

**Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations**  
**C000-C148, C300-C329**  
**(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)**

**Guidelines for Head and Neck**

The head and neck rules cover the following sites: Lip C000-C009, Oral Cavity C019-C069, Salivary Gland C079-C089, Tonsil C090-C099, Oropharynx C100-C109, Nasopharynx C110-C119, Pyriform Sinus C129, Hypopharynx C130-C139, Other and Ill-defined Sites in Lip, Oral cavity and Pharynx C140-C148, Nasal Cavity C300, Middle Ear C301, Accessory Sinuses C310-C319, and Larynx C320-C329.

Head and neck tumors frequently extend into adjacent anatomic sites, or overlap multiple contiguous sites. The workup for these tumors often includes physical examinations, imaging, scans, endoscopies, biopsies and surgical observations. Each of these diagnostic tools provides a unique view of the tumor. More than one anatomic location may be involved with tumor and reports may contain conflicting information regarding the primary site.

**Coding the Primary Site**

Code the site where the tumor **originated**; do not simply code the biopsy site.

When there are multiple biopsies and the primary site is not documented, or when there is discrepant information, code the primary site using the following priority order.

**Priority Order**

1. Tumor board
  - a. Specialty
  - b. General
2. Staging physician's site assignment
  - a. AJCC staging form
  - b. TNM statement in medical record

**If neither 1 nor 2 are available, the priority order for using information depends upon whether the patient had a surgical resection of the primary tumor.**

3. Total (complete) resection of primary tumor  
*Note:* The primary tumor is completely removed. The surgical margins may be microscopically positive.
  - a. Surgeon's statement from operative report
  - b. Final diagnosis from pathology report

## Head and Neck Terms and Definitions

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4. No resection (biopsy only):  
Documentation from:
  - a. Endoscopy (physical exam with scope)
  - b. Radiation oncologist
  - c. Diagnosing physician
  - d. Primary care physician
  - e. Other physician
  - f. Radiologist impression from diagnostic imaging
  - g. Physician statement based on physical exam (clinical impression)

When the point of origin **cannot be determined**, use a topography code for overlapping sites:

- C02.8 Overlapping lesion of tongue
- C08.8 Overlapping lesion of major salivary glands
- C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

#### Equivalent or Equal Terms

- In situ, noninvasive, intraepithelial
- Squamous cell carcinoma, squamous cell epithelioma, epidermoid carcinoma
- Tumor, mass, lesion, neoplasm
- Contiguous, continuous

#### Definitions

**In Situ:** A tumor that is confined to the epithelium without penetration of the basement membrane

**Invasive:** A tumor that penetrates the basement membrane and involves at least the lamina propria

**Most invasive:** The tumor with the greatest continuous extension (see focal and foci definitions in the general instructions). The least to the greatest extension for mouth and oral cavity:

- epithelium
- lamina propria, submucosa (not found in gum and hard palate)
- muscularis propria (not found in gum and hard palate)

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**Table 1 –Paired Sites**

*Table Instructions:* Use this table to determine multiple primary status for sites listed in Column 1.

<b>Column 1: Paired Sites</b>	<b>Column 2: Code</b>
Parotid Glands	C079
Major Salivary Glands	C080; C081
Tonsils	C090; C091; C098, C099
Nasal Cavity	C300
Accessory Sinuses	C310; C312
Middle Ear	C301

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Previous to 2007, tumors in sites on the same row were abstracted as a single primary.

