Solving The Riddle of OASIS GG Items

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Axxess

NEW OASIS ITEM GUIDANCE

OASIS D
How To Collect OASIS Data

Direct observation is the preferred strategy for collecting OASIS information, although a combination of observation, interview and/or collaboration may be needed or used.

OASIS D ADL/IADL Conventions

- Physical and cognitive ability to perform task
- Pay attention to time period under considered
- Caregiver availability does not impact ability
- Majority/frequency of tasks
- Usual status/most of the time
- Consider medical restrictions
- No reference to prior assessment
- Collaboration within timeframe is encouraged
Ability, Not Performance

- Ability infers safety
- Caregiver does not impact ability
- Ability may be limited by:
  - Physical impairments
  - Emotional/cognitive/behavioral impairments
  - Sensory impairments
  - Environmental barriers
  - Medical restriction

Pay attention to the cues around you when assessing patient and their environment.
Why Interview Only Doesn’t Work

How patient reports bathing vs. reality

Reality Takes Observation

- Patient fears
- Loss of independence and the consequences
- Guilt
- Shame
Guidance vs. Item Guidance

- If item specific guidance differs from the general guidelines, follow item guidance
- Item guidance for M items and GG items are different
- Don’t expect them to all match

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<td>M1870 Feeding/Eating</td>
<td>GG0100A: Self Care</td>
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<td>GG0130A: Eating</td>
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What’s Different in the GG Items?

GG0100. Prior Functioning: Everyday Activities: Indicate the patient’s usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:
3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.
2. Needed Some Help – Patient needed partial assistance from another person to complete activities.
1. Dependent – A helper completed the activities for the patient.
8. Unknown
9. Not Applicable

Enter Codes in Boxes

A. Self Care: Code the patient’s need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
B. Indoor Mobility (Ambulation): Code the patient’s need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
C. Stairs: Code the patient’s need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
D. Functional Cognition: Code the patient’s need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100 Tips

- Time period is prior to current illness, exacerbation or injury (whichever is most recent) that initiated this episode of care.
- “Majority of tasks” guidance for M1800 ADL/IADL items does not apply to the GG Prior Functioning items.
- In situations where the patient’s prior ability varied between listed GG activities, group all activities together and code based all activities together.
**GG0100 Tips**

- Time period is prior to current illness, exacerbation or injury (whichever is most recent) that initiated this episode of care
- “Majority of tasks” guidance for M1800 ADL/IADL items does not apply to the GG Prior Functioning items
- In situations where the patient’s prior ability varied between listed GG activities, group all activities together and code based all activities together

**Practice Scenario**

- Mr. S Ambulates with a walker around his home, and uses a stair lift to negotiate the stairs to the second floor, where his bedroom is located.
- How would you code GG0100C?
Scenario Answer

• **Coding:** GG0100C, Stairs, would be coded 9, Not Applicable.

• **Rationale:** Mr. S is not able to go up and down stairs; he uses a stair lift. So, he did not perform this activity.

OASIS D Item Guidance

<table>
<thead>
<tr>
<th>Check all that apply</th>
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<tbody>
<tr>
<td>A. Manual wheelchair</td>
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<tr>
<td>B. Motorized wheelchair and/or scooter</td>
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<tr>
<td>C. Mechanical lift</td>
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<td>D. Walker</td>
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<tr>
<td>E. Orthotics/Prosthetics</td>
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<tr>
<td>Z. None of the above</td>
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</table>

• Whichever illness, exacerbation or injury is most recent prior to this episode of care
OASIS D Item Guidance

• GG0110
• C Mechanical lift – any device a patient or caregiver requires for lifting or supporting the patient’s bodyweight. Examples include, but are not limited to:
  – Stair lift
  – Hoyer lift
  – Bath tub lift

OASIS D Item Guidance

• GG0110
• D Walker – all types of walkers, including:
  – Pick up walker
  – Hemi-walker
  – Rolling walker
  – Platform walker
• Z None of the Above – if the patient did not use any of the listed devices or aids immediately prior to the current illness, exacerbation or injury
Mrs. M is a bilateral lower extremity amputee and has multiple diagnoses including diabetes, obesity and peripheral vascular disease. She is unable to walk and did not walk prior to the current episode of care that started due to a pressure ulcer and respiratory infection. She used a motorized wheelchair to mobilize.

How would you code GG0110?

• Coding: GG0110B, Motorized wheelchair and/or scooter would be checked.
• Rationale: Mrs. M used a motorized wheelchair prior to the current illness/injury.
Mr. C has bilateral lower extremity neuropathy secondary to his diabetes. Prior to this current episode, he used a cane. Today, he is using a walker.

How would you code GG0110?

**Coding:** GG0110Z, None of the above, would be checked.

**Rationale:** A cane is not a device included as part of the item list above. Not all devices and aids are included in this item.
GG0130 Item Guidance

GG0130. Self-Care

Code the patient’s usual performance at SOC/ROC for each activity using the 8-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 8-point scale. Use of codes 07, 08, 10 or 99 is permissible to code discharge goal(s).

Coding:

Safety and Quality of Performance – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent – Patient completes the activity by him/herself with no assistance from a helper.

05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

GG0130 Item Guidance

<table>
<thead>
<tr>
<th>1. SOC/ROC Performance</th>
<th>2. Discharge Goal</th>
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<td>_ Enter Codes in Boxes _</td>
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A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.

B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soiling and rinsing them.

C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

D. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.

E. Upper body dressing: The ability to dress and undress above the waist; including fastenings, if applicable.

F. Lower body dressing: The ability to dress and undress below the waist, including fastenings; does not include footwear.

G. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility, including fastenings, if applicable.
GG0130 Item Guidance

If activity was not attempted, code reason:
07. Patient refused
09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
88. Not attempted due to medical conditions or safety concerns

GG0130 Item Guidance

- **GG0130 SOC/ROC Performance Assessment**
  - Identifies ability to perform the listed self-care activities, and discharge goals
  - Licensed clinicians may assess the patient’s performance based on direct observation (preferred) as well as reports from the patient, clinicians, care staff, and/or family
  - When possible, CMS invites a multidisciplinary approach to patient assessment
GG0130 Item Guidance

- Ability to perform the listed self-care activities, and discharge goals
- Direct observation (preferred) as well as reports from the patient, clinicians, care staff, and/or family
- When possible, CMS invites a multidisciplinary approach to patient assessment
- To answer correctly, must consider ALL relevant tasks

GG0130 Item Guidance

- Allow the patient to perform the activities as long as possible
  - As long as he or she is SAFE
  - If requires helper because patient performance is unsafe or of poor quality, score according to amount of assistance provided.
  - Activities may be completed with or without assistive device(s)
  - Use of assistive device(s) to complete an activity should not affect coding of the activity
<table>
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<tr>
<td>• Code status based on a functional assessment that occurs at or soon after the patient’s SOC/ROC.</td>
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<tr>
<td>• Scores are to reflect baseline status and are to be based on observation of activities, to the extent possible</td>
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<tr>
<td>• When possible, the assessment should occur prior to the start of therapy services to capture the patient’s true baseline status</td>
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<tr>
<td>- Therapy interventions can affect the patient’s functional status</td>
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<td>• Ability can be impacted by the environment or situations in the home.</td>
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<td>• Observe the patient in different locations and circumstances within the home for comprehensive understanding of patient status</td>
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<tr>
<td>• Usual ability to perform each during the assessment timeframe</td>
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<tr>
<td>• Not best or worst performance</td>
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<tr>
<td>• What is true 50% of the time or greater during the assessment timeframe</td>
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CMS’ Decision Tree For Coding Patient Performance

**GG0130 Item Guidance**

- **SOC/ROC Discharge Goals**
- **HHQRP** requires a minimum of one self-care or mobility goal be coded.
  - May choose to complete more than one
  - Code the patient’s discharge goal(s) using the 6-point scale.
  - Use of the activity not attempted codes (07, 09, 10 or 88) is permissible to code discharge goal(s).
  - Use of a dash is permissible for any remaining self-care or mobility goals that were not coded.
• SOC/ROC Discharge Goals
  • Discharge goal(s) may be the coded the same as SOC/ROC performance, higher than SOC/ROC performance or lower than SOC/ROC performance.
  • If the SOC/ROC performance of an activity was coded using one of the activity not attempted codes (07, 09, 10 or 88) a discharge goal may be submitted using the 6-point scale if the patient is expected to be able to perform the activity by discharge.

• Discharge goal(s) can be based on:
  – prior medical condition
  – SOC/ROC assessment
  – self-care and mobility status
  – discussions with the patient and family
  – professional judgment
  – the profession’s practice standards
  – expected treatments
  – patient motivation to improve
  – anticipated length of stay and
  – the discharge plan
• Goals should be established as part of the patient’s care plan.
• **GG0130 Follow-Up and Discharge Performance**
  
  **Follow-up Performance:** Clinicians should code the patient’s functional status based on a functional assessment that occurs within the assessment timeframe.

  **Discharge Performance:** The discharge time period under consideration includes the last 5 days of care. This includes the date of the discharge visit plus the four preceding calendar days. Code the patient’s functional status based on a functional assessment that occurs at or close to the time of discharge.

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• **GG0130A. Eating**
  
  • Patient uses a gastrostomy tube (G-Tube) or total parenteral nutrition (TPN):
  
  • Assistance with tube feedings or TPN is not considered when coding the item eating.
  
  • If the patient does not eat or drink by mouth and relies solely on nutrition and liquids through tube feedings or TPN due to a new (recent-onset) medical condition, code GG0130A as 88, Not attempted due to medical condition or safety concerns.
  
  • If the patient does not eat or drink by mouth at the time of the assessment, and the patient did not eat or drink by mouth prior to the current illness, injury or exacerbation, code GG0130A as 09, NA.
GG0130 Item Guidance

- **GG0130A. Eating**
  - Patient *does not* eat or drink by mouth at the time of the assessment, and patient did not eat or drink by mouth prior to the current illness, injury or exacerbation
    - code GG0130A as 09, Not applicable.
  - Patient eats and drinks by mouth, *and relies partially* on obtaining nutrition and liquids via tube feedings or TPN
    - code eating based on the amount of assistance the patient requires to eat and drink by mouth

GG0130 Item Guidance

- **GG0130B. Oral Hygiene**
  - Patient does not perform oral hygiene during home visit:
    - determine the patient’s abilities based on the patient’s performance of similar activities during the assessment, or on patient and/or caregiver report.
Practice Scenario

- Mrs. H does not have any food consistency restrictions, but often needs to swallow two or three times so that the food clears her throat due to difficulty with pharyngeal peristalsis. She requires verbal cues to use the compensatory strategy of extra swallows to clear the food.
- How would you code GG0130A?

Scenario Answer

- **Coding**: GG0130A, Eating, would be coded 04, Supervision or touching assistance.
- **Rationale**: Mrs. H swallows all types of food consistencies and requires verbal cueing (supervision) from the helper. Code based on assistance from the helper. The coding is not based on whether the patient had restrictions related to food consistency.
Practice Scenario

• Mrs. V has difficulty seeing on her left side since her stroke. During meals, a helper must remind her to scan the entire plate to ensure she has seen all the food.
• How would you code GG0130A?

Scenario Answer

• **Coding:** GG0130A, Eating, would be coded 04, Supervision or touching assistance.
• **Rationale:** The helper provides verbal cueing assistance as Mrs. V completes the activity of eating. Supervision, such as reminders, may be provided throughout the activity or intermittently.
Practice Scenario

• Mr. R is unable to eat or drink by mouth since he had a stroke 1 week ago. He receives nutrition and hydration through a G-tube, which is administered by a helper.
• How would you code GG0130A?

Scenario Answer

• Coding: GG0130A, Eating, would be coded 88, Not attempted due to medical condition or safety concerns.
• Rationale: The patient does not eat or drink by mouth at this time due to a recent-onset medical condition (his recent-onset stroke). This item includes eating and drinking by mouth only.
Practice Scenario

- The helper provides steadying assistance to Mr. S as he walks to the bathroom. The helper applies toothpaste onto Mr. S’s toothbrush. Mr. S then brushes his teeth at the sink in the bathroom without physical assistance or supervision. Once Mr. S is done brushing his teeth and washing his hands and face, the helper returns and provides steadying assistance as the patient walks back to his bed.
- How would you code GG0130B?

Scenario Answer

- **Coding:** GG0130B, Oral hygiene, would be coded 05, Setup or clean-up assistance.
- **Rationale:** The helper provides setup assistance (putting toothpaste on the toothbrush) before Mr. S brushes his teeth. Do not consider assistance provided to get to or from the bathroom to score Oral hygiene.
**Practice Scenario**

- Ms. J cannot swallow any food or liquids secondary to ALS. She has a J-tube and has been on tube feedings for several years. She is being admitted to skilled home health care for treatment of a sacral pressure injury. Her treatment includes TPN to support wound healing.
- How would you code GG0130A and B at SOC or ROC?

