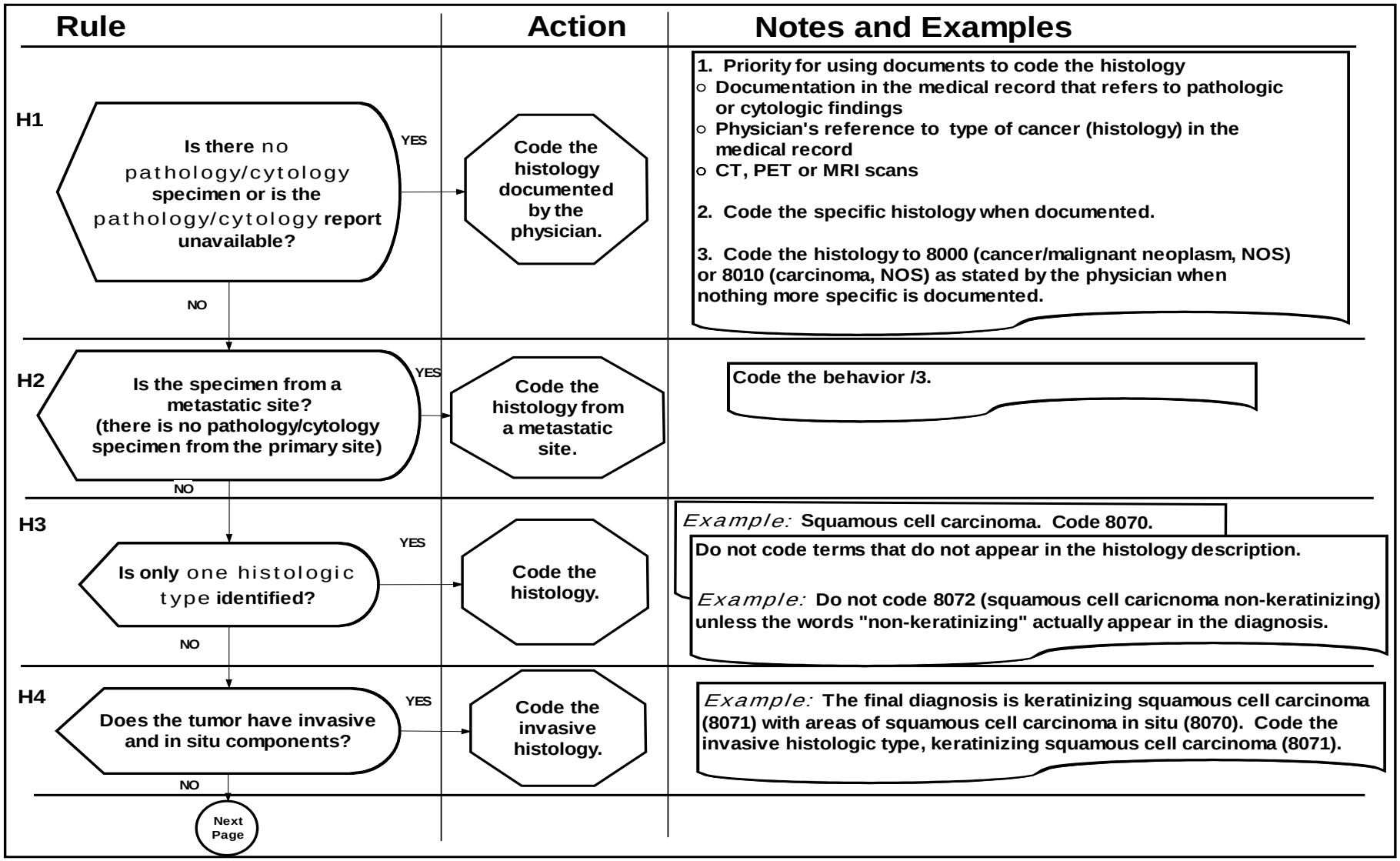
Head and Neck Histology Coding Rules-Flowchart

(C000-C148, C300-C329)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR



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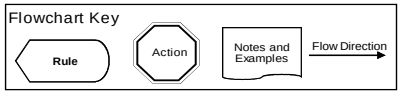

