

Gum, NOS (excluding Malignant Melanoma)**C03.9**

C03.9 Gum, NOS

Gum Other**CS Tumor Size**

Note 1: Code the specific tumor size to the nearest millimeter (mm) as documented in the medical record. Use codes 990-996 only if a specific measurement is not available.

Note 2: The assignment of T1, T2, and T3 categories for tumors of the lip and oral cavity is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 992, 994, and 995 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (mm); (Exact size to nearest mm)
989	989 mm or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1 centimeter (cm)"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1 with no other information on size
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm" Stated as T2 with no other information on size
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm" Stated as T3 with no other information on size
996	Described as "greater than 5cm"
999	Unknown; size not stated; Size of tumor cannot be assessed; Not documented in

Code	Description
999 cont'd	patient record

Gum Other**CS Extension**

Note 1: Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to code as bone involvement (code 700).

Note 2: Periosteum is a fibrous membrane that wraps the outer surface of bones. Mucoperiosteum is a compound structure of mucous membrane and periosteum. Cortical bone is the dense compact outer layer of bone. Trabecular, cancellous, or spongy bone (spongiosa) is a porous network of tissue filling the interior of bone, decreasing weight and allowing room for blood vessels and marrow.

Note 3: AJCC assigns the T category based on size for involvement of cortical bone. Involvement through cortical bone is required for assignment of T4a.

Note 4: The assignment of T1, T2, and T3 categories for tumors of the lip and oral cavity is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 405, 410, 415, 775, 810, or 815 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 5: Use code 300 for localized tumor only if no information is available to assign code 100, 405, 410, or 415.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	Tis	Tis	IS	IS
100	Invasive tumor confined to lamina propria (mucoperiosteum) (stroma)	^	*	L	L
300	Localized, NOS	^	*	L	L
405	Stated as T1 with no other information on extension	^	*	L	L
410	Stated as T2 with no other information on extension	^	*	L	L
415	Stated as T3 with no other information on extension	^	*	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500	Buccal mucosa (inner cheek) Labial mucosa (inner lip), lip Tongue (mucosa)	^	*	RE	RE
535	Cartilage of mandible or maxilla Cortical bone of mandible or maxilla Mandible, NOS Maxilla, NOS Cartilage, NOS Cortical bone, NOS Bone, NOS	^	*	RE	RE
550	Facial muscle, NOS Subcutaneous soft tissue of face	^	*	RE	RE
600	Lateral pharyngeal wall Tonsillar pillars and fossae Tonsils	^	*	RE	RE
650	Soft palate including uvula	^	*	RE	RE
720	Deep (extrinsic) muscle of tongue: Genioglossus Hyoglossus Palatoglossus Styloglossus	T4a	T4a	RE	RE
725	Trabecular bone: Mandible Maxilla Palatine bone	T4a	T4a	RE	RE
760	Skin of face	T4a	T4a	D	D
770	Maxillary sinus (antrum)	T4a	T4a	D	D
775	Stated as T4a with no other information on extension	T4a	T4a	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
788	Specified bone (Other than maxilla, mandible, or bones in codes 795 and 805)	T4b	T4b	D	D
790	OBSOLETE DATA CONVERTED V0200 See code 805 Skull	ERROR	ERROR	ERROR	ERROR
795	Masticator space Pterygoid plates	T4b	T4b	D	D
800	OBSOLETE DATA RETAINED V0200 Further contiguous extension, including: Masticator space Pterygoid Plates Skull base Encases internal carotid artery	ERROR	T4b	D	D
805	Further contiguous extension including: Base of skull Internal carotid artery (encased) Skull	T4b	T4b	D	D
810	Stated as T4b with no other information on extension	T4b	T4b	D	D
815	Stated as T4 [NOS] with no other information on extension	T4NOS	T4NOS	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For CS Extension codes 100-650 ONLY, the T category for AJCC 7 staging is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this schema.

* For CS Extension codes 100-650 ONLY, the T category for AJCC 6 staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this schema.

Gum Other**CS Tumor Size/Ext Eval**

See Standard Table

Gum Other**CS Lymph Nodes**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Rules, Section 2.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, levels involved, and location of involved nodes above or below the lower border of the cricoid cartilage) is coded in CS Site-Specific Factors 1, 3-9.

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.

