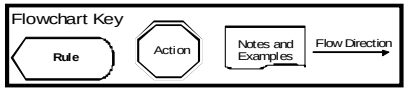
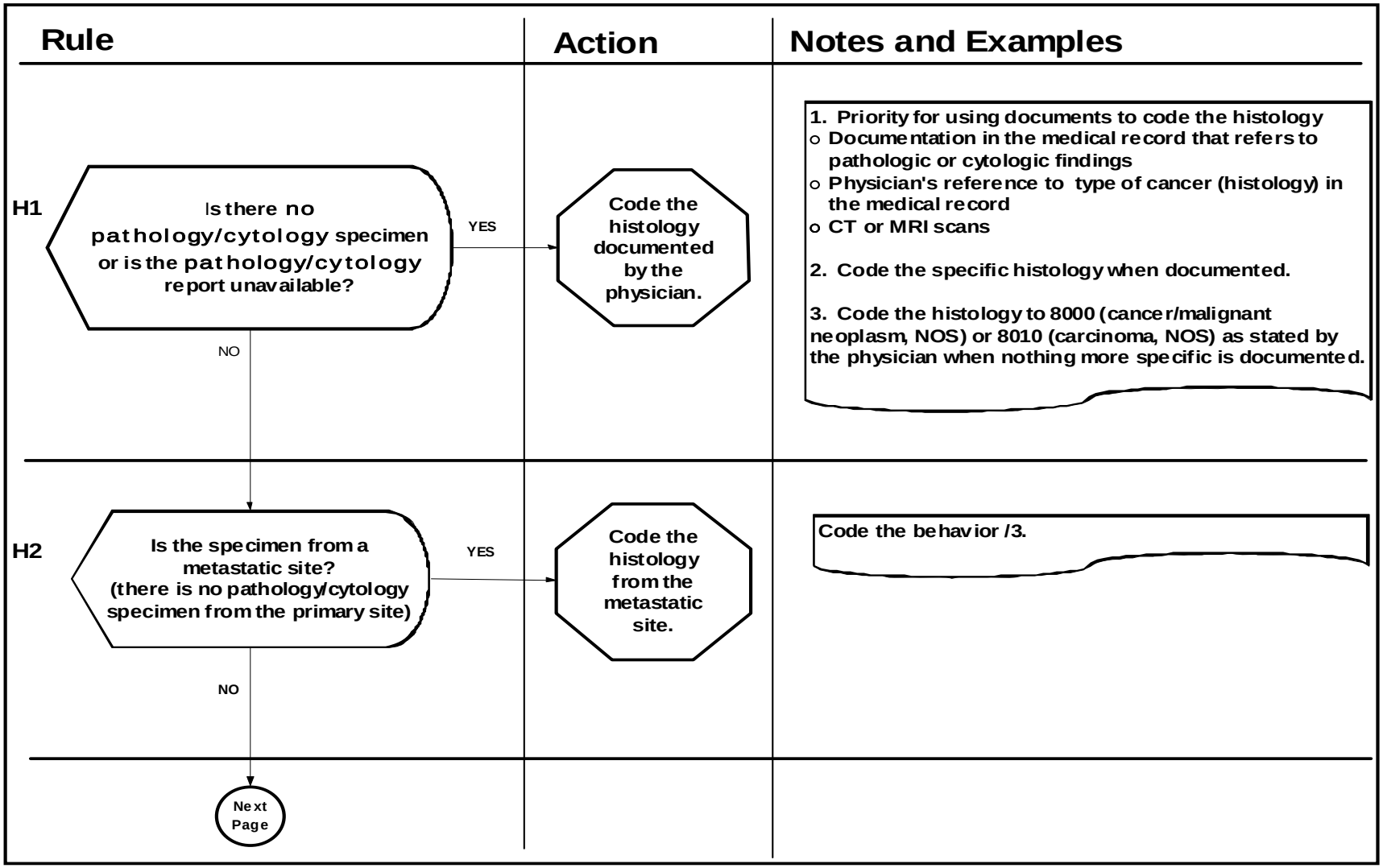
Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR



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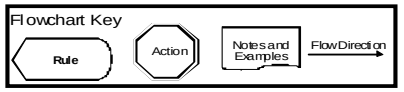

