Lung Histology Coding Rules – Text
C340-C349
(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
- Chest x-rays

*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 the histology when only **one histologic type** is identified.

*Note:* 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.

**Rule H4** Code the invasive histologic type when a single tumor has **invasive and in situ** components

**Rule H5** Code the **most specific** term using Chart 1 when there are multiple histologies within the same branch. Examples of histologies within the same branch are:
- 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

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation

*Example 1:* Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

*Example 2:* Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).
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Rule H6  
Code the appropriate combination/mixed code (Table 1) when there are multiple specific histologies or when there is a non-specific with multiple specific histologies  
*Note:* 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).

Rule H7  
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.

### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H8  
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  
- Chest x-rays  
*Note 2:* Code the specific histology when documented.  
*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm), or 8010 (carcinoma) as stated by the physician when nothing more specific is documented.

Rule H9  
Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.  
*Note:* Code the behavior /3.

Rule H10  
Code the histology when only one histologic type is identified.  
*Note:* 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.
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Rule H11  Code the histology of the most invasive tumor.
   Note 1: This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary.)
   Note 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.

Rule H12  Code the most specific term using Chart 1 when there are multiple histologies within the same branch.  Examples of histologies within the same branch are:
   • 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
   Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ___differentiation
   Example 1: Adenocarcinoma, predominantly mucinous.  Code 8480 (mucinous adenocarcinoma).

Rule H13  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.