<b>Code</b>	<b>Site Groupings</b>
C01	Base of tongue
C02	Other and unspecified parts of tongue
C05	Palate
C06	Other and unspecified parts of mouth
C07	Parotid gland
C08	Other and unspecified major salivary glands
C09	Tonsil
C10	Oropharynx
C12	Pyriiform sinus
C13	Hypopharynx
C30	Nasal cavity and middle ear
C31	Accessory sinuses

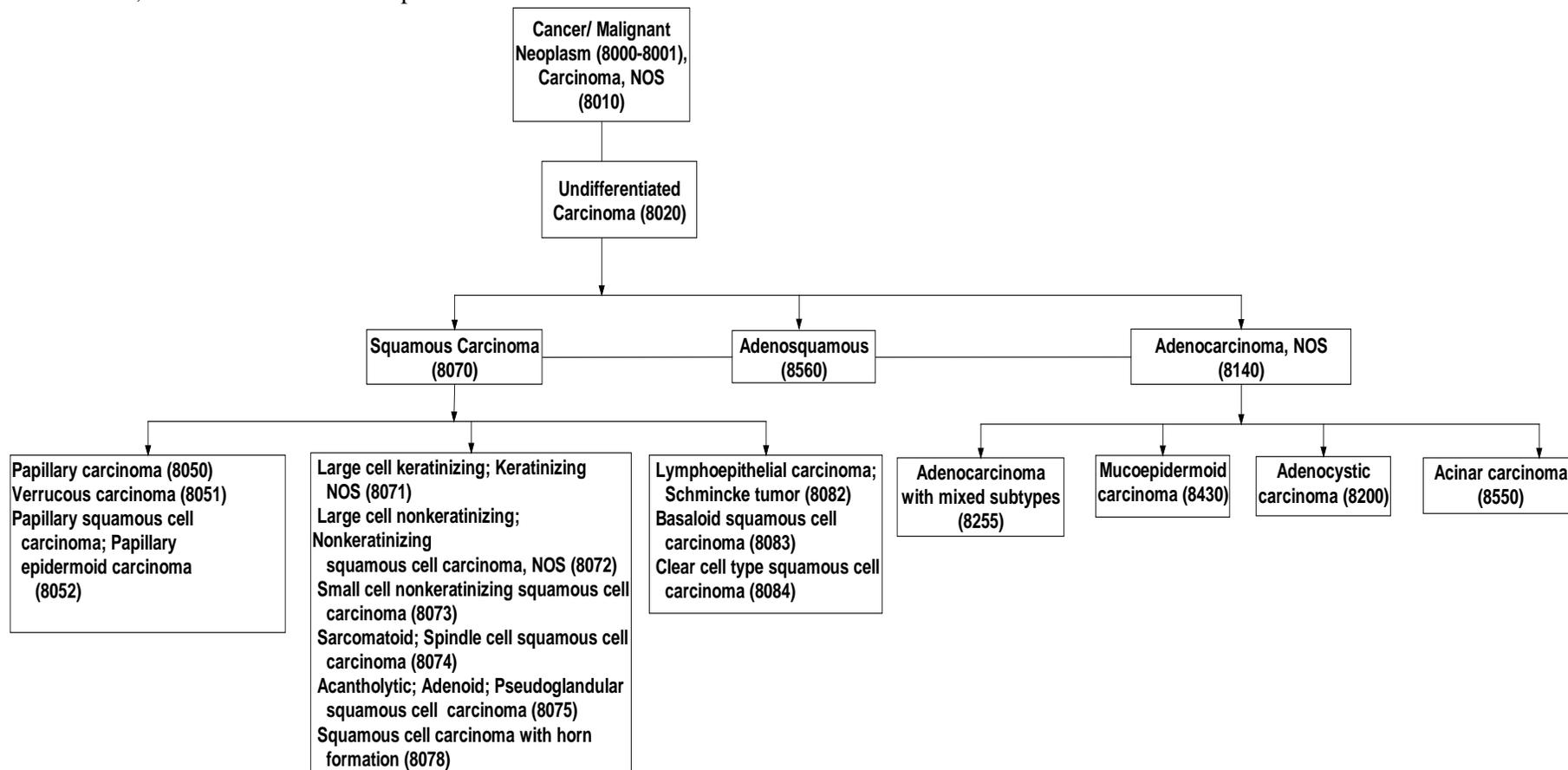
Do not use for cases diagnosed on or after 2007

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**Chart 1 – Head and Neck Histology Groups and Specific types**

*Note:* Greater than 85% of cancers in the Head and Neck are squamous cell carcinoma

