

**Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix**  
**C659, C669, C670-C679, C680-C689**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR</b>					
<b>H1</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<p><i>1:</i> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> <li>• CT or MRI scans</li> </ul> <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
<b>H2</b>	None from primary site			Code the behavior /3	The histology from metastatic site
<b>H3</b>		<ul style="list-style-type: none"> <li>• Pure transitional carcinoma or</li> <li>• Flat (non—papillary) transitional cell carcinoma or</li> <li>• Transition cell carcinoma with squamous differentiation or</li> <li>• Transitional cell carcinoma with glandular differentiation or</li> <li>• Transitional cell carcinoma with trophoblastic differentiation or</li> <li>• Nested transitional cell carcinoma or</li> <li>• Microcystic transitional cell carcinoma</li> </ul>		Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.	8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120)

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H4		<ul style="list-style-type: none"> <li>• Papillary carcinoma or</li> <li>• Papillary transitional carcinoma or</li> <li>• Papillary carcinoma and transitional cell carcinoma</li> </ul>			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
H5		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma)	The histology
H6			Invasive and in situ		The invasive histologic type
H7		<p>Examples</p> <ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) and a more specific histology; or</li> <li>• Carcinoma, NOS (8010) and a more specific carcinoma; or</li> <li>• Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)</li> </ul>		<p><i>1:</i> The specific histology for <b>in situ</b> lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, or with _____ differentiation.</p> <p><i>2:</i> The specific histology for <b>invasive</b> lesions may be identified as type, subtype, predominantly, with features of, or with _____ differentiation.</p>	The most specific histologic term
H8	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

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<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>					
<b>H9</b>	None 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"> <li>• From reports or notes in the medical record that document or reference pathologic or cytologic findings</li> <li>• From clinician reference to type of cancer in the medical record</li> <li>• From CT or MRI scans</li> </ul> <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
<b>H10</b>	None from primary site			Code the behavior /3	The histology from a metastatic site
<b>H11</b>		<ul style="list-style-type: none"> <li>• Pure transitional carcinoma or</li> <li>• Flat (non—papillary) transitional cell carcinoma or</li> <li>• Transition cell carcinoma with squamous differentiation or</li> <li>• Transitional cell carcinoma with glandular differentiation or</li> <li>• Transitional cell carcinoma with trophoblastic differentiation or</li> <li>• Nested transitional cell carcinoma or</li> <li>• Microcystic transitional cell carcinoma</li> </ul>		Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.	8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120)

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Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>H12</b>		<ul style="list-style-type: none"> <li>• Papillary carcinoma or</li> <li>• Papillary transitional carcinoma or</li> <li>• Papillary carcinoma and transitional cell carcinoma</li> </ul>			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
<b>H13</b>		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).	The histology
<b>H14</b>				<p><i>1:</i> This rule should only be used when the first three digits of the histology codes are identical (This is a single primary).</p> <p><i>2:</i> See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>• One tumor is in situ and one is invasive, code the histology from the invasive tumor</li> <li>• Both/all histologies are invasive, code the histology of the most invasive tumor.</li> </ul>	The histology of the most invasive tumor
<b>H15</b>	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code