO

Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report? — YES

NO

Is the final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp? — YES

NO

Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp? — YES

NO

Is there documentation that the patient had a polypectomy? — YES

NO

Next Page

Action:

Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**).

Notes and Examples:

It is important to know that the adenocarcinoma originated in the polyp.

Other Sites Histology Coding Rules - Flowchart

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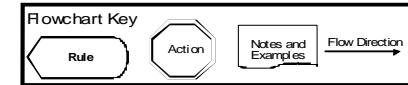Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key | Rule | Action | Notes and Examples | Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H26 Are the tumors in the thyroid papillary carcinomas? — YES	Code papillary adeno-carcinoma, NOS (8260)	
H27 Do the tumors in the thyroid have follicular and papillary carcinoma? — YES	Code papillary carcinoma, follicular variant (8340)	
H28 Does the tumor have invasive and in situ components? — YES	Code the single invasive histology. **Ignore the in situ** terms.	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.

NO → Next Page

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Flowchart Key		
Rule	Action	Notes and Examples · Flow Direction

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

Other Sites Histo

Other Sites Histology Coding Rules - Flowchart

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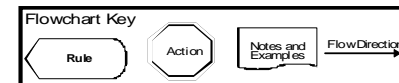Renal Pelvis, Ureter, Bladder, Brain, lymphoma and leukemia)

Flowchart Key

Rule   Action   Notes and Examples   Flow Direction

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

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