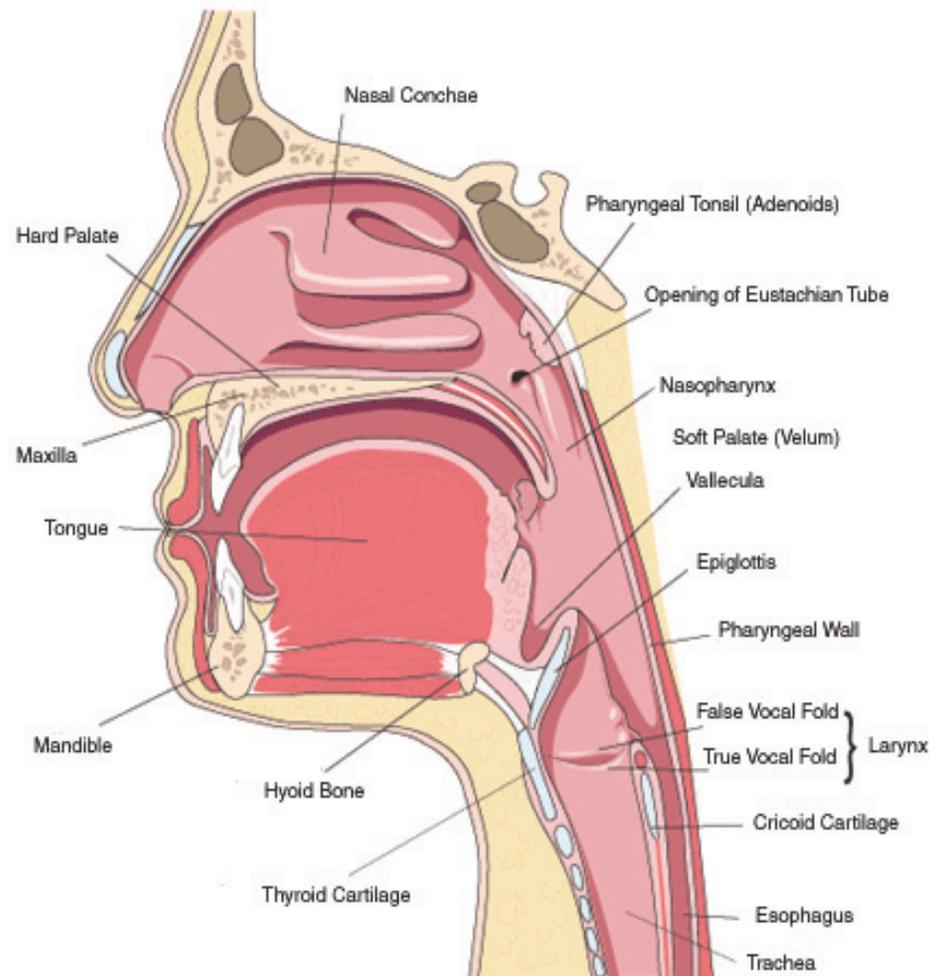
*Chart Instructions:* Use this chart with the histology rules to code the most specific histologic term. The tree is arranged in descending order. Each branch is a histology group, starting with the NOS or group terms and descending into the specific types for that group. As you follow the branch down, the terms become more specific.



