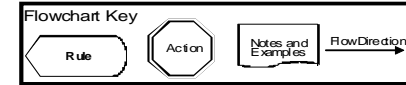


### Colon Histology Coding Rules - Flow chart

(C180-C189)

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



#### SINGLE TUMOR

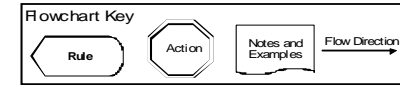
Rule	Action	Notes and Examples
<p><b>H1</b></p> <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p>	<p>Code the histology documented by the physician.</p>	<ol style="list-style-type: none"> <li>Priority for using documents to code the histology <ul style="list-style-type: 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> </li> <li>Code the specific histology when documented.</li> <li>Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</li> </ol>
<p><b>H2</b></p> <p>Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site)</p>	<p>Code the histology from a metastatic site.</p>	<p>Code the behavior /3.</p>
<p><b>H3</b></p> <p>Does the pathology report describe only intestinal type adenocarcinoma or adenocarcinoma, intestinal type?</p>	<p>Code 8140 (adenocarcinoma, NOS).</p>	<ol style="list-style-type: none"> <li>Intestinal type adenocarcinoma usually occurs in the stomach.</li> <li>When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.</li> </ol>
<p>Next Page</p>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

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

## SINGLE TUMOR

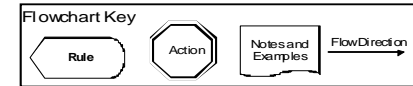


Rule	Action	Notes and Examples
<p><b>H4</b></p> <p>Is the final diagnosis adenocarcinoma in a polyp?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report?</p> <p>NO</p> <p>Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p> <p>NO</p>	<p>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</p>	<p>1. It is important to know that the adenocarcinoma originated in the polyp.</p> <p>2. Code adenocarcinoma in a polyp only when the malignancy is in the residual polyp (adenoma) or references to a pre-existing polyp (adenoma) indicate that the malignancy and the polyp (adenoma) are the same lesion.</p>
<p>Next Page</p>		

### Colon Histology Coding Rules - Flowchart

(C180-C189)

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



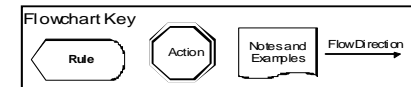
#### SINGLE TUMOR

Rule	Action	Notes and Examples
<p><b>H5</b></p> <pre> graph TD     Q1{{Is the final diagnosis mucinous/colloid (8480) or signet ring cell carcinoma (8490)?}}     Q2{{Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is mucinous/colloid?}}     Q3{{Is the final diagnosis adenocarcinoma, NOS and the microscopic description documents that 50% or more of the tumor is signet ring cell carcinoma?}}     A{{Code 8480 (mucinous/colloid adenocarcinoma) or 8490 (signet ring cell carcinoma)}}     NP((Next Page))      Q1 -- YES --&gt; A     Q1 -- NO --&gt; Q2     Q2 -- YES --&gt; A     Q2 -- NO --&gt; Q3     Q3 -- YES --&gt; A     Q3 -- NO --&gt; NP                     </pre>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

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



## SINGLE TUMOR

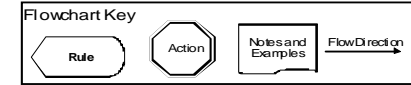
Rule	Action	Notes and Examples
<p><b>H6</b></p> <p>Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% the tumor is mucinous/colloid?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma, NOS and the microscopic description states that less than 50% of the tumor is signet ring cell carcinoma?</p> <p>NO</p> <p>Is the final diagnosis adenocarcinoma, NOS and the percentage of mucinous/colloid or signet ring cell carcinoma is unknown?</p>	<p>Code 8140 (adenocarcinoma, NOS).</p>	
<p><b>H7</b></p> <p>Is there a combination of mucinous/colloid and signet ring cell adenocarcinoma?</p>	<p>Code 8255 (adenocarcinoma with mixed subtypes).</p>	
<p>Next Page</p>		

### Colon Histology Coding Rules - Flowchart

(C180-C189)

