Lung Histology Coding Rules – Text C340-C349 (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, PET, or MRI scans
- Chest x-rays
- *Note 2:* Code the specific histology when documented.

Note 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.

- **Rule H2** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**. *Note:* Code the behavior /3.
- Rule H3 Code the histology when only one histologic type is identified.
 - *Note:* 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.

- **Rule H4** Code the invasive histologic type when a single tumor has **invasive and in situ** components
- **Rule H5** Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch. Examples of histologies within the same branch are:
 - Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
 - 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

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation

Example 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

Example 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

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 Rule H6
 Code the appropriate combination/mixed code (Table 1) when there are multiple specific histologies or when there is a non-specific with multiple specific histologies

 Note:
 The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with ______differentiation.

 Example 1 (multiple specific histologies):
 Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).

 Example 2 (multiple specific histologies):
 Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).

 Example 3 (non-specific with multiple specific histologies):
 Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).

Rule H7 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 H8 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, PET, or MRI scans
- Chest x-rays
- *Note 2:* Code the specific histology when documented.
- *Note 3:* Code the histology to 8000 (cancer/malignant neoplasm), or 8010 (carcinoma) as stated by the physician when nothing more specific is documented.
- **Rule H9** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**. *Note:* Code the behavior /3.
- Rule H10 Code the histology when only one histologic type is identified.

Note: 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.

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Rule H11 Code the histology of the most invasive tumor.

Note 1: This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary.) *Note 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.
- **Rule H12** Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch. Examples of histologies within the same branch are:
 - Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
 - 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

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____differentiation *Example 1:* Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). *Example 2:* Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

Rule H13 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.