Head and Neck Terms and Definitions

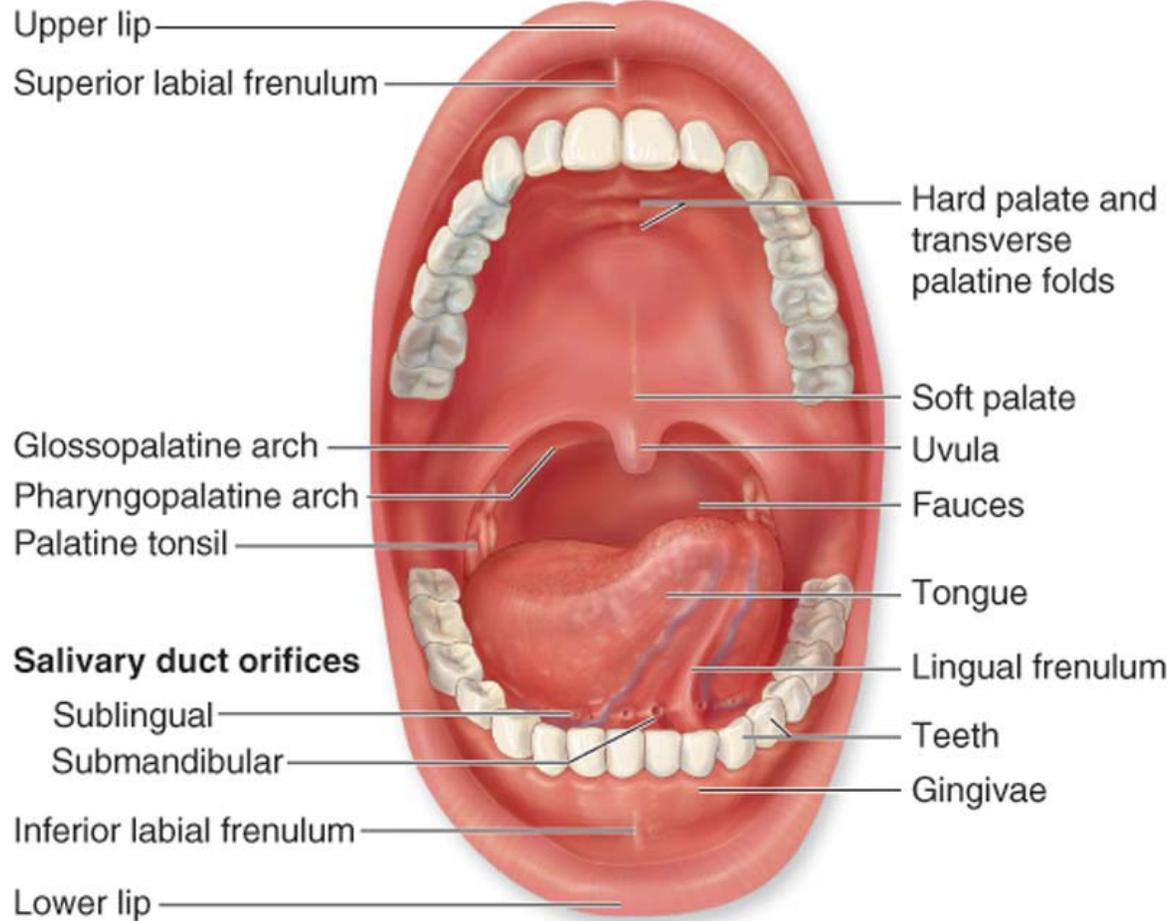