Note 5: The description of lymph nodes has been standardized across the head and neck schemas. All lymph node levels and groups listed here are considered regional nodes for AJCC staging.

Summary Stage 1977 and Summary Stage 2000 divide these nodes into regional and distant groups.

Note 6: Facial nodes including mandibular nodes have been moved from code 100 in CS Version 1 to code 110.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Single positive ipsilateral regional node: Level I: Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Level III - Middle jugular: Middle deep cervical Level IV - Lower jugular: Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Cervical , NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS	^	*	RN	RN
110	Single positive ipsilateral regional node: Facial: Buccinator (buccal) Mandibular Nasolabial	^	*	D	RN
120	Single positive ipsilateral regional node: Level V - Posterior triangle group : Posterior cervical Level VA - Spinal accessory Level VB - Transverse cervical, supraclavicular (see Note 4) Level VI - Anterior compartment group: Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Prelaryngeal Pretracheal - above suprasternal notch Recurrent laryngeal Level VII - Superior mediastinal group (for other mediastinal nodes see CS Mets at DX): Esophageal groove Paratracheal - below suprasternal notch Pretracheal - below suprasternal notch Other groups: Parotid: Infraauricular Intraparotid Periparotid	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	Preauricular Parapharyngeal Retroauricular (mastoid) Retropharyngeal Suboccipital	^	*	D	D
180	Stated as N1 with no other information on regional lymph nodes	^	*	RN	RN
190	Stated as N2a with no other information on regional lymph nodes	^	*	RN	RN
200	Multiple positive ipsilateral nodes listed in code 100	^	*	RN	RN
210	Multiple positive ipsilateral nodes, any listed in code 110 WITH or WITHOUT nodes listed in code 100	^	*	D	RN
220	Multiple positive ipsilateral nodes, any listed in code 120 WITH or WITHOUT nodes listed in code 100 or 110	^	*	D	D
290	Stated as N2b with no other information on regional lymph nodes	^	*	RN	RN
300	Positive ipsilateral nodes listed in code 100, not stated if single or multiple	^	*	RN	RN
310	Positive ipsilateral nodes listed in code 110, not stated if single or multiple	^	*	D	RN
320	Positive ipsilateral nodes listed in code 120, not stated if single or multiple	^	*	D	D
400	Positive bilateral or contralateral nodes listed in code 100	^	*	RN	RN
410	Positive bilateral or contralateral nodes, any listed in code 110 WITH or	^	*	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
410 cont'd	WITHOUT nodes listed in code 100	^	*	D	RN
420	Positive bilateral or contralateral nodes, any listed in code 120 WITH or WITHOUT nodes listed in code 100 or 110	^	*	D	D
490	Stated as N2c with no other information on regional lymph nodes	^	*	RN	RN
500	Positive nodes listed in code 100, not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	^	*	RN	RN
510	Positive nodes listed in code 110, not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	^	*	D	RN
520	Positive nodes listed in code 120, not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	^	*	D	D
600	Stated as N2 [NOS] with no other information on regional lymph nodes	^	*	RN	RN
700	Stated as N3 with no other information on regional lymph nodes	^	*	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

Gum Other
CS Lymph Nodes Eval
See Standard Table

Gum Other
Regional Nodes Positive
See Standard Table

Note: Record this field even if there has been preoperative treatment.

Gum Other
Regional Nodes Examined
See Standard Table

Gum Other
CS Mets at DX

Note: Supraclavicular and transverse cervical lymph nodes are coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
10	Distant lymph node(s): Mediastinal (excluding superior mediastinal nodes) Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastases except distant lymph node(s) Carcinomatosis	M1	M1	D	D
50	40+10 Distant metastasis plus distant lymph node(s)	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	M1	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Gum Other**CS Mets Eval****See Standard Table**

Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Gum Other**CS Site-Specific Factor 1****Size of Lymph Nodes****Note: See page A-96**

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-979	001 - 979 millimeters (mm); (Exact size of lymph node to nearest mm)
980	980 mm or larger; (Includes cases converted from codes 981-989 during conversion to V0200)
981-987	OBSOLETE DATA CONVERTED V0200; See code 980; 981 - 987 mms
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error)
989	OBSOLETE DATA CONVERTED V0200; See code 980; 989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1centimeter (cm)"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"

Code	Description
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph nodes involved Not documented in patient record