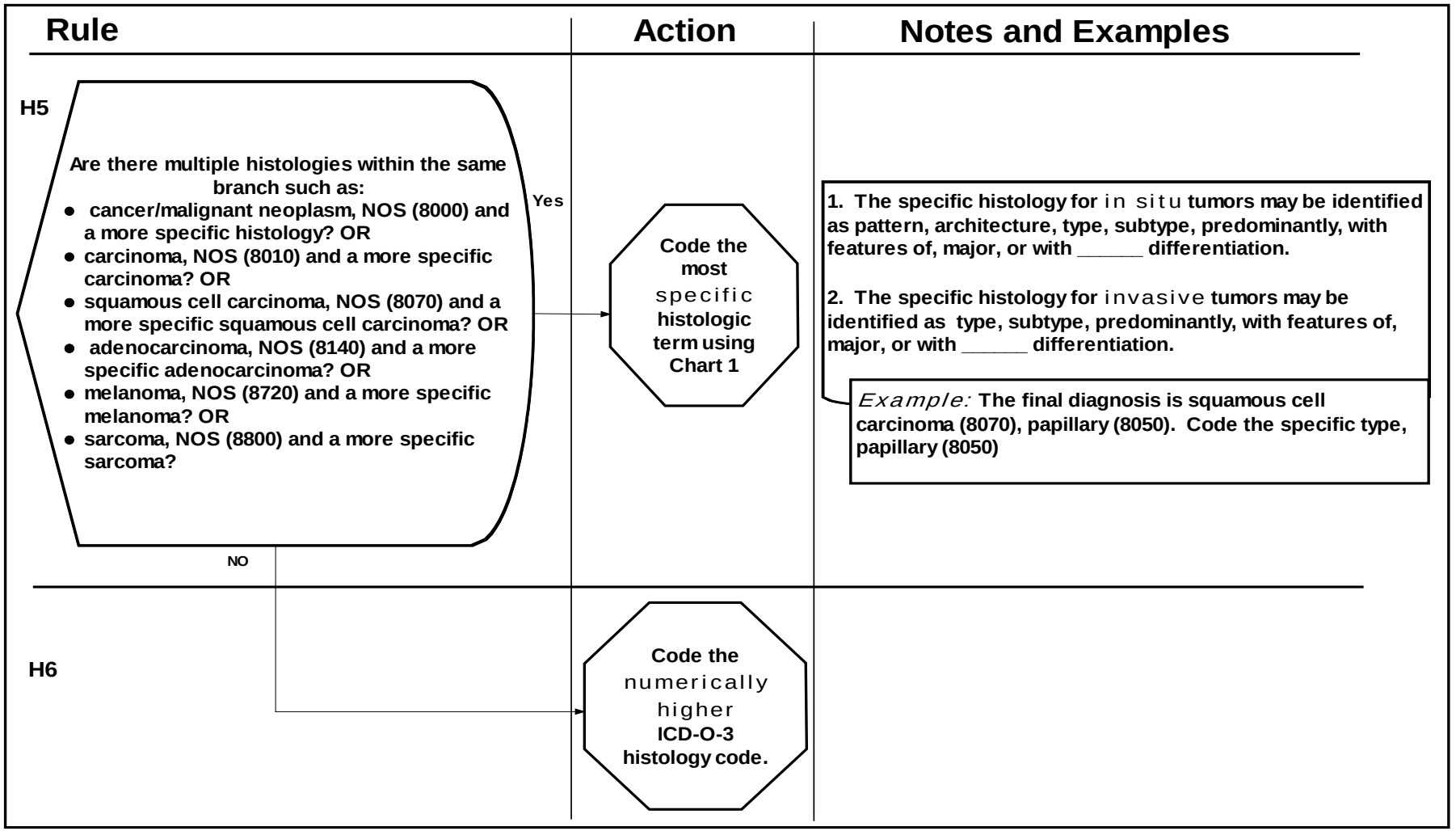

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

Head and Neck Histology Coding Rules-Flowchart

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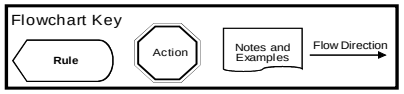

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule

H7

Is there no pathology/cytology **specimen or is the** pathology/cytology **report unavailable?**

YES → **Code the histology documented by the physician.**

NO

H8

Is the specimen from a metastatic site (there is no pathology/cytology specimen from the primary site?

YES → **Code the histology from a metastatic site.**

NO

H9

Is only one histologic type **identified?**

YES → **Code the** histology.

NO

Next Page

Action

Code the histology documented by the physician.

Code the histology from a metastatic site.

Code the histology.

Notes and Examples

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**

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.

Code the behavior /3.

Example: **Squamous cell carcinoma. Code 8070.**

Do not code terms that do not appear in the histology description.

Example: **Do not code 8072 (squamous cell caricnoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis.**

Head and Neck Histology Coding Rules-Flowchart

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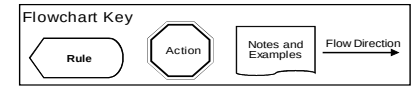

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H10 **Is one tumor in situ and the other invasive or are both tumors invasive?** YES NO **Next Page**	**Code the histology of the most invasive tumor.**	**1. See the Head and Neck 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.** **2. If tumors are equally invasive, go to the next rule.**

Head and Neck Histology Coding Rules-Flowchart

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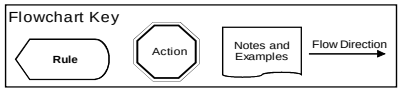

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule

H11

Are there multiple histologies within the same branch such as:

- **cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR**
- **carcinoma, NOS (8010) and a more specific carcinoma? OR**
- **squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR**
- **adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR**
- **melanoma, NOS (8720) and a more specific melanoma? OR**
- **sarcoma, NOS (8800) and a more specific sarcoma?**

Yes

NO

H12

Action

Code the most specific histologic term using Chart 1

Code the numerically higher ICD-O-3 histology code.

Notes and Examples

1. The specific histology for *in situ* tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation.

2. The specific histology for *invasive* tumors may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.

Example: **The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050)**

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.