

LTR's Clarification on the New 2014 Grade Coding Instructions

As you all are aware the new 2014 Grade Coding Instructions went into effect with cases diagnosed 01/01/2014 forward. However, several things were not made very clear:

1. These coding instructions replace ALL other grade code instructions. Per SEER, all the primary site specific grade coding rules currently found within the SEER Program Coding and Staging Manual Appendix C "Coding Guidelines" will be removed.
2. Solid Tumor Grading **Rules 6-9** are to be used in **priority order** using the *first applicable system*.
3. Grade coding instructions for **In-situ bladder cases**:

For cases diagnosed prior to 2013 the following grading rules applied:

Non-invasive papillary urothelial (transitional) carcinoma

- Code grade 1 (well differentiated) for non-invasive papillary urothelial carcinoma, low grade
- Code grade 3 (poorly differentiated) for non-invasive papillary urothelial (transitional) carcinoma, high grade

Urothelial carcinoma in situ

- Code grade 9 for urothelial carcinoma in situ

According to SEER, **for cases diagnosed 2014 and forward, these rules no longer apply.** Starting with 2014 cases, there are now no distinctions, in terms of coding grade, between invasive and in-situ bladder. *Simply follow the new grade instructions as written.*

4. You are also instructed **NOT to code grade based on WHO** (CNS tumors), WHO/ISUP (bladder, renal pelvis), or FIGO (female gynecologic sites) grades. However, it was not made clear how you were to code grade if this was the only documentation you had.

Per Peggy Adamo of SEER, you **may code the grade to 9** when **ONLY the WHO grade (Brain/CNS tumors), WHO/ISUP grade (bladder, renal pelvis), or FIGO grade (female gynecologic sites) is documented.**