

Other Sites Histology Coding Rules – Matrix
Excludes Head and Neck, Colon, Lung, Melanoma, Breast,
Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

| Rule | Pathology/Cytology Specimen | Primary Site | Histology | Behavior | Notes and Examples | Code |
|--|--|--------------|-----------|----------|--|---|
| SINGLE TUMOR: IN SITU ONLY (Single Tumor; all parts are in situ) | | | | | | |
| H1 | The pathology/cytology report is not available | | | | <p>1: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> • Documentation in the medical record that refers to pathologic or cytologic findings • Physician’s reference to type of cancer (histology) in the medical record <p>2: Code the specific histology when documented.</p> <p>3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p> | The histology documented by the physician |
| H2 | | | One type | | <p>Do not code terms that do not appear in the histology description.</p> <p>Example: Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.</p> | The histology |

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|------|-----------------------------|--------------|---|----------|---|---|
| H3 | | | <p>The final diagnosis is</p> <ul style="list-style-type: none"> • Adenocarcinoma in a polyp or • Adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report. • Adenocarcinoma and there is reference to a residual or pre-existing polyp or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or <p>There is documentation that the patient had a polypectomy</p> | | It is important to know that the adenocarcinoma originated in a polyp | <p>8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)</p> |

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| H4 | | | <ul style="list-style-type: none"> • Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or • Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or • Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or • Melanoma in situ, NOS (8720) and a specific in situ melanoma | | 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. | The most specific histologic term |
| H5 | | | <ul style="list-style-type: none"> • Multiple specific histologies or • A non-specific histology with multiple specific histologies | | 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. | The appropriate combination/ mixed code (Table 2) |
| H6 | None of the above conditions are met | | | | | The numerically higher ICD-O-3 code |

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| SINGLE TUMOR: INVASIVE AND IN SITU (Single Tumor; in situ and invasive components) | | | | | | |
| H7 | | | | Invasive and in situ | 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. | The single invasive histology. Ignore the in situ terms. |
| SINGLE TUMOR: INVASIVE ONLY (Single Tumor; all parts are invasive) | | | | | | |
| H8 | No pathology/cytology specimen or the pathology/cytology report is not available | | | | 1: Priority for using documents to code the histology <ul style="list-style-type: none"> • 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 | The histology documented by the physician |
| H9 | None from primary site | | | | Code the behavior /3 | The histology from a metastatic site |

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| H10 | | Prostate | Acinar (adeno)carcinoma | | | 8140 (adenocarcinoma NOS) |
| H11 | | | One type | | <p><i>1:</i> Do not code terms that do not appear in the histology description.</p> <p><i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.</p> <p><i>2:</i> If this is a papillary carcinoma of the thyroid, go to Rule H14.</p> | The histology |
| H12 | | | <p>Final diagnosis is:</p> <ul style="list-style-type: none"> • Adenocarcinoma in a polyp or • Adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report or • Adenocarcinoma and there is reference to a residual or pre-existing polyp or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or <p>There is documentation that the patient had a polypectomy</p> | | It is important to know that the adenocarcinoma originated in a polyp | 8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma) |

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| H13 | | | <ul style="list-style-type: none"> • 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 | | <p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p>Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p>Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p> | The most specific histologic term |
| H14 | | Thyroid | Papillary carcinoma | | | 8260 (papillary adenocarcinoma, NOS) |
| H15 | | Thyroid | Follicular and papillary carcinoma | | | 8340 (Papillary carcinoma, follicular variant) |

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| H16 | | | <ul style="list-style-type: none"> • Multiple specific histologies or • A non-specific histology with multiple specific histologies | | <p>The specific histology may be identified as type, subtype, predominantly, with features of, major or with _____ differentiation.</p> <p>Example 1 (multiple specific histologies): Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p> | The appropriate combination code (Table 2) |
| H17 | None of the above conditions are met | | | | | The numerically higher ICD-O-3 code |

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|---|--|---|---|----------|---|--|
| MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY | | | | | | |
| H18 | No pathology/cytology specimen or the pathology/cytology report is not available | | | | <p><i>1:</i> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> • 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 <p><i>2:</i> Code the specific histology when documented</p> <p><i>3:</i> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p> | The histology documented by the physician |
| H19 | None from primary site | | | | Code the behavior /3 | The histology from a metastatic site |
| H20 | | Prostate | Acinar (adeno)carcinoma | | | 8140 (adenocarcinoma NOS) |
| H21 | | Sites such as: Vulva Vagina Anus | Squamous intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> • vulva (VIN III) • vagina (VAIN III) • anus (AIN III). | In situ | <p><i>1:</i> VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).</p> <p><i>2:</i> This code may be used for reportable-by-agreement cases</p> | 8077/2 (Squamous intraepithelial neoplasia, grade III) |

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| H22 | | Sites such as: Pancreas | Glandular intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> • pancreas (PAIN III) | In situ | This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the prostate (PIN III) | 8148/2 (Glandular intraepithelial neoplasia grade III) |
| H23 | | | One type | | Do not code terms that do not appear in the histology description. <i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis. | The histology |
| H24 | | Anus Perianal region Vulva | Extramammary Paget disease and an underlying tumor | | | The histology of the underlying tumor |

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| H25 | | | Final diagnosis is: <ul style="list-style-type: none"> • Adenocarcinoma in a polyp or • Adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report or • Adenocarcinoma and there is reference to a residual or pre-existing polyp or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or There is documentation that the patient had a polypectomy | | It is important to know that the adenocarcinoma originated in a polyp | 8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma) |
| H26 | | Thyroid | Papillary carcinoma | | | 8260 (papillary adenocarcinoma, NOS) |
| H27 | | Thyroid | Follicular and papillary carcinoma | | | 8340 (Papillary carcinoma, follicular variant) |

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| H28 | | | | Invasive and in situ | 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. | The single invasive histology. Ignore the in situ terms |
| H29 | | | <ul style="list-style-type: none"> • 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 | | <p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p>Example 1: Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p>Example 2: Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p> | The most specific histologic term |

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| H30 | | | Multiple specific histologies or A non-specific histology with multiple specific histologies | | <p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.</p> <p>Example 1 (multiple specific histologies): Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p>Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p>Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p> | The appropriate combination/mixed code (Table 2) |
| H31 | None of the above conditions are met | | | | | The numerically higher ICD-O-3 code |