

**Collaborative Staging Codes****Gum, Upper****C03.0**

C03.0 Upper gum

**Gum, Upper****CS Tumor Size****SEE STANDARD TABLE****Gum, Upper****CS Extension (Revised: 08/22/2006)**

**Note:** Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement (code 70).

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to lamina propria (mucoperiosteum) (stroma)	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Floor of mouth Labial mucosa (inner lip), lip Tongue	*	RE	RE
55	Facial muscle, NOS Subcutaneous soft tissue of face	*	RE	RE
60	Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)	*	RE	RE
70	Maxilla	T4a	RE	RE
72	Deep muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	RE	RE
74	Maxillary antrum (sinus) Nasal cavity	T4a	D	D
76	Skin	T4a	D	D
79	Skull	T4b	D	D

80	Further contiguous extension, including: Masticator space Pterygoid plates Skull base Encases internal carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Gum Upper****CS TS/Ext-Eval****SEE STANDARD TABLE****Gum, Upper****CS Lymph Nodes (Revised: 08/22/2006)**

**Note 1:** For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

**Note 2:** For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

**Note 3:** If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

**Note 4:** For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Retropharyngeal, NOS Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal	*	D	D

12 cont'd	Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN

70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Gum, Upper****Reg LN Pos****SEE STANDARD TABLE****Gum, Upper****Reg LN Exam****SEE STANDARD TABLE****Gum, Upper****CS Mets at DX (Revised: 08/14/2006)**

**Note:** Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Collaborative Staging Codes****Gum, Lower and Retromolar Area****Retromolar gingiva (trigone)****C03.1, C06.2**

C03.1 Lower gum

C06.2 Retromolar area

**Gum, Lower and Retromolar Area****CS Tumor Size****SEE STANDARD TABLE****Gum, Lower and Retromolar Area****CS Extension (Revised: 08/22/2006)**

**Note:** Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement (code 70).

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to lamina propria (mucoperiosteum)(stroma)	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Floor of mouth Labial mucosa (inner lip), lip Tongue	*	RE	RE
55	Facial muscle, NOS Subcutaneous soft tissue of face	*	RE	RE
60	Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)	*	RE	RE
65	Soft palate including uvula	*	RE	RE
70	Mandible	T4a	RE	RE
72	Deep muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	RE	RE
76	Skin	T4a	D	D
79	Skull	T4b	D	D

80	Further contiguous extension, including: Masticator space Pterygoid plates Skull base Encases internal carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Gum, Lower and Retromolar Area****CS TS/Ext-Eval****SEE STANDARD TABLE****Gum, Lower and Retromolar Area****CS Lymph Nodes (Revised: 08/22/2006)**

**Note 1:** For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

**Note 2:** For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

**Note 3:** If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

**Note 4:** For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical	*	RN	RN

10 cont'd	<p>Lower jugular</p> <p>Other groups</p> <p>Facial:</p> <p>    Buccinator (buccal)</p> <p>    Nasolabial</p> <p>Cervical, NOS</p> <p>Deep cervical, NOS</p> <p>Internal jugular, NOS</p> <p>Mandibular, NOS</p> <p>Regional lymph node, NOS</p>	*	RN	RN
12	<p>Single positive ipsilateral regional node:</p> <p>Level V node</p> <p>    Posterior cervical</p> <p>    Posterior triangle (spinal accessory and transverse cervical)</p> <p>        (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes)</p> <p>Level VI node</p> <p>    Anterior deep cervical</p> <p>    Laterotracheal</p> <p>    Paralaryngeal</p> <p>    Paratracheal</p> <p>    Prelaryngeal</p> <p>    Pretracheal</p> <p>    Recurrent laryngeal</p> <p>Level VII node</p> <p>    Upper mediastinum (for other mediastinal nodes see CS Mets at DX)</p> <p>Other groups</p> <p>    Intraparotid</p> <p>    Parapharyngeal</p> <p>    Periparotid</p> <p>    Retropharyngeal</p> <p>    Sub-occipital</p> <p>    Supraclavicular, NOS (See Note 4)</p>	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN

30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Gum, Lower and Retromolar Area****Reg LN Pos**

SEE STANDARD TABLE

**Gum, Lower and Retromolar Area****Reg LN Exam**

SEE STANDARD TABLE

**Gum, Lower and Retromolar Area****CS Mets at DX (Revised: 08/14/2006)**

**Note:** Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Collaborative Staging Codes****Gum, NOS****C03.9**

C03.9 Gum, NOS

**Gum, NOS****CS Tumor Size****SEE STANDARD TABLE****Gum, NOS****CS Extension (Revised: 08/22/2006)**

**Note:** Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement (code 70).

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to lamina propria mucoperiosteum) (stroma)	*	L	L
30	Localized, NOS	*	L	L
50	Buccal mucosa (inner cheek) Labial mucosa (inner lip), lip	*	RE	RE
55	Facial muscle, NOS Subcutaneous soft tissue of face	*	RE	RE
60	Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)	*	RE	RE
72	Deep muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	RE	RE
76	Skin	T4a	D	D
79	Skull	T4b	D	D
80	Further contiguous extension, including: Masticator space Pterygoid plates Skull base Encases internal carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U

