Multiple Primary and Histology Site Specific Coding Rules
URINARY
Prerequisites

Completion of Multiple Primary and Histology General Coding Rules
There are many ways to view the Multiple Primary/Histology rules, or rather ways in which they are diagramed to aid in understanding how they are put together.

The rules themselves are provided in three formats to support different styles of learning and interaction with instructions:

- text
- matrix
- flowchart

Any abstraction from the rules does not replace the rules, but may provide insight into their underlying structure.
Borrowing from the three formats for the rules themselves, structure can be diagramed in a **text or outline form**, a **matrix or table form**, and a **flowchart form**.

You have previously reviewed the table format when you looked at the two color coded spreadsheets for the multiple primary and the histology rules.

The table form shows most clearly the alternating patterns of single versus multiple primary decisions across the primary sites, the commonality of rules across the primary sites, and the clustering of site-specific rules in different primary sites.
Links to illustrations and/or diagrams will be provided for each site to diagram the process of multiple-primary decision making in a sequential fashion, comparing existing and new records in a registry database. The charts included here assume the tumors have already been assigned to the appropriate anatomic site.
Multiple Primary and Histology Coding Rules
Tumors of the renal pelvis, ureter, bladder, and urethra/prostatic urethra are included in the Urinary rules.

These organs are lined by a transitional cell epithelium or urothelium where most cancers arise, often in a multifocal pattern.

The terms and definitions section discusses this phenomenon, which may be related to a field effect involving the entire urothelium or an implantation effect where tumor cells are carried in the urinary stream from one site to another.
This multifocality has been interpreted in a unique multiple primary rule for these sites, which considers multiple noncontiguous tumors arising in more than one of these sites as a single primary cancer.

Transitional cell and papillary transitional histologies are described, and the levels of invasion are listed for the bladder and other urinary sites.

The notes indicate that adenocarcinoma of the prostatic urethra is usually an extension from the prostate rather than primary in the urethra.
A table lists the types of urothelial/transitional cell carcinomas, referred to by both the multiple primary and histology coding rules, and anatomic diagrams of the urinary structures include a graphic illustration of levels of tumor invasion through the bladder wall.

The standard M1 and M2 rules are included for Urinary sites, an unknown number of tumors are abstracted as a single primary, and a single tumor is always a single primary.

Most of the multiple primary rules for multiple tumors are unique to the Urinary sites.
The first rule, • M3, states that if no other urinary sites are involved, tumors in the right renal pelvis and left renal pelvis are multiple primaries.

The next rule, • M4, is similar, if no other urinary sites are involved, tumors in the right ureter and left ureter are multiple primaries.

The next rule, • M5, is standard, an invasive tumor more than 60 days after an in situ tumor is a new primary.
This is followed by a unique rule for bladder tumors:

- M6, bladder tumors with any combination of papillary, transitional cell, or papillary transitional cell carcinoma are a single primary.

Rule M5 directs the abstracting of an invasive bladder tumor after an in situ tumor as a new primary cancer; however, once there is an invasive bladder cancer with a urothelial or transitional cell histology, all future bladder tumors with a urothelial or transitional cell histology are considered as recurrences of the invasive cancer and are not abstracted as new primaries.

Note that this rule does not apply if another histology is diagnosed within the bladder, such as small cell carcinoma or adenocarcinoma.
This rule is followed by the second timing rule for the urinary sites,

- M7, tumors diagnosed more than three years apart are multiple primaries.
- This timing rule therefore does not apply to the invasive bladder cancers, as the general rule requires that you stop when you reach the first rule that applies to the case situation.

The following rule,

- M8, implements the coding for the multifocality of urothelium involvement, stating that urothelial tumors in two or more of the urinary sites are a single primary.
- Again this rule follows the timing rule, so that multifocal involvement of these sites must occur within the three-year time period to be considered as a single primary.
The final three rules for the urinary sites are standard rules:

- M9, tumors with ICD-O-3 histology codes differing within the first three characters are multiple primary cancers.
- M10, tumors in sites with topography codes differing within the first three characters are multiple primary cancers.
- M11, tumors not meeting any prior criteria are single primary cancers.