SINGLE TUMOR

Rule	Action	Notes and Examples
H3 Is the histology: ● Pure transitional cell carcinoma? or ● Flat (non-papillary) transitional 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?	YES → Code 8120 (transitional cell/ urothelial carcinoma) (Table 1 - Code 8120).	Flat transitional cell carcinoma is a more important prognostic indicator than papillary, and is likely to be treated more aggressively.
NO		
H4 Is the histology: ● papillary carcinoma? or ● Papillary transitional cell carcinoma? or ● Papillary carcinoma and Transitional cell carcinoma?	YES → Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130).	
NO		
H5 Is only one histologic type identified?	YES → Code the histology.	Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
NO → Next Page		

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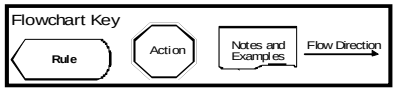
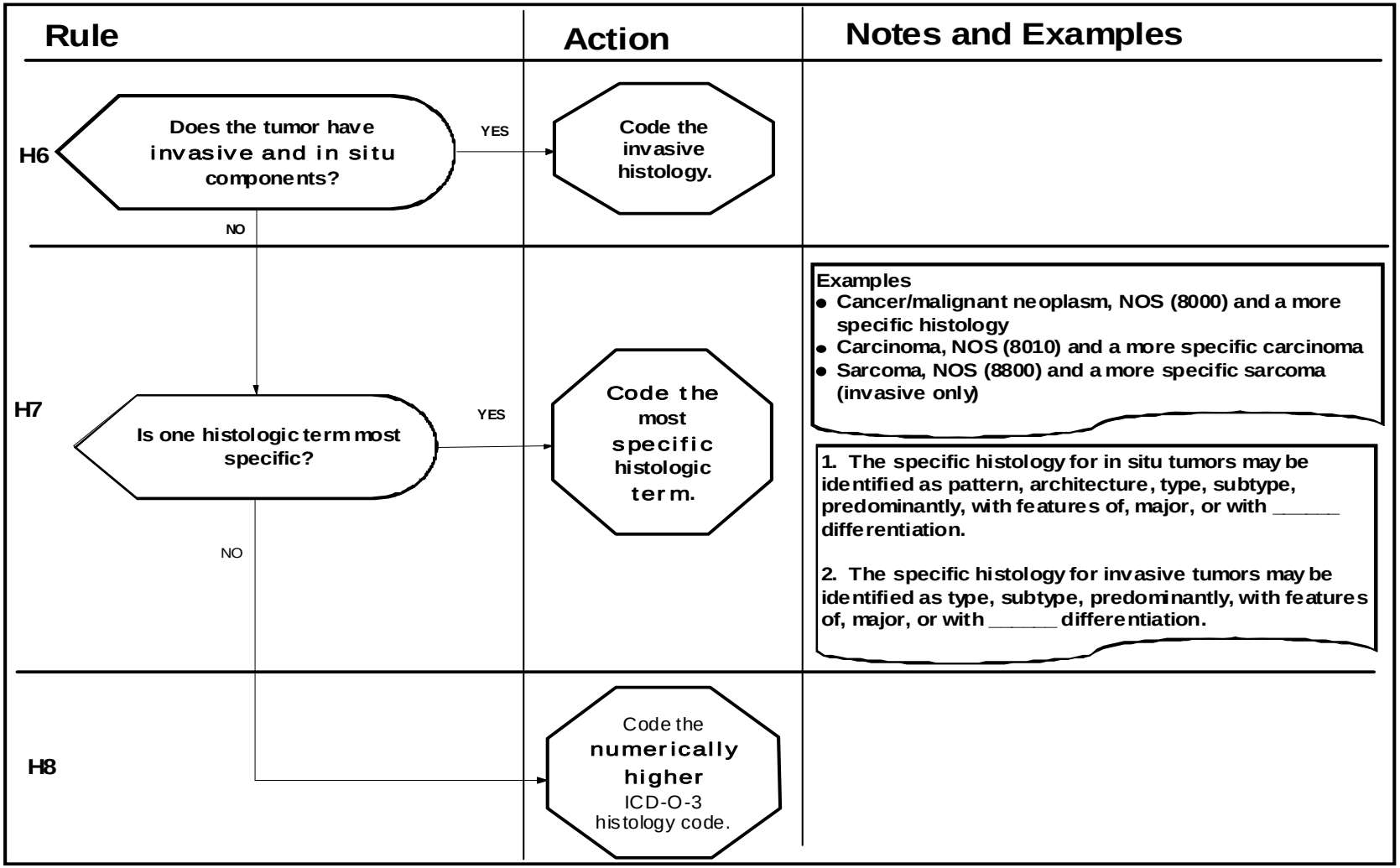
(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



