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 the histology when only one histologic type is identified.

*Example:* Squamous cell carcinoma. Code 8070.

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis.

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

*Example:* The final diagnosis is keratinizing squamous cell carcinoma (8071) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8071).
Head and Neck Histology Coding Rules - Text
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

**Rule H5** Code the most **specific** histologic 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
- Squamous cell carcinoma, NOS (8070) and a more specific squamous 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

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

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

*Example:* The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).

**Rule H6** 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 H7** 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 no specific histology is documented.

**Rule H8** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.
Head and Neck Histology Coding Rules - Text
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule H9  Code the histology when only one histologic type is identified.
Example: Squamous cell carcinoma. Code 8070.
Note: Do not code terms that do not appear in the histology description.
Example: Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis

Rule H10 Code the histology of the most invasive tumor.
Note 1: See the Head and Neck 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 more invasive tumor.
Note 2: If tumors are equally invasive, go to the next rule

Rule H11 Code the most specific histologic 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
- Squamous cell carcinoma, NOS (8070) and a more specific squamous 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
Note 1: The specific histology for in situ lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation
Note 2: The specific histology for invasive lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation
Example: The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).

Rule H12 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.