Rule M8 links the urothelial sites, so rule M10 serves to distinguish these sites from other sites outside the urothelial organs.
The histology modules for the Urinary sites also contain site-specific rules to guide coding for the transitional cell histologies.

- H1 and H2 rules, code the histology documented by the physician when a pathology report is not available or specimen not taken, and code the cytology/histology from a metastatic site when there is no specimen from the primary site.
The next rule in both single tumor and multiple tumor modules,

- H3 and H11, is site-specific, code 8120 for transitional cell when there is pure transitional cell or transitional cell with a type of differentiation as listed in the rule and in the table. This rule thus varies from rules for other sites, in that the histology code for transitional cell is used in preference to certain delineated subtypes.

The following rule again is site-specific,

- H4 and H12, code 8130 when papillary transitional cell is stated in the diagnosis, including the combination of transitional cell and papillary transitional cell.
The following rules are standard:

- H5 and H13, code the histology when only one histologic type is identified.
- H6 and H14, code the invasive histology when a single tumor contains both in situ and invasive components or the most invasive histology when two tumors are abstracted as a single primary.
- H7, code the most specific histologic term (for single tumors only).
- H8 and H15, code the histology with the numerically higher ICD-O-3 code.

The specific histology list for the urinary sites includes cancer/malignant neoplasm and a more specific histology, carcinoma and a more specific carcinoma, and sarcoma and a more specific sarcoma.
Again, the more specific histology rule is not contained within the multiple tumors module for the urinary sites, so for any case circumstances that might possibly be involved, the decision would go to the higher ICD-O-3 code, the last rule in the module.
For our case circumstances

- Patient presents with gross hematuria and a remote history of transitional cell carcinoma of the bladder.
- At cystoscopy the urologist notes a papillary appearing tumor and another malignant-appearing lesion on the bladder wall.
- The patient undergoes transurethral resection of the bladder, and the final diagnosis is non-invasive papillary urothelial carcinoma and a second squamous cell carcinoma invading into the muscularis of the bladder wall.
- The patient undergoes cystoprostatectomy with diagnosis of squamous cell carcinoma extending into the perivesical tissue and adenocarcinoma of the prostate.
- Applying the rules, there are three tumors in the bladder, with the non-invasive papillary urothelial carcinoma removed at the TURB procedure.
Referring to the Multiple Tumors module to determine number of primary cancers, Rules M3 and M4 do not apply because renal pelvis and ureter are not involved.

Rule M5 does not apply, this is not a case of invasive tumor following an in situ tumor within 60 days.

Rule M6 does apply; there is a papillary transitional cell carcinoma of the bladder with a prior history of transitional cell carcinoma of the bladder, so this histology does not represent a new primary cancer but rather a recurrence of a previous cancer.
Proceeding on to a decision on the remaining two tumors, Rule M7 does not apply, there is no indication of a prior diagnosis of either the squamous cell carcinoma of the bladder or the adenocarcinoma of the prostate.

Rule M8 does not apply, the bladder is the only urothelial organ involved in this case.

Rule M9 does apply, there are separate histologies with codes differing among the first three ICD-O-3 characters, 80703 and 81403; there are multiple primary cancers, you can stop with this rule.
Turning to the histology rules, there are two tumors and two cancers. However, the site for one of these cancers belongs in another section of the rules, so only review the bladder cancer using the urinary rules. At this point there is one cancer and one tumor to review, therefore go to the Single Tumor module for histology.
Rules H1 and H2 do not apply, there is pathology from the primary site.

Rule H3 does not apply, the tumor does not contain transitional cell carcinoma.

Rule H4 does not apply, the tumor does not contain papillary transitional cell carcinoma.
Rule H5 does apply, code the histology when only one histologic type is identified.

The histology code for this tumor is 80703, squamous cell carcinoma.

To complete the case, we will visit the rules for other sites to determine number of primary cancers and histology for the prostate adenocarcinoma.