Lung Histology Coding Rules – Matrix C340-C349

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code		
SING	SINGLE TUMOR						
H1	No pathology/cytology specimen or the pathology/cytology report is not available			 I: 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 Chest x-rays 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		Do not code terms that do not appear in the histology description Example 1: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis Example 2: Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis	The histology		
H4			Invasive and in situ		The invasive histologic type		

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Rule	Pathology/Cytology	Histology	Behavior	Notes and Examples	Code
H5	Specimen	Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or • Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or • Sarcoma, NOS (8800) and a more specific sarcoma.		The specific histology may be identified as type, subtype, predominantly, with features of, major, or withdifferentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma. **Example 1:* Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). **Example 2:* Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).	The most specific term using Chart 1
Н6		Multiple specific or a non- specific with multiple specific (Table 1)		The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with differentiation <i>Example 1 (multiple specific histologies):</i> Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes). <i>Example 2 (multiple specific histologies):</i> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). <i>Example 3 (non-specific with multiple specific histologies):</i> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).	The appropriate combination/mixed code (Table 1)

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Rule	Pathology/Cytology	Histology	Behavior	Notes and Examples	Code		
	Specimen						
Н7	None of the above condition	s are met			The histology with the numerically higher ICD-O-3 code		
MUL	ULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY						
Н8	No pathology/cytology specimen or the pathology/cytology report is not available			 I: 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 Chest x-rays 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		
					metastatic site		
H10		One type		Do not code terms that do not appear in the histology description *Example 1: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. *Example 2: Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.	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 Lung 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 most invasive tumor. 	The histology of the most invasive tumor
H12		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or • Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or • Sarcoma, NOS (8800) and a more specific sarcoma.		The specific histology may be identified as type, subtype, predominantly, with features of, major, or withdifferentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma. **Example 1:* Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). **Example 2:* Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).	The most specific term using Chart 1
H13	None of the above condition		1	<u> </u>	The histology with the numerically higher ICD-O-3 code

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