

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.

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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.

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.