**Scenario Answer**

- **Coding:** GG0130A1, Eating, **SOC Performance** would be coded, 09, Not Applicable. GG0130A2, Eating, **Discharge Goal**, would be coded 09, Not Applicable.
- **Rationale:** Mr. J does not eat or drink by mouth at the time of assessment, and did not eat or drink by mouth prior to the current illness, injury or exacerbation. And, Mr. J is not expected to eat or drink by mouth by discharge.
• Mr. B has been prescribed bowel rest for pancreatitis, and he is not to eat or drink anything for one week, after which the home health nurse will support advancing back to a regular diet. TPN has been prescribed, and he is being admitted to home care for TPN teaching and management.

• How would you code GG0130A1 at SOC or ROC?

**Scenario Answer**

• **Coding:** GG0130A1, Eating, **SOC Performance**, would be coded 88, Not attempted due to medical condition or safety concerns.
Practice Scenario

• During SOC/ROC functional assessment, Mr. M states he prefers to bathe himself rather than depending on helpers or his wife to perform this activity. The clinician assesses Mr. M’s SOC/ROC performance for Shower/Bathe self, and determines the helper performs more than half the effort. The assessing clinician, using professional judgement, available information and collaboration as allowed anticipates that by discharge Mr. M will require a helper for less than half of the activity Shower/Bathe self.
• How would you code GG0130E1 SOC Performance and DC Goal?

Scenario Answer

• Coding: GG0130E1, Shower/Bathe self, SOC Performance, would be coded 02, Substantial/maximal assistance. GG0130E2 Shower/Bathe self, Discharge Goal, would be coded 03, Partial/moderate assistance.
• Rationale: At SOC/ROC assessment, Mr. M participates in the activity Shower/bathe self, but a helper performs more than half the activity, the definition of substantial/maximal assistance. The assessing clinician expects Mr. M has the potential to improve in performance of this activity, to the extent that a helper needs to assist for less than half the activity, the definition for partial/moderate assistance.
During the SOC/ROC assessment, Mrs. E states she prefers to participate in her oral hygiene twice daily. On assessment, the clinician identifies that Mrs. E’s caregiver completes more than half of this activity. Mrs. E has severe arthritis, Parkinson’s disease, diabetic neuropathy, and renal failure. These conditions result in multiple impairments, including limited endurance, weak hand grasp, slow movements and tremors. The assessing clinician, using professional judgment, all available information and collaboration as allowed, determines that Mrs. E is not expected to progress to a higher level of functioning during the episode of care. However, the clinician anticipates that Mrs. E will be able to maintain her SOC/ROC performance level. The clinician discusses functional goals with Mrs. E and they agree maintaining functioning is a reasonable goal.

How would you code GG0130B1/B2?

**Scenario Answer**

- **Coding:** GG0130B1 Oral Hygiene, **SOC/ROC Performance**, would be coded 02, Substantial/maximal assistance. GG0130B2, Oral Hygiene, **Discharge Goal**, would be coded 02, Substantial/maximal assistance.

- **Rationale:** Performance assessment revealed Mrs. E’s caregiver completes more than half the activity, Oral Hygiene, which matches Code 02, substantial/maximal assistance. Mrs. E’s condition in this example makes it unlikely that her performance of this activity will improve, but that maintenance of her current level of function is possible, so the discharge goal is coded the same as admission performance.
Practice Scenario

- Mrs. T has a progressive neurological illness that affects her strength, coordination, and endurance. Mrs. T prefers to use the bedside commode for as long as possible rather than using incontinence undergarments. The helper currently supports Mrs. T while she is standing so that Mrs. T can pull down her underwear before sitting onto the bedside commode. When Mrs. T has finished voiding, she wipes her perineal area. Mrs. T then requires the helper to support her trunk while Mrs. T pulls up her underwear. The assessing clinician, using professional judgment, all available information and collaboration as allowed anticipates that Mrs. T will weaken further by discharge, and while she will still be able to use the bedside commode, she will need the helper to assist with all toileting hygiene.

Scenario Answer

- **Coding:** GG0130C1, Toileting hygiene, **SOC/ROC Performance**, would be coded 03, Partial/moderate assistance. GG0130C2, Toileting hygiene, **Discharge Goal**, would be coded 02, substantial/maximal assistance.
- **Rationale:** Assessment of SOC/ROC performance of toileting hygiene demonstrated that the helper provided less than half the effort for Mrs. T's toileting hygiene. The assessing clinician expects that by discharge, Mrs. T will need the helper to assist with more than half the effort of toileting hygiene.
**Practice Scenario**

Mrs. D has been unable to eat or drink by mouth for several weeks, due to a large, cancerous lesion on the soft palate. A week ago, the lesion worsened becoming very painful and required surgical removal. At the SOC, she remains restricted from any oral intake, with the expected goal of progressing to small sips of water and soft foods by mouth with supervision by discharge from home health.

**Scenario Answer**

- **Coding**: GG0130A1, Eating, **SOC Performance**, would be coded 09, Not Applicable. GG0130A2, Eating, **Discharge Goal**, would be coded 04, Supervision or Touching Assistance.

- **Rationale**: Mrs. D does not eat or drink by mouth at the time of the SOC assessment, and did not eat or drink by mouth prior to the current illness, injury or exacerbation (the recent worsening necessitating surgery). The assessing clinician expects that by discharge, Mrs. D will be able to manage at least some food and drink by mouth, with supervision.
GG0170 Item Guidance

**GG0170. Mobility**

Code the patient’s usual performance at SOC/ROC for each activity using the 8-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 8-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

**Coding:**

- **Safety** and **Quality of Performance** – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.
- **Activities may be completed with or without assistive devices.**
- **Independent** – Patient completes the activity by himself/herself with no assistance from a helper.
- **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/mild assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

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**GG0170 Item Guidance**

If activity was not attempted, code reason:

- **07. Patient refused**
- **09. Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- **10. Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- **88. Not attempted due to medical conditions or safety concerns**

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- **A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
- **B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
- **C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
- **D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
### GG0170 Item Guidance

**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).

**F. Toilet transfer:** The ability to get on and off a toilet or commode.

**G. Car Transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).

**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.

### GG0170 Item Guidance

**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.

**N. 4 steps:** The ability to go up and down four steps with or without a rail. If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.