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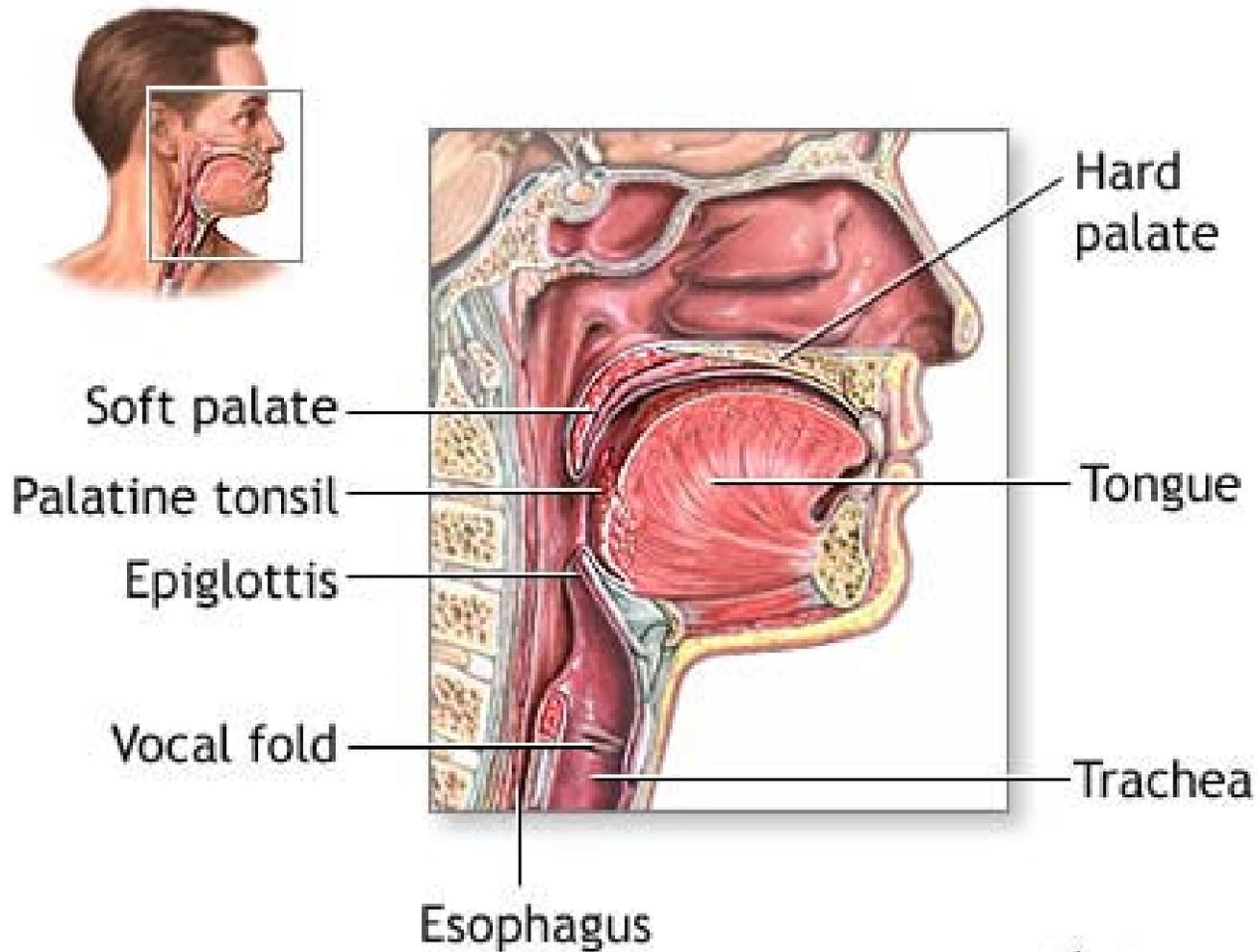


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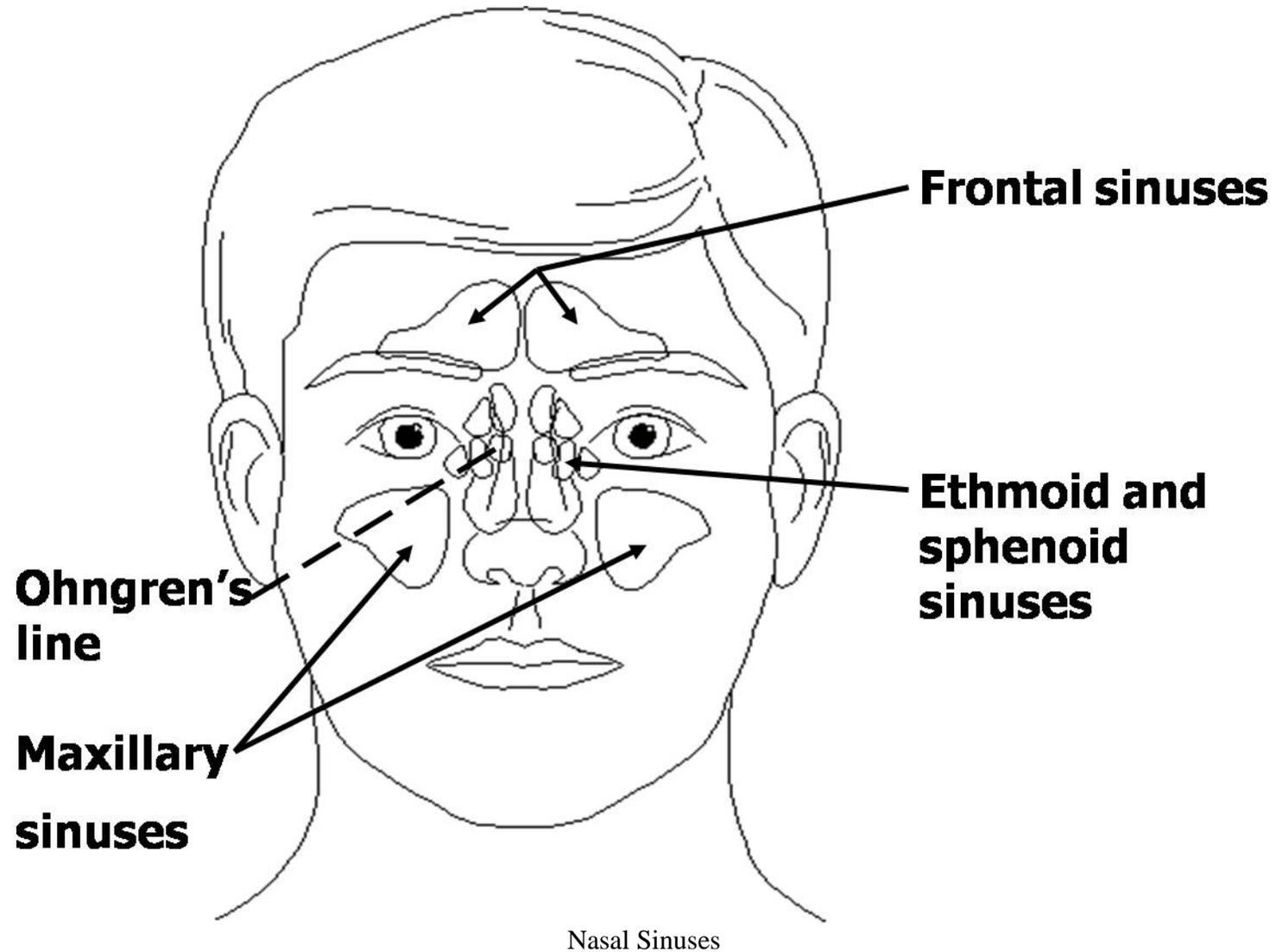
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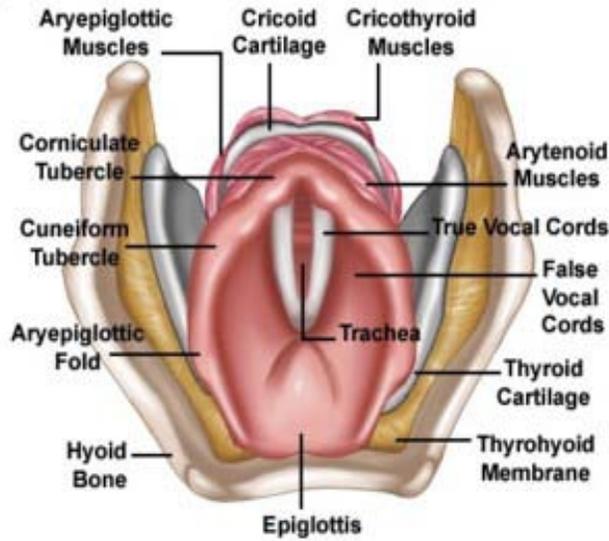
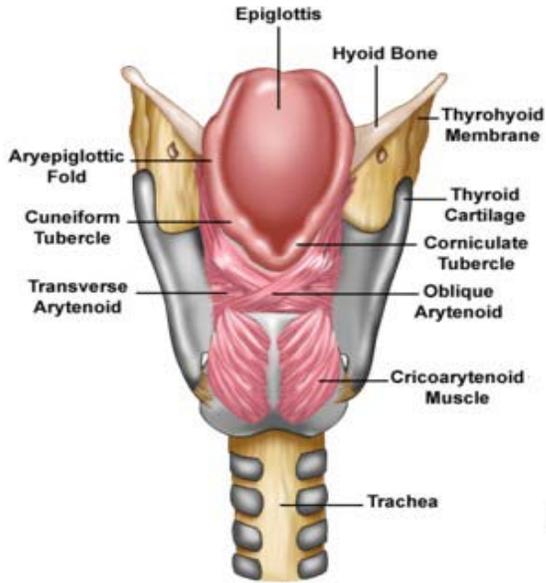


