Kidney Histology Coding Rules – Matrix C649

(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology	Histology	Behavior	Notes and Examples	Code				
	Specimen								
SING	SINGLE TUMOR								
H1	None or the pathology report is not available			 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 2: Code the specific histology when documented. 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 	The histology documented by the physician				
H2	None from primary site			Code the behavior /3	The histology from metastatic site				
Н3		One type			The histology				
H4			Invasive and in situ		The invasive histologic type				
Н5		 Cancer/malignant neoplasm, NOS (8000) and a more specific histology or Carcinoma, NOS (8010) and a more specific carcinoma or Adenocarcinoma, NOS (8041) and one specific adenocarcinoma type or Renal cell carcinoma (8312) and one specific renal cell type. 		 I: Use Table 1 to identify specific renal cell types. 2: The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or withdifferentiation 3: The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or withdifferentiation. 	The specific type				

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Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
Н6		Two or more specific types of renal cell carcinoma.		Use Table 1 to identify specific renal cell types Example: Renal cell carcinoma, papillary and clear cell types. Assign code 8255.	8255 (Adenocarcinoma with mixed subtypes)
Н7	None of the above condition				The histology with the numerically higher ICD-O-3 code
H8	No pathology/cytology specimen or the pathology/cytology report is not available	CTED AS A SINGLE PRIMARY		 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 2: Code the specific histology when documented 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 	The histology documented by the physician
Н9	None from primary site			Code the behavior /3	The histology from a
H10		One type			metastatic site The histology

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Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11	Specimen			 1: This rule should only be used when the first three digits of the histology codes are identical (This is a single primary). 2: See the Kidney Equivalent Terms, Definitions, 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. 	The histology of the most invasive tumor
H12		 Cancer/malignant neoplasm, NOS (8000) and a more specific histology or Carcinoma, NOS (8010) and a more specific carcinoma or Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type or Renal cell carcinoma (8312) and one specific renal cell type 		 1: Use Table 1 to identify specific renal cell types. 2: The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or withdifferentiation 3: The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or withdifferentiation. 	The specific type
H13	None of the above condition	J 1		1	The histology with the numerically higher ICD-O-3 code