

**Head and Neck Histology Coding Rules – Matrix**  
**C000-C148, C300-C329**  
**(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)**

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
<b>SINGLE TUMOR</b>					
<b>H1</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<p><b>1:</b> Priority for using documents to code the histology</p> <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> <p><b>2:</b> Code the specific histology when documented.</p> <p><b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>	The histology documented by the physician
<b>H2</b>	None from primary site			Code the behavior /3	The histology from metastatic site
<b>H3</b>		One type		<p><b>Example:</b> Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description.</p> <p><b>Example:</b> Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis</p>	The histology
<b>H4</b>			Invasive and in situ	<p><b>Example:</b> 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).</p>	The invasive histologic type

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<b>H5</b>		<p>Multiple histologies all within the same branch on Chart 1.</p> <p>Examples of histologies within same banch:</p> <ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma or</li> <li>• Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>		<p><b>1.</b> 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><b>2.</b> The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ___differentiation.</p> <p><b>Example:</b> The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).</p>	<p>The most specific term using Chart 1</p>
<b>H6</b>	None of the above conditions are met			<p>The histology with the numerically higher ICD-O-3 code</p>	

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<b>MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY</b>					
<b>H7</b>	No pathology/cytology specimen or the pathology/cytology report is not available			<p><b>1:</b> Priority for using documents to code the histology</p> <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> <p><b>2:</b> Code the specific histology when documented</p> <p><b>3:</b> Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>	The histology documented by the physician
<b>H8</b>	None from primary site			Code the behavior /3	The histology from a metastatic site
<b>H9</b>		One type		<p><b>Example:</b> Squamous cell carcinoma. Code 8070.</p> <p>Do not code terms that do not appear in the histology description.</p> <p><b>Example:</b> Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis</p>	The histology
<b>H10</b>				<p><b>1:</b> See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.</p> <ul style="list-style-type: none"> <li>• One tumor is in situ and one is invasive, code the histology from the invasive tumor</li> <li>• Both/all histologies are invasive, code the histology of the more invasive tumor.</li> </ul> <p><b>2.</b> If tumors are equally invasive, go to the next rule</p>	The histology of the most invasive tumor

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<b>H11</b>		<p>Multiple histologies all within the same branch on Chart 1.                      Examples of histologies within same branch:</p> <ul style="list-style-type: none"> <li>• Cancer/malignant neoplasm, NOS (8000) <b>and</b> a more specific histology or</li> <li>• Carcinoma, NOS (8010) <b>and</b> a more specific carcinoma or</li> <li>• Squamous cell carcinoma, NOS (8070) <b>and</b> a more specific squamous cell carcinoma or</li> <li>• Adenocarcinoma, NOS (8140) <b>and</b> a more specific adenocarcinoma or</li> <li>• Melanoma, NOS (8720) <b>and</b> a more specific melanoma or</li> <li>Sarcoma, NOS (8800) <b>and</b> a more specific sarcoma</li> </ul>		<p><b>1.</b> The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ___differentiation.  <b>2.</b> The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ___differentiation.  <b>Example:</b> The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).</p>	<p>The most specific term using Chart 1</p>
<b>H12</b>	None of the conditions are met			<p>The histology with the numerically higher ICD-O-3 code</p>	