Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Text
C659, C669, C670-C679, C680-C689
(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 or MRI scans

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

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

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

*Note:* Code the behavior /3.

Rule H3: Code 8120 (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
- Pure transitional cell carcinoma or
- Flat (non-papillary) transitional cell carcinoma or
- Transitional cell carcinoma with squamous differentiation or
- Transitional cell carcinoma with glandular differentiation or
- Transitional cell carcinoma with trophoblastic differentiation or
- Nested transitional cell carcinoma or
- Microcystic transitional cell carcinoma

Rule H4: Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:
- Papillary carcinoma or
- Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

Rule H5: Code the histology when only one histologic type is identified

*Note:* Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

Rule H6: Code the invasive histologic type when a single tumor has invasive and in situ components.
Rule H7  
**Code the most specific histologic term:**

**Examples**
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma 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 H8  
**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**

Rule H9  
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 or MRI scans

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

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

Rule H10  
Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.
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Rule H11
Code 8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:
• Pure transitional cell carcinoma or
• Flat (non-papillary) transitional cell carcinoma or
• Transitional cell carcinoma with squamous differentiation or
• Transitional cell carcinoma with glandular differentiation or
• Transitional cell carcinoma with trophoblastic differentiation or
• Nested transitional cell carcinoma or
• Microcystic transitional cell carcinoma

Note: Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.

Rule H12
Code 8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:
• Papillary carcinoma or
• Papillary transitional cell carcinoma or
• Papillary carcinoma and transitional cell carcinoma

Rule H13
Code the histology when only one histologic type is identified

Note: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

Rule H14
Code the histology of the most invasive tumor.

Note: See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.
• If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
• If both/all histologies are invasive, code the histology of the most invasive tumor.

Rule H15
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.