**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.

**P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
GG0170 Item Guidance

GG0170 Identifies the patient’s ability to perform the listed mobility activities, and discharge goals

- Licensed clinicians may assess the patient’s performance based on direct observation (preferred) as well as reports from patient, clinicians, care staff, and/or family.
- When possible, CMS invites a multidisciplinary approach to patient assessment.
- Patients should be allowed to perform activities as independently as possible, as long as they are safe. If helper assistance is required because the patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.
### GG0170 Item Guidance

**GG0170** Identifies the patient’s ability to perform the listed mobility activities, and discharge goals

- Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.
- Patients with cognitive impairments/limitations may need physical assistance and/or verbal assistance when completing an activity. Code based on the patient’s need for assistance to complete an activity safely.

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### GG0170 Item Guidance

- Code status based on assessment that occurs at or soon after the patient’s SOC/ROC
- Scores are to reflect the patient’s baseline status
- To be based on observation of activities, to the extent possible.
- When possible, assessment should occur prior to the start of therapy services to capture true baseline status.
**GG0170 Item Guidance**

- A patient’s functional ability can be impacted by the environment or situations encountered in the home. Observing the patient in different locations and circumstances within the home is important for a comprehensive understanding of the patient’s functional status.
  - If the patient’s ability varies during the assessment timeframe, record their usual ability to perform each activity. Do not record the patient’s best performance and do not record the patient’s worst performance, but rather the patient’s usual performance; what is true greater than 50% of the assessment timeframe.

**GG0170 Item Guidance**

- **GG0170 SOC/ROC Discharge Goals**
- For the Home Health (HH) Quality Reporting Program (QRP) a minimum of one self-care or mobility discharge goal must be coded. However, agencies may choose to complete more than one self-care or mobility discharge goal. Code the patient’s discharge goal(s) using the 6-point scale. Use of the activity not attempted codes (07, 09, 10 or 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded.
  - Discharge goal(s) may be coded the same as SOC/ROC performance, higher than SOC/ROC performance, or lower than SOC/ROC performance (See Examples).
• **GG0170 SOC/ROC Discharge Goals**
  - If the SOC/ROC performance of an activity was coded using one of the activity not attempted codes (07, 09, 10 or 88), a discharge goal may be submitted using the 6-point scale if the patient is expected to be able to perform the activity by discharge.
  - Licensed clinicians can establish a patient’s discharge goal(s) at the time of SOC/ROC based on the patient’s prior medical condition, SOC/ROC assessment, self-care and mobility status, discussions with the patient and family, professional judgment, the profession’s practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the discharge plan. Goals should be established as part of the patient’s care plan.

• **GG0170 FU/DC Discharge Performance**
  - **Follow-up Performance:** Clinicians should code the patient’s functional status based on a functional assessment that occurs within the assessment timeframe.
  - **Discharge Performance:** The discharge time period under consideration includes the last 5 days of care. This includes the date of the discharge visit plus the four preceding calendar days. Code the patient's functional status based on a functional assessment that occurs at or close to the time of discharge.
### GG0170 Item Guidance

- **GG0170 FU/DC Discharge Performance**
  - If the only help a patient needs to complete an activity is for a helper to retrieve an assistive device or adaptive equipment, such as a cane for walking, or a tub bench for bathing then enter code 05, Setup or clean-up assistance.
  - If two or more helpers are required to assist the patient to complete the activity, code as 01 Dependent.
  - A dash (–) indicates “No information.” Do not use a dash if the reason that the item was not assessed was because the patient refused (code 07), the item is not applicable (code 09), the activity was not attempted due to environmental limitations (code 10), or the activity was not attempted due to medical condition or safety concerns (code 88).

### GG0170 Item Guidance

- **GG0170A FU/DC Roll Left and Right**
  - The activity includes the patient rolling to both the left and to the right while in a lying position,
  - If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concerns.
• GG0170A FU/DC Roll Left and Right
• For example, if a clinician determines that a patient’s new medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170A, Roll left and right as 88, Not attempted due to medical or safety concerns

• GG0170A FU/DC Roll Left and Right
• If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, and could not perform the activity prior to the current illness, exacerbation or injury, code 09, Not applicable.
• For GG0170A, Roll left and right, clinical judgment should be used to determine what is considered a “lying” position for the patient. For example, a clinician could determine that a patient’s preferred slightly elevated resting position is “lying” for that patient
• **GG0170A FU/DC Roll Left and Right**

  At SOC, the physical therapist helps Mr. R turn onto his right side by instructing him to bend his left leg and roll to his right side. He then instructs him how to position his limbs to return to lying on his back and then to repeat a similar process for rolling onto his left side and then return to lying on his back. Mr. R completes the activity without physical assistance from a helper. Mr. R was moving about in bed without difficulty prior to hospitalization. The therapist expects Mr. R will roll left and right by himself by discharge.

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**Answer**

• **GG0170A FU/DC Roll Left and Right**

  • **Coding:** GG0170A, Roll left and right, **SOC Performance** would be coded 04, Supervision or touching assistance. **Discharge Goal** would be coded 06, Independent.

  • **Rationale:** At SOC, the physical therapist provides verbal cues (i.e., instructions) to Mr. R as he rolls from his back to his right side and returns to lying on his back. The physical therapist does not provide any physical assistance. After assessment and considering his current condition, the therapist expects Mr. R will be independently rolling left and right at discharge.
GG0170 Item Guidance

• **GG0170B Sit to Lying**
  • The activity includes the ability to move from sitting on side of bed to lying flat on the bed.
  • If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concerns.
  • For example, if a clinician determines that a new patient medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170B, Sit to lying as 88, Not attempted due to medical or safety concerns.

GG0170 Item Guidance

• **GG0170B Sit to Lying**
  • If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, and could not perform the activity prior to the current illness, exacerbation or injury, code 09, Not applicable.
  • For GG0170B, Sit to lying, clinical judgment should be used to determine what is considered a “lying” position for the patient. For example, a clinician could determine that a patient’s preferred slightly elevated resting position is “lying” for that patient.
**Practice Scenario**

- **GG0170B, Sit to Lying**
- Mr. A suffered multiple vertebral fractures due to a fall off a ladder. At SOC, he requires assistance from a therapist to get from a sitting position to lying flat on the bed because of significant pain in his lower back. The therapist supports his trunk and lifts both legs to assist Mr. A from sitting at the side of the bed to lying flat on the bed. Mr. A assists himself a small amount by raising one leg onto the bed and then bending both knees while transitioning into a lying position.

