

**Other Sites Histology Coding Rules – Matrix**  
**Excludes Head and Neck, Colon, Lung, Melanoma, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR: IN SITU ONLY</b> (Single Tumor; all parts are in situ)						
<b>H1</b>	The pathology/cytology report is not available				<p><b>1:</b> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>• Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> </ul> <p><b>2:</b> Code the specific histology when documented.</p> <p><b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>	The histology documented by the physician
<b>H2</b>			One type		<p>Do not code terms that do not appear in the histology description.</p> <p><b>Example:</b> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.</p>	The histology
<b>H3</b>			<p>The final diagnosis is</p> <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other</li> </ul>		<p>It is important to know that the adenocarcinoma originated in a polyp</p>	<p>8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or</p>

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			parts of the pathology report. <ul style="list-style-type: none"> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> There is documentation that the patient had a polypectomy			8263 (adenocarcinoma in tubulovillous adenoma)
<b>H4</b>			<ul style="list-style-type: none"> <li>• Carcinoma in situ, NOS (8010) <b>and</b> a specific in situ carcinoma or</li> <li>• Squamous cell carcinoma in situ, NOS (8070) <b>and</b> a specific in situ squamous cell carcinoma or</li> <li>• Adenocarcinoma in situ, NOS (8140) <b>and</b> a specific in situ adenocarcinoma or</li> <li>• Melanoma in situ, NOS (8720) <b>and</b> a specific in situ melanoma</li> </ul>		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The most specific histologic term

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H5			<ul style="list-style-type: none"> <li>Multiple specific histologies or</li> <li>A non-specific histology with multiple specific histologies</li> </ul>		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The appropriate combination/ mixed code (Table 2)
H6	None of the above conditions are met					The numerically higher ICD-O-3 code
<b>SINGLE TUMOR: INVASIVE AND IN SITU</b> (Single Tumor; in situ and invasive components)						
H7				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.
<b>SINGLE TUMOR: INVASIVE ONLY</b> (Single Tumor; all parts are invasive)						
H8	No pathology/cytology specimen or the pathology/cytology report is not available				<b>1:</b> Priority for using documents to code the histology <ul style="list-style-type: none"> <li>Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>Physician's reference to type of cancer (histology) in the medical record</li> <li>CT, PET or MRI scans</li> </ul> <b>2:</b> Code the specific histology	The histology documented by the physician

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					when documented <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	
<b>H9</b>	None from primary site				Code the behavior /3	The histology from a metastatic site
<b>H10</b>		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
<b>H11</b>			One type		Do not code terms that do not appear in the histology description. <i>Example:</i> Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.	The histology
<b>H12</b>			Final diagnosis is: <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report or</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> </ul>		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)

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			<ul style="list-style-type: none"> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> <p>There is documentation that the patient had a polypectomy</p>			
<b>H13</b>			<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma or</li> <li>• Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p><b>Example 1:</b> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p><b>Example 2:</b> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>	The most specific histologic term

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H14		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma, NOS)
H15		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)
H16			<ul style="list-style-type: none"> <li>Multiple specific histologies or</li> <li>A non-specific histology with multiple specific histologies</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major or with _____ differentiation.</p> <p><b>Example 1 (multiple specific histologies):</b> Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).</p> <p><b>Example 2 (multiple specific histologies):</b> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)</p> <p><b>Example 3 (non-specific with multiple specific histologies):</b> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)</p>	The most specific histologic term
H17	None of the above conditions are met					The numerically higher ICD-O-3 code
<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>						
H18	No pathology/cytology specimen or the pathology/cytology report is not available				<p><b>I:</b> Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>Documentation in the medical record that refers to pathologic or cytologic</li> </ul>	The histology documented by the physician

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					findings <ul style="list-style-type: none"> <li>• Physician’s reference to type of cancer (histology) in the medical record</li> <li>• CT, PET or MRI scans</li> </ul> <b>2:</b> Code the specific histology when documented <b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	
<b>H19</b>	None from primary site				Code the behavior /3	The histology from a metastatic site
<b>H20</b>		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
<b>H21</b>		Sites such as: Vulva Vagina Anus	Squamous intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> <li>• vulva (VIN III)</li> <li>• vagina (VAIN III)</li> <li>• anus (AIN III).</li> </ul>	In situ	<b>1:</b> VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN). <b>2:</b> This code may be used for reportable-by-agreement cases	8077/2 (Squamous intraepithelial neoplasia, grade III)
<b>H22</b>		Sites such as: Pancreas	Glandular intraepithelial neoplasia grade III such as: <ul style="list-style-type: none"> <li>• pancreas (PAIN III)</li> </ul>	In situ	This code may be used for reportable-by-agreement cases such as intraepithelial neoplasia of the <b>prostate</b> (PIN III)	8148/2 (Glandular intraepithelial neoplasia grade III)
<b>H23</b>			One type		Do not code terms that do not appear in the histology description. <b>Example:</b> Do not code squamous	The histology

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					cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.	
<b>H24</b>		Anus Perianal region Vulva	Extramammary Paget disease <b>and</b> an underlying tumor			The histology of the underlying tumor
<b>H25</b>			Final diagnosis is: <ul style="list-style-type: none"> <li>• Adenocarcinoma in a polyp or</li> <li>• Adenocarcinoma <b>and</b> a residual polyp or polyp architecture is recorded in other parts of the pathology report or</li> <li>• Adenocarcinoma <b>and</b> there is reference to a residual or pre-existing polyp or</li> <li>• Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or</li> </ul> There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp	8210 (adenocarcinoma in adenomatous polyp) or 8261 (adenocarcinoma in villous adenoma) or 8263 (adenocarcinoma in tubulovillous adenoma)
<b>H26</b>		Thyroid	Papillary carcinoma			8260 (papillary adenocarcinoma, NOS)

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H27		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)
H28				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms
H29			<ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma</li> </ul>		<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p> <p><b>Example 1:</b> Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480).</p> <p><b>Example 2:</b> Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).</p>	The most specific histologic term

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			or <ul style="list-style-type: none"> <li>• Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>			
<b>H30</b>			Multiple specific histologies or A non-specific histology with multiple specific histologies		The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation. <b>Example 1 (multiple specific histologies):</b> Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma) <b>Example 2 (multiple specific histologies):</b> Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). <b>Example 3 (non-specific with multiple specific histologies):</b> Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)	The appropriate combination/mixed code (Table 2)
<b>H31</b>	None of the above conditions are met					The numerically higher ICD-O-3 code