Colon Histology Coding Rules – Text
C180-C189
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

Rule H1  Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.

Note 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

Note 2: Code the specific histology when documented.
Note 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.

Rule H2  Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

Note: Code the behavior /3.

Rule H3  Code 8140 (adenocarcinoma, NOS) when pathology describes only intestinal type adenocarcinoma or adenocarcinoma, intestinal type.

Note 1: Intestinal type adenocarcinoma usually occurs in the stomach.

Note 2: When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.

Rule H4  Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when:
• The final diagnosis is adenocarcinoma in a polyp
• The final diagnosis is adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report.
• The final diagnosis is adenocarcinoma and there is reference to a residual or pre-existing polyp or
• The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
• There is documentation that the patient had a polypectomy

Note 1: It is important to know that the adenocarcinoma originated in a polyp.

Note 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.

Rule H5  Code 8480 (mucinous/colloid adenocarcinoma) or 8490 (signet ring cell carcinoma) when the final diagnosis is:
• Mucinous/colloid (8480) or signet ring cell carcinoma (8490) or
• Adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is mucinous/colloid or
• Adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is signet ring cell carcinoma
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Rule H6  Code **8140** (adenocarcinoma, NOS) when the final diagnosis is adenocarcinoma and:
- The microscopic diagnosis states that less than 50% of the tumor is mucinous/colloid or
- The microscopic diagnosis states that less than 50% of the tumor is signet ring cell carcinoma or
- The percentage of mucinous/colloid or signet ring cell carcinoma is unknown

Rule H7  Code **8255** (adenocarcinoma with mixed subtypes) when there is a combination of mucinous/colloid and signet ring cell carcinoma.

Rule H8  Code **8240** (carcinoid tumor, NOS) when the diagnosis is neuroendocrine carcinoma (8246) and carcinoid tumor (8240).

Rule H9  Code **8244** (composite carcinoid) when the diagnosis is adenocarcinoma and carcinoid tumor.

Rule H10 Code **8245** (adenocarcinoid) when the diagnosis is exactly “adenocarcinoid.”

Rule H11 Code the histology when only one histologic type is identified.

Rule H12 Code the invasive histology when both invasive and in situ histologies are present.

Rule H13 Code the most specific histologic term when the diagnosis is:
- 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
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

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

*Note 2:* The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H14 Code the histology with 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.
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MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Note: These rules only apply to multiple tumors that are reported as a single primary.

**Rule H15**
Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.

*Note 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
- From CT, PET or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 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.

**Rule H16**
Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

*Note:* Code the behavior /3.

**Rule H17**
Code 8220 (adenocarcinoma in adenomatous polyposis coli) when:
- Clinical history says *familial polyposis* and final diagnosis on the pathology report from resection is *adenocarcinoma in adenomatous polyps* or
- There are >100 polyps identified in the resected specimen or
- The number of polyps is not given but the diagnosis is *familial polyposis*

**Rule H18**
Code 8263 (adenocarcinoma in a tubulovillous adenoma) when multiple in situ or malignant polyps are present, at least one of which is tubulovillous

*Note:* 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.

**Rule H19**
Code 8221 (adenocarcinoma in multiple adenomatous polyps) when:
- There are >1 and <=100 polyps identified in the resected specimen or
- There are multiple polyps (adenomas) and the number is not given and *familial polyposis* is not mentioned

*Note:* 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).
Rule H20  Code the histology of the most invasive tumor when:
- There is a frank adenocarcinoma and a carcinoma in a polyp or
- There are in situ and invasive tumors or
- There are multiple invasive tumors

Note 1: See the Colon Equivalent Terms, Definitions 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.

Note 2: If tumors are equally invasive, go to the next rule

Rule H21  Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma) when:
- The final diagnosis is adenocarcinoma and the microscopic description or surgical gross describes polyps or
- The final diagnosis is adenocarcinoma and there is reference to residual or pre-existing polyps or
- The final diagnosis is mucinous/colloid or signet ring cell adenocarcinoma in polyps or
- There is documentation that the patient had a polypectomy

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

Rule H22  Code the histology when only one histologic type is identified.

Rule H23  Code the more specific histologic term when the diagnosis is:
- Cancer/malignant neoplasm, NOS (8000) and a specific histology or
- Carcinoma, NOS (8010) and a specific carcinoma or
- Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or
- Sarcoma, NOS (8800) and a specific sarcoma (invasive only)

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

Note 2: The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Rule H24  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.