**Answer**

- **GG0170A FU/DC Roll Left and Right**
- **Coding:** GG0170B, Sit to lying **SOC Performance** would be coded 02, Substantial/maximal assistance.
- **Rationale:** The therapist provided more than half the effort for the patient to complete the activity of sit to lying.
**Practice Scenario**

- **GG0170B, Sit to Lying**
- At SOC, Mrs. H requires assistance from two helpers to transfer from sitting at the edge of the bed to lying flat on the bed due to paralysis on her right side, obesity, and cognitive limitations. One of the helpers explains to Mrs. H each step of the sitting to lying activity. Mrs. H is then fully assisted to get from sitting to a lying position on the bed. Mrs. H makes no attempt to assist when asked to perform the incremental steps of the activity.

**Answer**

- **GG0170B Sit to Lying**
- **Coding:** GG0170B, Sit to lying, **SOC Performance** would be coded 01, Dependent.
- **Rationale:** The patient does none of the effort to complete the activity, and the assistance of two helpers is needed to complete the activity of sit to lying. If two or more helpers are required to assist the patient to complete an activity, code as 01, Dependent.
GG0170 Item Guidance

GG0170C Lying to Sitting on Side of Bed

- The activity includes patient transitions from lying on his/her back to sitting on the side of the bed with feet flat on the floor and sitting upright on the bed without back support.
- If a patient’s feet do not reach the floor upon lying to sitting, the clinician will determine if a bed height adjustment (if applicable), or a foot stool is required to accommodate foot placement on the floor/footstool.
- Back support refers to an object or person providing support of the patient’s back.

GG0170 Item Guidance

GG0170C Lying to Sitting on Side of Bed

- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concerns.
  - If a clinician determines that a new patient medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170C, Lying to sitting on side of bed as 88, Not attempted due to medical or safety concerns,
**GG0170 Item Guidance**

- **GG0170C Lying to Sitting on Side of Bed**
  - If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, and could not perform the activity prior to the current illness, exacerbation or injury, code 09, Not applicable.
  - For GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a “lying” position for the patient. For example, a clinician could determine that a patient’s preferred slightly elevated resting position is “lying” for that patient.

**Practice Scenario**

- **GG0170C, Lying to Sitting on Side of Bed**
  - Ms. H is recovering from a spinal fusion. At SOC, she rolls to her right side and pushes herself up from the bed to get from a lying to a seated position. The therapist provides needed verbal cues to guide Ms. H as she safely uses her hands and arms to support her trunk and avoid twisting as she raises herself from the bed. Ms. H then safely maneuvers to the edge of the bed, finally lowering her feet to the floor to complete the activity without hands-on assistance.
**Answer**

- **GG0170C Lying to Sitting on Side of Bed**
- **Coding:** GG0170C, Lying to sitting on side of bed. **SOC Performance** would be coded 04, Supervision or touching assistance.
- **Rationale:** The therapist provides verbal cues only as Ms. H safely moves from a lying to sitting position on the side of the bed with her feet on the floor.

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**Scenario Practice**

- **GG0170D Sit to Stand**
- Mr. B is being admitted to home health for pressure ulcer care. He has complete tetraplegia from an injury one year ago and has been unable to bear weight in standing since the injury. At **SOC**, using a patient lift that does not require him to come to standing, he is transferred from his bed into a wheelchair with assistance.
**Scenario Practice**

- **GG0170D Sit to Stand**
  - **Coding:** GG0170D, Sit to stand **SOC Performance** would be coded 09, Not applicable.
  - **Rationale:** The activity was not attempted at admission and the patient did not perform this activity prior to the current illness, exacerbation or injury (the pressure ulcer) due to the diagnosis of complete tetraplegia.

**GG0170 Item Guidance**

- **GG0170E Chair/Bed-to-Chair Transfer**
  - The activity begins with the patient sitting (in a chair, wheelchair, or at the edge of the bed) and transferring to sitting in a chair, wheelchair, or at the edge of the bed.
  - Sit to lying and lying to sitting are not assessed as part of GG0170E.
  - If a mechanical lift is used to assist in transferring a patient for a chair/bed-to-chair transfer and two helpers are needed to assist with a mechanical lift transfer, then code 01, Dependent, even if the patient assists with any part of the chair/bed-to-chair transfer.
**Practice Scenario**

- **GG0170E Chair/Bed-to-Chair Transfer**
  - Mr. L had a stroke and uses a wheelchair for mobility. When Mr. L gets out of bed at SOC, the therapist moves the wheelchair into the correct position and locks the brakes so that Mr. L can transfer into the wheelchair safely. Mr. L transfers into the wheelchair by himself without the need for supervision or assistance during the transfer. The family reports that Mr. L does transfer safely without the need for supervision, once the wheelchair is placed and locked. The nurse does not expect Mr. L's mobility status to change by discharge.

**Answer**

- **GG0170E Chair/Bed-to-Chair Transfer**
  - **Coding:** GG0170E, Chair/bed-to-chair transfer, **SOC Performance** would be coded 05, Setup or clean-up assistance. **Discharge Goal** would be coded 05, Setup or clean up assistance.
  - **Rationale:** A helper must provide setup assistance only. Once set up is provided, Mr. L transfers safely and does not need supervision or physical assistance during the transfer. The nurse expects Mr. L will continue to need wheelchair setup assistance for this transfer at discharge.
GG0170 Item Guidance

• **GG0170F Toilet Transfer**
  • The activity includes the patient getting on and off a toilet or commode.
  • Use of assistive device(s) and adaptive equipment (for instance a grab bar or elevated toilet) required to complete the toilet transfer should not affect coding of the activity.
  • If the only help a patient needs to complete the toilet transfer activity is for a helper to retrieve and place the toilet seat riser, and remove it after patient use, then enter code 05, Setup or clean-up assistance.

GG0170 Item Guidance

• **GG0170F Toilet Transfer**
  • Toileting hygiene and clothing management are not considered part of the toilet transferring activity.
  • If the patient requires assistance from two or more helpers to get on and off the toilet or commode, then enter code 01, Dependent.
Practice Scenario

- **GG0170F Toilet Transfer**
- The assessing clinician notes that the home health aide visit note (documented on the afternoon visit on the SOC date) stated that the aide needed to steady Mrs. Z with a light contact when the patient lowers her underwear and then transfers onto the toilet. After voiding, Mrs. Z cleanses herself. She then stands up supporting her own weight as the aide steadies her. Mrs. Z pulls up her underwear as the aide steadies her to ensure Mrs. Z does not lose her balance.