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

#### SINGLE TUMOR

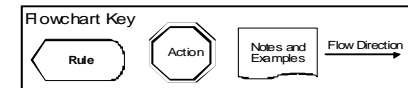


Rule	Action	Notes and Examples
<p>H8</p> <p>Is the diagnosis neuroendocrine (8246) and carcinoid tumor (8240)?</p> <p>NO</p>	<p>Code 8240 (carcinoid tumor, NOS).</p>	
<p>H9</p> <p>Is the diagnosis adenocarcinoma and carcinoid tumor?</p> <p>NO</p>	<p>Code 8244 (composite carcinoid).</p>	
<p>H10</p> <p>Is the diagnosis <u>exactly</u> "adenocarcinoid"?</p> <p>NO</p>	<p>Code 8245 (adenocarcinoid)</p>	
<p>H11</p> <p>Is only one histologic type identified?</p> <p>NO</p>	<p>Code the histology.</p>	
<p>H12</p> <p>Does the tumor have invasive and in situ components?</p> <p>NO</p>	<p>Code the invasive histologic type.</p>	
<p>Next Page</p>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

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



## SINGLE TUMOR

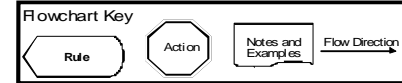
Rule	Action	Notes and Examples
<p><b>H13</b></p> <p>Is there cancer/malignant neoplasm, NOS (8000) and a more specific histology?</p> <p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p> <p>Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?</p> <p>Is there sarcoma, NOS (8800) and a more specific sarcoma (invasive only)?</p>	<p>Code the most specific histologic term.</p>	<ol style="list-style-type: none"> <li>1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.</li> <li>2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</li> </ol>
<p><b>H14</b></p>	<p>Code the numerically higher ICD-O-3 histology code.</p>	

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

### Colon Histology Coding Rules - Flowchart

(C180-C189)

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



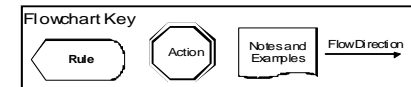
#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
<p><b>H15</b></p>		
<p><b>H16</b></p>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

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



## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

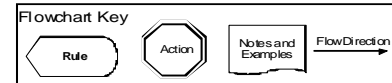
Rule	Action	Notes and Examples
<p><b>H17</b></p> <p>Does the clinical history say familial polyposis and the final diagnosis on the pathology report from resection is adenocarcinoma in adenomatous polyps?</p> <p>NO</p> <p>Are there &gt; 100 polyps identified in the resected specimen?</p> <p>NO</p> <p>Is the number of polyps not given and the diagnosis is familial polyposis?</p> <p>NO</p>	<p>Code 8220 (adenocarcinoma in adenomatous polyposis coli)</p>	
<p><b>H18</b></p> <p>Are there multiple in situ or malignant polyps present, at least one of which is tubulovillous?</p> <p>NO</p>	<p>Code 8263 (adenocarcinoma in a tubulovillous adenoma)</p>	<p>Use this rule only when there are multiple polyps or adenomas. Do not use this rule if there is a frank adenocarcinoma and a malignancy in a single polyp or adenoma.</p>
<p>Next Page</p>		



### Colon Histology Coding Rules - Flowchart

(C180-C189)

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



#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

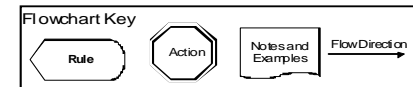
Rule	Action	Notes and Examples
<p><b>H19</b></p>		
<p><b>H20</b></p>		

# Colon Histology Coding Rules - Flowchart

(C180-C189)

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

## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



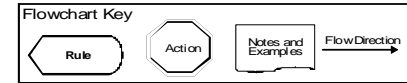
Rule	Action	Notes and Examples
<p><b>H21</b></p> <p>Is the final diagnosis adenocarcinoma and the microscopic description or surgical gross describes polyps?</p> <p>NO</p> <p>Is final diagnosis adenocarcinoma and there is reference to a residual or pre-existing polyp?</p> <p>NO</p> <p>Is the final diagnosis mucinous/colloid or signet ring cell adenocarcinoma found in a polyp?</p> <p>NO</p> <p>Is there documentation that the patient had a polypectomy?</p>	<p>Code 8210 (adenocarcinoma in adenomatous polyp), 8261 (adenocarcinoma in villous adenoma), or 8263 (adenocarcinoma in tubulovillous adenoma).</p>	<p>It is important to know that the adenocarcinoma originated in the polyp.</p>
<p><b>H22</b></p> <p>Is only one histologic type identified?</p> <p>NO</p>	<p>Code the histology.</p>	
<p>Next Page</p>		

### Colon Histology Coding Rules - Flowchart

(C180-C189)

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

#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY



Rule	Action	Notes and Examples
<p><b>H23</b></p>		<p>1. The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.</p> <p>2. The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.</p>
<p><b>H24</b></p>		

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.