

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR: IN SITU ONLY</b> (Single Tumor; all parts are in situ)						
H1	The pathology/cytology report is not available				<p><b>1:</b> 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> </ul> <p><b>2:</b> Code the specific histology when documented.</p> <p><b>3:</b> 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
H2			One type		<p>Do not code terms that do not appear in the histology description.</p> <p><b>Example:</b> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.</p>	The histology

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H3			<p>The final diagnosis is</p> <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report.</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> <p>There is documentation that the patient had a polypectomy</p>		It is important to know that the adenocarcinoma originated in a polyp	<p>8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)</p>

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H4			<ul style="list-style-type: none"> <li>• Carcinoma in situ, NOS (8010) <b>and</b> a specific in situ carcinoma or</li> <li>• Squamous cell carcinoma in situ, NOS (8070) <b>and</b> a specific in situ squamous cell carcinoma or</li> <li>• Adenocarcinoma in situ, NOS (8140) <b>and</b> a specific in situ adenocarcinoma or</li> <li>• Melanoma in situ, NOS (8720) <b>and</b> a specific in situ melanoma</li> </ul>		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The most specific histologic term
H5			<ul style="list-style-type: none"> <li>• Multiple specific histologies or</li> <li>• A non-specific histology with multiple specific histologies</li> </ul>		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The appropriate combination/ mixed code (Table 2)
H6	None of the above conditions are met					The numerically higher ICD-O-3 code

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR: INVASIVE AND IN SITU</b> (Single Tumor; in situ and invasive components)						
<b>H7</b>				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.
<b>SINGLE TUMOR: INVASIVE ONLY</b> (Single Tumor; all parts are invasive)						
<b>H8</b>	No pathology/cytology specimen or the pathology/cytology report is not available				<b>1:</b> Priority for using documents to code the histology <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, PET or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented <b>3:</b> 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
<b>H9</b>	None from primary site				Code the behavior /3	The histology from a metastatic site

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H10		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
H11			One type		<p><i>1:</i> Do not code terms that do not appear in the histology description.</p> <p><i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.</p> <p><i>2:</i> If this is a papillary carcinoma of the thyroid, go to Rule H14.</p>	The histology
H12			<p>Final diagnosis is:</p> <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report or</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> <p>There is documentation that the patient had a polypectomy</p>		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H13			<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma or</li> <li>• Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p><b>Example 1:</b> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p><b>Example 2:</b> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>	The most specific histologic term
H14		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma, NOS)
H15		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H16			<ul style="list-style-type: none"> <li>• Multiple specific histologies or</li> <li>• A non-specific histology with multiple specific histologies</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major or with _____ differentiation.</p> <p><b>Example 1 (multiple specific histologies):</b> Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).</p> <p><b>Example 2 (multiple specific histologies):</b> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p><b>Example 3 (non-specific with multiple specific histologies):</b> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>	The appropriate combination code (Table 2)
H17	None of the above conditions are met					The numerically higher ICD-O-3 code

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>						
<b>H18</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, PET 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>H19</b>	None from primary site				Code the behavior /3	The histology from a metastatic site
<b>H20</b>		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
<b>H21</b>		Sites such as: Vulva Vagina Anus	Squamous intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> <li>• vulva (VIN III)</li> <li>• vagina (VAIN III)</li> <li>• anus (AIN III).</li> </ul>	In situ	<p><i>1:</i> VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).</p> <p><i>2:</i> This code may be used for reportable-by-agreement cases</p>	8077/2 (Squamous intraepithelial neoplasia, grade III)

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H22		Sites such as: Pancreas	Glandular intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> <li>• pancreas (PAIN III)</li> </ul>	In situ	This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the <b>prostate</b> (PIN III)	8148/2 (Glandular intraepithelial neoplasia grade III)
H23			One type		Do not code terms that do not appear in the histology description. <i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.	The histology
H24		Anus Perianal region Vulva	Extramammary Paget disease <b>and</b> an underlying tumor			The histology of the underlying tumor

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H25			Final diagnosis is: <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report or</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)
H26		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma, NOS)
H27		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H28				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms
H29			<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma or</li> <li>• Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p><b>Example 1:</b> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p><b>Example 2:</b> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>	The most specific histologic term

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H30			Multiple specific histologies or A non-specific histology with multiple specific histologies		<p>The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation.</p> <p><b>Example 1 (multiple specific histologies):</b> Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)</p> <p><b>Example 2 (multiple specific histologies):</b> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).</p> <p><b>Example 3 (non-specific with multiple specific histologies):</b> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>	The appropriate combination/mixed code (Table 2)
H31	None of the above conditions are met					The numerically higher ICD-O-3 code