Answer

- **GG0170F Toilet Transfer**
- **Coding:** GG0170F, Toilet transfer, **SOC Performance** would be coded 04, Supervision or touching assistance.
- **Rationale:** The aide provides steadying assistance only as the patient transfers on and off the toilet. Assistance with managing clothing and cleansing is coded under item GG0130C, Toileting hygiene, and is not considered when rating the Toilet transfer item.
**Practice Scenario**

- **GG0170F Toilet Transfer**
- At SOC, Mrs. S is on bedrest due to a new medical complication. She uses a bedpan for bladder and bowel management. The assessing clinician expects the patient will return to independent use of the bathroom toilet once the current condition resolves.

**Answer**

- **GG0170F Toilet Transfer**
- **Coding:** GG0170F, Toilet transfer **SOC Performance** would be coded 88, Not attempted due to medical condition or safety concerns. **Discharge Goal** would be coded 06 Independent.
- **Rationale:** At SOC, the patient does not transfer onto or off a toilet due to being on bedrest because of a new medical condition, but was able to perform this activity prior to the current medical condition. It is expected that the patient will be independent in the activity at discharge.
GG0170 Item Guidance

- **GG0170G Car Transfer**
  - The activity includes transferring in and out of a car or van on the passenger side.
  - Does not include opening or closing the car door, or fastening seat belt.
  - If the patient is not able to attempt car transfers (for example because no car is available, or there are weather or other environmental constraints), and the patient’s usual status cannot be determined based on patient or caregiver report, enter code 10 Not attempted due to environmental limitations.
  - If at the time of the assessment the patient is unable to attempt car transfers, and could not perform the car transfers prior to the current illness, exacerbation or injury, code 09, Not applicable

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Practice Scenario

- **GG0170G Car Transfer**
  - Mrs. W uses a wheelchair and ambulates for only short distances. At SOC, Mrs. W requires the physical therapist to lift most of her weight to get from a seated position in the wheelchair to a standing position. The therapist provides trunk support when Mrs. W takes several steps during the transfer turn. Mrs. W lowers herself into the car seat with steadying assistance from the therapist. Mrs. W moves her legs into the car as the therapist lifts the weight of her legs from the ground.
**Answer**

- GG0170G Car Transfer
- Coding:
- Rationale:

**Practice Scenario**

- GG0170G Car Transfer
- The day after being admitted to home health, Mrs. N works with an occupational therapist on transfers in and out of the passenger side of a car. When reviewing the therapist’s evaluation, the assessing clinician reads that when performing car transfers, Mrs. N required verbal reminders for safety and contact guarding assistance from the OT for guidance and direction. The therapist instructed the patient on strategic hand placement while Mrs. N transitioned to sitting into the car seat. Documentation showed that the therapist opened and closed the car door.
**Answer**

- **GG0170G Car Transfer**
- **Coding:** GG0170G, Car transfer **SOC Performance** would be coded 04, Supervision or touching assistance.
- **Rationale:** The therapist provides touching assistance only as the patient transfers in the passenger seat of the car. Assistance with opening and closing the car door is not included in the definition of this item and is not considered when coding this item.

**GG0170 Item Guidance**

- **GG0170I Walk 10 Feet**
- Starting from standing, the activity includes walking at least 10 feet in a room, corridor, or similar space.
- Use of assistive device(s) and adaptive equipment (for instance a cane or leg brace) required to complete the walking activity should not affect coding of the activity.
- If the only help a patient needs to complete the walking activity is for a helper to retrieve and place the walker and/or put it away after patient use, then enter code 05, Setup or clean-up assistance.
Practice Scenario

- GG0170I Walk 10 Feet
  - Mr. L had bilateral amputations 3 years ago, and prior to this HH admission he used a wheelchair and did not walk. At SOC, Mr. L does not use prosthetic devices and only uses a wheelchair for mobility. Mr. L's care plan includes assisting with fitting and use of bilateral lower extremity prostheses. The therapist’s care plan goal is for Mr. L to walk distances of 30 feet with supervision within his home and then discharge to outpatient therapy.

Answer

- GG0170I Walk 10 Feet
  - Coding: GG0170I, Walk 10 feet, SOC Performance would be coded 09, Not applicable. Discharge Goal would be coded 04, Supervision or touching assistance.
  - Rationale: When assessing the resident for GG0170I, Walk 10 feet, consider the patient’s status prior to the current illness, exacerbation or injury. Use code 09, Not applicable, because Mr. L could not perform the activity of walking at SOC, and did not perform the activity of walking prior to the current episode of care. The therapist expects Mr. L will be walking more than 10 feet with supervision by discharge.
Practice Scenario

- **GG0170J Walk 50 Feet with Two Turns**
  - At SOC, Mr. B is recovering from a recent stroke and now has difficulty walking. Even with assistance, he is able to walk only 30 feet. Mr. B’s care plan includes muscle strengthening and gait training. The therapist expects Mr. B will be able to walk 50 feet with two turns safely with the assistance of a caregiver for verbal cues and contact guard for steadying on the turns at discharge.

Practice Scenario

- **GG0170J Walk 50 Feet with Two Turns**
  - **Coding:** GG0170J, Walk 50 feet with two turns, would be coded 88, Not attempted due to medical condition or safety concerns. **Discharge Goal** would be 04 Supervision or touching assistance.
  - **Rationale:** Mr. B is ambulatory but was not able to walk the entire distance because of his new medical condition (stroke). Since the patient is unable to complete the activity at SOC, but was completing the activity prior to the recent stroke, Code 88 is appropriate. Although not able to complete the activity at SOC, the therapist anticipates Mr. B will be able to walk 50 feet with two turns safely with the assistance of a caregiver for verbal cues and contact guarding at discharge.
GG0170 Item Guidance

- **GG0170K Walk 150 Feet**
  - Starting from standing, the activity includes walking 150 feet in a corridor, or similar space.
  - If the patient’s environment does not accommodate a walk of 150 feet without turns, but the patient demonstrates the ability to walk with or without assistance 150 feet with turns without jeopardizing the patient’s safety, code using the 6-point scale.
  - Use of assistive device(s) and adaptive equipment (for instance a rolling walker or quad cane) required to complete the walking activity should not affect coding of the activity.