99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U
----	---	----	---	---

**Gum, NOS**

**CS TS/Ext-Eval**

**SEE STANDARD TABLE**

**Gum, NOS****CS Lymph Nodes (Revised: 09/17/2007)**

**Note 1:** For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

**Note 2:** For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

**Note 3:** If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

**Note 4:** For head and neck cancer, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Other groups Facial: Buccinator (buccal) Nasolabial Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical)	*	D	D

12 cont'd	(upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN

52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Gum, NOS**  
**Reg LN Pos**  
**SEE STANDARD TABLE**

**Gum, NOS**  
**Reg LN Exam**  
**SEE STANDARD TABLE**

**Gum, NOS****CS Mets at DX (Revised: 08/14/2006)**

**Note:** Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Collaborative Staging Codes****Floor of Mouth****C04.0-C04.1, C04.8-C04.9**

C04.0 Anterior floor of mouth

C04.1 Lateral floor of mouth

C04.8 Overlapping lesion of floor of mouth

C04.9 Floor of mouth, NOS

**Floor of Mouth****CS Tumor Size****SEE STANDARD TABLE****Floor of Mouth****CS Extension (Revised: 08/14/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor on one side confined to: Lamina propria Submucosa	*	L	L
30	Localized, NOS	*	L	L
40	Tumor crosses midline	*	L	L
50	Anterior 2/3 of tongue Base of tongue Gingiva (alveolar ridge), lower	*	RE	RE
53	Sublingual gland, including ducts Submandibular (submaxillary) glands, including ducts	*	RE	RE
60	Epiglottis Glossoepiglottic fold Glossopharyngeal sulcus Lateral pharyngeal wall Pharyngeal (lingual) surface Pharyngoepiglottic fold Tonsillar pillars and fossae Tonsils Vallecula	*	RE	RE
62	Extension to deep extrinsic muscle of tongue: Genioglossus Geniohyoid Hyoglossus	T4a	L	L

62 cont'd	Mylohyoid Palatoglossus Styloglossus	T4a	L	L
63	(62) + any of [(50) or (53) or (60)]	T4a	RE	RE
64	Subcutaneous soft tissue of chin/neck	T4a	RE	RE
70	Mandible	T4a	RE	RE
76	Skin of undersurface of chin/neck	T4a	RE	RE
77	Further contiguous extension: Maxillary sinus	T4a	D	D
80	Further contiguous extension: Base of skull Masticator space Pterygoid plates	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Floor of Mouth****CS TS/Ext-Eval****SEE STANDARD TABLE**

**Floor of Mouth****CS Lymph Nodes (Revised: 08/22/2006)**

**Note 1:** For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

**Note 2:** For head and neck schemes, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

**Note 3:** If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

**Note 4:** For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Sublingual Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node	*	D	D

12 cont'd	Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D

60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Floor of Mouth****Reg LN Pos****SEE STANDARD TABLE****Floor of Mouth****Reg LN Exam****SEE STANDARD TABLE****Floor of Mouth****CS Mets at DX (Revised: 08/14/2006)**

**Note:** Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Oral Cavity**

Lip C000–C009, Base of Tongue C019, Other Parts of Tongue C020–C029,

**Gum C030–C039, Floor of Mouth C040–C049, Palate C050–C059,****Other Parts of Mouth C060–C069**

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

**Codes**

00 None; no surgery of primary site; autopsy ONLY

- 10 Local tumor destruction, NOS
  - 11 Photodynamic therapy (PDT)
  - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
  - 13 Cryosurgery
  - 14 Laser

**No specimen sent to pathology from surgical events 10–14**

- 20 Local tumor excision, NOS
  - 26 Polypectomy
  - 27 Excisional biopsy

**Any combination of 20 or 26–27 WITH**

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[SEER Note: Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

**Specimen sent to pathology from surgical events 20–27**

[SEER Note: Codes 20-27 include shave and wedge resection]

- 30 Wide excision, NOS
  - Code 30 includes:
    - Hemiglossectomy
    - Partial glossectomy
- 40 Radical excision of tumor, NOS
  - 41 Radical excision of tumor ONLY
  - 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)

- 43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

[SEER Note: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

**Codes 40–43 include:**

Total glossectomy  
Radical glossectomy

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY