# Head and Neck Histology Coding Rules – Matrix

**C000-C148, C300-C329**

*(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)*

<table>
<thead>
<tr>
<th>Rule</th>
<th>Pathology/Cytology Specimen</th>
<th>Histology</th>
<th>Behavior</th>
<th>Notes and Examples</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SINGLE TUMOR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **H1** | No pathology/cytology specimen or the pathology/cytology report is not available | | | 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 | The histology documented by the physician |
| **H2** | None from primary site | | | Code the behavior /3 | The histology from metastatic site |
| **H3** | One type | | **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 carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis | The histology |
| **H4** | Invasive and in situ | | **Example:** The final diagnosis is keratinizing squamous cell carcinoma (8071) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8071). | The invasive histologic type |
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| H5   | Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch:  
- 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 | 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). | The most specific term using Chart 1 |
| H6   | None of the above conditions are met | | The histology with the numerically higher ICD-O-3 code |
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<td><strong>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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| H7   | No pathology/cytology specimen or the pathology/cytology report is not available | | | 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 | The histology documented by the physician |
| H8   | None from primary site | | | Code the behavior /3 | The histology from a metastatic site |
| H9   | One type | | | 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 carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis | The histology |
| H10  | | | | 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 more invasive tumor.  
   2. If tumors are equally invasive, go to the next rule | The histology of the most invasive tumor |
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<tr>
<td>H11</td>
<td>Multiple histologies all within the same branch on Chart 1.</td>
<td>Example: 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</td>
<td>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. <strong>Example:</strong> The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).</td>
<td>The most specific term using Chart 1</td>
<td></td>
</tr>
<tr>
<td>H12</td>
<td>None of the conditions are met</td>
<td></td>
<td></td>
<td>The histology with the numerically higher ICD-O-3 code</td>
<td></td>
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