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GG0170 Item Guidance

- **GG0170K Walk 150 Feet**
  - If the only help a patient needs to complete the walking activity is for a helper to retrieve and place the assistive device and/or put it away after patient use, then enter code 05, Setup or clean-up assistance.
Practice Scenario

• **GG0170K Walk 150 Feet**
• Mr. R has recent endurance limitations due to an exacerbation of heart failure and is only walking about 30 feet before he tires, loses strength and must sit and rest. He reports he was walking 150 feet or more with his cane prior to this exacerbation of his heart failure.

Answer

• **GG0170K Walk 150 Feet**
• **Coding:** GG0170K, Walk 150 feet would be coded 88, Activity not attempted due to medical or safety concerns.
• **Rationale:** The activity was not attempted due to Mr. R’s recent endurance limitations and current medical condition, but he was able to complete the activity prior to the recent exacerbation of his condition.
GG0170 Item Guidance

- **GG0170L Walking 10 Feet on Uneven Surfaces**
  - Once standing, the activity includes walking 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
  - If the patient is not able to attempt walking on uneven surfaces (for example because no uneven surfaces are available, or there are weather or other environmental constraints limiting access), and the patient’s usual status for walking 10 feet on uneven surfaces cannot be determined based on patient or caregiver report, enter code 10 Not attempted due to environmental limitations.
  - Use of assistive device(s) and adaptive equipment (for instance a rolling walker or quad cane) required to complete the walking activity should not affect coding of the activity.

Practice Scenario

- **GG0170L Walking 10 Feet on Uneven Surfaces**
  - Mrs. N has severe joint degenerative disease and is recovering from sepsis. When walking on the uneven driveway was attempted yesterday when Mrs. N came home from the hospital, she reports that her neighbor had to hold her belt and help lift her a little during a few steps. The neighbor also provided help to advance the walker across the gravel driveway as the patient walked.
Answer

- **GG0170L Walking 10 Feet on Uneven Surfaces**
  - **Coding:** GG0170L, Walking 10 feet on uneven surfaces would be coded 03, Partial/moderate assistance.
  - **Rationale:** Per patient report, Mrs. N requires help provide some weight-bearing support, and assist in advancing the walker as she walked 10 feet on uneven surfaces. The helper does less than half the effort for walking 10 feet on uneven surfaces.

GG0170 Item Guidance

- **GG0170M, 1 Step (curb)**
  - The activity includes the patient going up and down a curb and/or one step.
  - Use of assistive device(s) and adaptive equipment (for instance a railing or cane) required to complete the activity should not affect coding of the activity.
**Practice Scenario**

- **GG0170M, 1 Step (curb)**
- Mrs. Z had a stroke and needs to learn how to step up and down one step to enter and exit her home. At SOC, the physical therapist provides needed verbal cueing as Mrs. Z uses her quad cane to aid her balance in stepping up and back down one step. The therapist does not provide any physical assistance.

**Answer**

- **GG0170M, 1 Step (curb)**
- **Coding**: GG0170M, 1 step would be coded 04, Supervision or touching assistance.
- **Rationale**: The patient needs only verbal cueing to complete the activity of stepping up and down one step.
GG0170 Item Guidance

- **GG0170N, 4 Steps**
  - The activity includes the patient going up and down four steps with or without a rail.
  - Use of assistive device(s) and adaptive equipment (for instance a railing or cane) required to complete the activity should not affect coding of the activity.
  - If at the time of the assessment the patient is unable to complete the activity due to a physician prescribed restriction (for instance, no stair climbing for 2 weeks), but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concern.

Practice Scenario

- **GG0170M, 4 Steps**
  - At SOC, Mr. J has lower body weakness and the physical therapist provides light touching assistance when he ascends 4 steps. While descending 4 steps, the physical therapist faces the patient and descends the stairs providing minimal trunk support, with one hand on the patient’s hip and the other holding the gait belt, as Mr. J holds the stair railing.
## Answer

- **GG0170M, 4 Steps**
  - **Coding:** GG0170N, 4 steps would be coded 03, Partial/moderate assistance.
  - **Rationale:** The therapist provides touching assistance as Mr. J ascends 4 steps. The therapist provides minimal trunk support when he descends the 4 steps, providing less than half the effort to complete the activity. The patient requires partial/moderate assistance to up and down 4 steps.

## GG0170 Item Guidance

- **GG0170O, 12 Steps**
  - The activity includes the patient going up and down 12 steps with or without a rail.
  - Use of assistive device(s) and adaptive equipment (for instance a railing or cane) required to complete the activity should not affect coding of the activity.
  - If at the time of the assessment the patient is unable to complete the activity due to a physician prescribed restriction (for instance, no stair climbing for 2 weeks), but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concern.
Practice Scenario

• **GG0170O, 12 Steps**
  • At SOC, Ms. Y is recovering from a stroke and has 12 stairs with a railing and she needs to use these stairs to enter and exit her home. The physical therapist uses a gait belt around her trunk and at times is required to support much of the patient’s weight as Ms. Y ascends and then descends 12 stairs.

Answer

• **GG0170O, 12 Steps**
• **Coding:** GG0170O, 12 steps would be coded 02, Substantial/maximal assistance.
• **Rationale:** The therapist provides more than half the effort in providing the necessary support for Ms. Y as she ascends and descends 12 stairs by intermittently supporting much of her weight using a gait belt.
Practice Scenario

- **GG0170O, 12 Steps**
- Mrs. D is returning home after a hip replacement. She is restricted from stair climbing until she is seen for her follow-up MD appointment. Just prior to her surgery, she was able to climb her flight of 12 stairs with stand-by assist of her niece.

Answer

- **GG0170O, 12 Steps**
- **Coding:** GG0170O, 12 steps would be coded 88 – Not attempted due to medical condition or safety concerns.
- **Rationale:** At the SOC, the patient is unable to complete the activity of going up and down 12 steps due to a temporary physician-ordered activity restriction. Prior to the recent surgery, Mrs. D was able to complete that activity with assistance so code 88 is appropriate.
**GG0170 Item Guidance**

- **GG0170P, Picking up Object**
  - The activity includes the patient bending/stooping from a standing position to pick up a small object, such as a spoon, from the floor.
  - Use of assistive device(s) and adaptive equipment (for instance a cane to support standing balance and a reacher to pick up the object) required to complete the activity should not affect coding of the activity.
  - If at the time of the assessment the patient is unable to complete the activity (for instance is unable to stand), and could not stand to perform this activity prior to the current illness, exacerbation or injury, code 09, Not applicable.

