Multiple Primary and Histology Site Specific Coding Rules
HEAD AND NECK
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 Site Specific Coding Rules
The primary coding question with head and neck sites is the determination of primary site. 

The MP/H rules provide guidelines for coding the primary site, based on a hierarchy of sources including physician information, pathologic diagnostic information, and diagnostic test information. 

The terms and definitions section also defines levels of invasion for head and neck sites, provides a list of paired sites, and a family tree of histology groups and types. 

Multiple anatomic diagrams help in locating structures in the head and neck and seeing their relationships to each other.
The Head and Neck sites share the first two multiple primary rules common across most sites:

- **M1**, if it is not possible to determine if there is a single tumor or multiple tumors, the case is abstracted as a single tumor.
- **M2**, a single tumor is always a single primary.

Examples given for the first rule include cases where there may be a discrepancy between clinical documentation of tumor location and site of biopsy, which can frequently occur in head and neck cancers because of the complexity of structures and the location of many structures in close proximity to one another.

A physician may have biopsied only one area of a larger tumor, or a satellite tumor from a larger tumor, and complete documentation may not be available to the abstracter.
Ten rules are available for determining multiple primary cancers where multiple tumors are known to exist.

The first four rules address cases where the first three digits of the ICD-O-3 code are the same:

- M3, tumors on the right and left side of paired sites are multiple primaries.
- M4, tumors on upper and lower lip are multiple primaries.
- M5, tumors on upper and lower gum are multiple primaries.
- M6, tumors in the nasal cavity and middle are multiple primaries.

Then the next rule,

- M7 states that tumors with ICD-O-3 topography codes that do differ within the second or third characters are multiple primaries.
Note here the careful placement of rules to first take care of the exceptions, where decisions are made based on the fourth topography character and then to present the more general case where only the first three characters distinguish among primary cancers.
The two timing rules are next:

- M8, an invasive tumor diagnosed more than 60 days after an in situ tumor is a new primary.
- M9, tumors diagnosed more than five years apart are multiple primaries.

Two rules based on histology codes follow:

- M10, tumors with a non-specific histology and a more specific histology are the same primary.
- M11, tumors with ICD-O-3 histology codes that are different within the first three characters are multiple primaries.
The non-specific/specific rules pairs

- cancer/malignant neoplasm and a specific histology,
- carcinoma and a specific carcinoma,
- adenocarcinoma and a specific adenocarcinoma,
- squamous cell carcinoma and a specific squamous cell carcinoma,
- melanoma and a specific melanoma, and
- sarcoma and a specific sarcoma.

Note here the placement of a rule, based on histology relationships, that will probably cover many more cases than the more general rule based on the numeric value of the codes.
The final rule

- M12, states that any case involving multiple tumors that has not been decided by the preceding rules is abstracted as a single primary.

Examples of types of cases are given:

- multifocal tumors in a single site
- in situ and invasive tumors diagnosed within 60 days of each other
- in situ tumor diagnosed more than 60 days after an invasive tumor

These are examples only and not meant to be referred to as coding rules.
The histology rules are divided into two modules,

- coding of a primary cancer with a single tumor, and
- coding of a primary cancer with multiple tumors.

The rules and their sequence are the same for both modules.

Again the first two rules are common across all sites:

- H1 and H7, code the histology documented by the physician when there is no pathology or cytology specimen or the report is not available.
- H2 and H8, code the histology from a metastatic site when there is no pathology or cytology specimen from the primary site.
• H3 and H9, code the histology when there is only one histology type.
• H4 and H10, code invasive over in situ component for a single tumor, or the most invasive tumor for multiple tumors.

• H5 and H11, reflect back to the multiple primary rule for combining tumors with non-specific and specific histology statements, requiring that the more specific histologic term is coded over a non-specific term.

This rule also refers to the tree of head and neck histology types included for this group of sites.
As discussed previously, for all histology trees included in the MP/H rules, histologies on lower branches of the tree are considered more specific than histologies located higher on the tree, with histologies at the same level or grouped together in boxes not taking precedence over each other.

The final rules,

- H6 and H12, are applied only if a previous rule has not led to a decision: the histology with the numerically higher ICD-O-3 code is selected.
A patient presents with a sore on the underside of the tongue.

Biopsies performed of the floor of mouth and tongue are read as squamous cell carcinoma in situ.

Patient undergoes wide excision of the lesion, and on the operative report the surgeon notes 2 cm lesion of the ventral tongue with extension onto the floor of mouth.

The pathology report reads “ verrucous carcinoma of tongue with squamous cell carcinoma in situ extending close to but not involving margin.”
For coding, a single tumor is identified, and the site is determined to be ventral surface of anterior tongue, C022, based on the operative report.

Applying rule M2, a single tumor is always a single primary.

Reviewing the Single Tumor histology module, Rule H1 does not apply, there is a pathology report.

Rule H2 does not apply, there is a pathology report for the primary site.

Rule H3 does not apply, more than one histologic type is identified.