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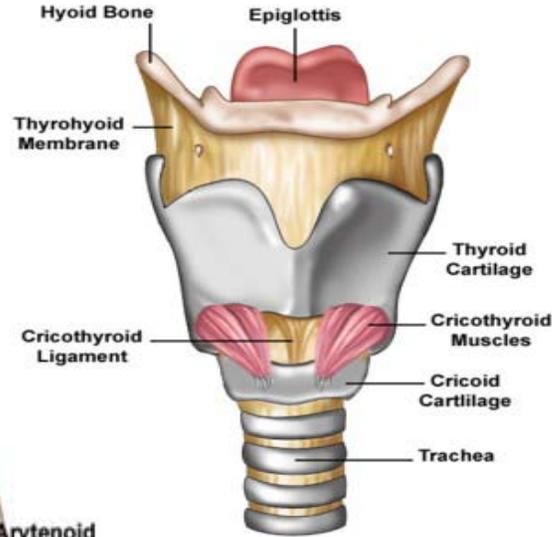


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Larynx



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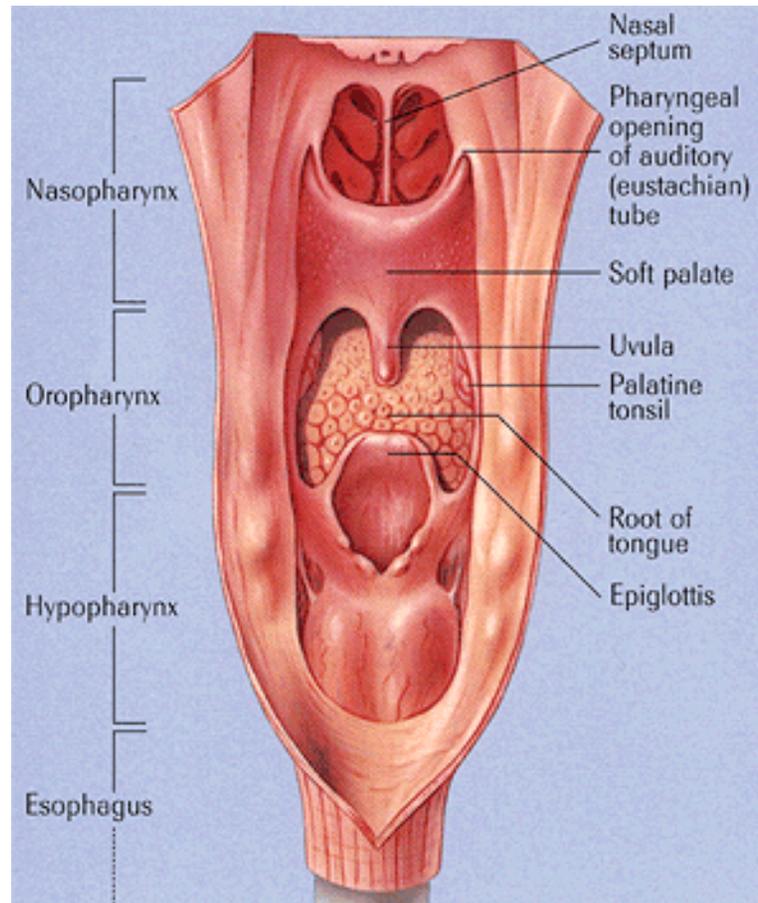


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