## Lung Histology Coding Rules – Matrix
### C340-C349
*(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)*

<table>
<thead>
<tr>
<th>Rule</th>
<th>Pathology/Cytology Specimen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SINGLE TUMOR</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **H1** | No pathology/cytology specimen or the pathology/cytology report is not available | 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  |
| **H2** | None from primary site | Code the behavior /3  |
| **H3** | One type | 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 |
| **H4** | Invasive and in situ | The invasive histologic type |

The histology documented by the physician | The histology from metastatic site | The histology
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<th>Behavior</th>
<th>Notes and Examples</th>
<th>Code</th>
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</table>
| H5   |                             | Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch:  
• 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. | The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma.  
**Example 1:** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).  
**Example 2:** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma). | The most specific term using Chart 1 |
| H6   |                             | Multiple specific or a non-specific with multiple specific (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 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 subtypes). | The appropriate combination/mixed code (Table 1) |
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<tr>
<td><strong>H7</strong></td>
<td>None of the above conditions are met</td>
<td></td>
<td></td>
<td></td>
<td>The histology with the numerically higher ICD-O-3 code</td>
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**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

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| **H8** | No pathology/cytology specimen or the pathology/cytology report is not available | | | 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 | The histology documented by the physician |
| **H9** | None from primary site | | | Code the behavior /3 | The histology from a metastatic site |
| **H10** | One type | | | 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 | The histology |
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<td>H11</td>
<td></td>
<td></td>
<td></td>
<td>1: This rule should only be used when the first three digits 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. • 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.</td>
<td>The histology of the most invasive tumor</td>
</tr>
</tbody>
</table>
| H12  |                             | Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • 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. | The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma.  
Example 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).  
Example 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma). | The most specific term using Chart 1 |
| H13  | None of the above conditions are met |           |          | The histology with the numerically higher ICD-O-3 code |
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