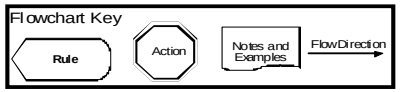
SINGLE TUMOR



This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



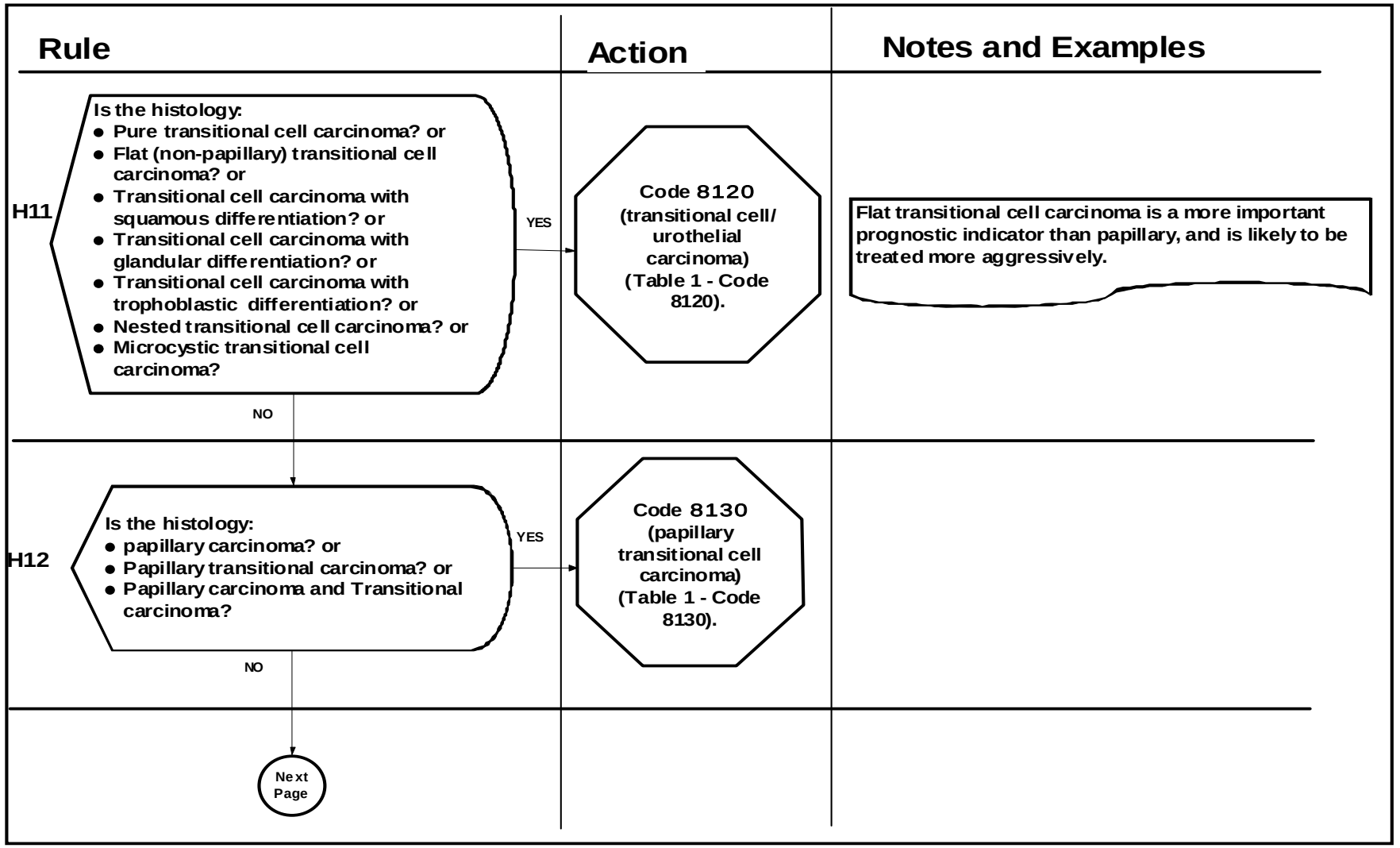
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H9 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o 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.
H10 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES	Code the histology from the metastatic site.	Code the behavior /3.
NO → Next Page		

Renal Pelvis, Ureter, Bladder and Other Urinary Histology Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



Renal Pelvis, Ureter, Bladder and Other Urinary Histology Coding Rules - Flowchart

(C659, C669, C670-C679, C680-C689)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H13 Is only one histologic type identified? YES	Code the histology.	Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
H14 Is one tumor in situ and the other invasive or are both tumors invasive? YES	Code the histology of the most invasive tumor.	1. This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary). 2. See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor.
H15	Code 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.