**Practice Scenario**

- **GG0170P, Picking up Object**
  - Mr. P has a neurologic condition that has resulted in coordination and balance problems. At SOC, he reports he and his wife worked with the OT in the SNF on picking things off the floor. He demonstrates how he stoops to pick up a pencil from the floor as his wife provides the right amount of verbal cues for safety and stands by, ready to help in case he loses his balance.
Answer

- **GG0170P, Picking up Object**
- **Coding:** GG0170P, Picking up object would be coded 04, Supervision or touching assistance.
- **Rationale:** A caregiver is needed to provide verbal cues and stand-by assistance when Mr. P picks up an object due to his coordination issues.

Practice Scenario

- **GG0170P, Picking up Object**
- Ms. C has recently undergone a hip replacement. At SOC, she walks with a walker without assistance. When she drops a hair brush from her walker basket, she asks her daughter to locate her long-handled reacher and bring it to her. Using the reacher, Mrs. C is able to bend slightly, and safely pick up the hair brush with the reacher, without need of additional assistance or verbal cues.
Answer

• **GG0170P, Picking up Object**
  • **Coding**: GG0170P, Picking up object would be coded 05, Set-up or clean-up assistance.
  • **Rationale**: The daughter provides set-up assistance only by retrieving the reacher and then the patient is able use the device to pick up the hairbrush safely.

GG0170 Item Guidance

• **GG0170Q, Does the Patient Use a Wheelchair/Scooter?**
  • The intent of the wheelchair mobility item is to assess the ability of patients who are learning how to self-mobilize using a wheelchair or patients who used a wheelchair prior to admission.
  • Use clinical judgment to determine if the patient’s use of a wheelchair is for self-mobilization due to the patient’s medical condition or safety.
  • If the patient is ambulatory and is not learning how to mobilize in a wheelchair, and only uses a wheelchair for transport within a larger living facility (assisted living facility or apartment complex), or for community mobility outside the home (for instance to a physician appointment or to dialysis), enter code 0 – No for GG0170Q Does the patient use a wheelchair/scooter, and skip all remaining wheelchair questions.
**GG0170 Item Guidance**

- **GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used**
- Once seated in the wheelchair or scooter, the activity includes wheeling at least 50 feet and making two turns.
- Indicate whether the wheelchair or scooter used is manual or motorized.
- The turns are 90 degree turns and may be in the same direction (two 90 degree turns to the right or two 90 degree turns to the left) or may be in different directions (one 90 degree turn to the right and one 90 degree turn to the left).
- The 90 degree turns should occur at the patient’s ability level (i.e., not jeopardizing patient safety)

---

**Practice Scenario**

- **GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used**
- At SOC, Mrs. M is unable to bear any weight on her right leg due to a recent fracture. The nurse observes as the certified nursing assistant in the assisted living facility provides steadying assistance when transferring Mrs. M from the bed into her manual wheelchair. Once in her wheelchair, Mrs. M propels herself safely about 60 feet down the hall using her left leg and safely makes two turns without any necessary physical assistance or supervision
**Answer**

- **GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used**
- **Coding:** GG0170R, Wheel 50 feet with two turns would be coded 06, Independent.
- **Rationale:** Mrs. M wheels herself more than 50 feet safely without need for supervision or physical assistance. Assistance provided with the transfer is not considered when scoring Wheel 50 feet with two turns. Score assistance with bed to chair transfer in GG0170E.

**Practice Scenario**

- **GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used**
- **Indicate the type of wheelchair/scooter used:** In the above example Mrs. M used a manual wheelchair.
- **Coding:** GG0170RR, Indicate the type of wheelchair/scooter used would be coded 1, Manual.
- **Rationale:** Mrs. M uses a manual wheelchair to self-mobilize.
Practice Scenario

- GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used
- Once seated in the manual wheelchair, Ms. R wheels about 10 feet, including around one corner to the hallway. Due to shoulder pain, she asks her son to push the wheelchair the additional 40 feet around another corner and into her bathroom

Answer

- GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used
- **Coding:** GG0170R, Wheel 50 feet with two turns would be coded 02, Substantial/maximal assistance.
- **Rationale:** The helper provides more than half the effort to assist the patient to complete the activity.
**Answer**

- **GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used**
  - wheelchair.
  - **Coding:** GG0170RR, Indicate the type of wheelchair/scooter used would be coded 1, Manual.
  - **Rationale:** Ms. R used a manual wheelchair.

**GG0170 Item Guidance**

- **GG0170S, Wheel 150 Feet and GG0170SS, Indicate the Type of Wheelchair/Scooter Used**
  - Once seated in the wheelchair or scooter, the activity includes wheeling at least 150 feet in a corridor or similar space.
  - Indicate whether the wheelchair or scooter used is manual or motorized.
  - If the patient’s environment does not accommodate wheelchair/scooter use of 150 feet without turns, but the patient demonstrates the ability to mobilize the wheelchair/scooter with or without assistance 150 feet with turns without jeopardizing the patient’s safety, code using the 6-point scale.
Practice Scenario

- GG0170S, Wheel 150 Feet with Two Turns, and GG0170SS, Indicate the Type of Wheelchair or Scooter Used
- Mr. N uses a below-the-knee prosthetic limb. Mr. N has peripheral neuropathy and limited vision due to complications of diabetes. Via observation and patient report, the assessing clinician determines that Mr. N's usual performance is that a helper is needed to provide verbal cues for safety due to vision deficits, and the patient mobilizes his manual wheelchair a distance of 150 feet within his home.

Answer

- GG0170S, Wheel 150 Feet with Two Turns, and GG0170SS, Indicate the Type of Wheelchair or Scooter Used
- **Coding:** GG0170S, Wheel 150 feet would be coded 04, Supervision or touching assistance.
- **Rationale:** Mr. N requires the helper to provide verbal cues for his safety when using a wheelchair for 150 feet.
- **Indicate the type of wheelchair/scooter used:** In the above example Mr. N used a manual wheelchair.
- **Coding:** GG0170SS, Indicate the type of wheelchair/scooter used would be coded 1, Manual.
- **Rationale:** Mr. N used a manual wheelchair.
Questions?

Contact Information for the Presenter:

Jennifer Gibson Osburn, RN, HCS-D, COS-C
josburn@axxess.com
972-786-5227 cell/text
Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed): (Mark all that apply.)

☐ 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required

☐ 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions

☐ 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.

☐ 4 - Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)

☐ 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)

☐ 6 - Delusional, hallucinatory, or paranoid behavior

☐ 7 - None of the above behaviors demonstrated

Frequency of Disruptive Behavior Symptoms (Reported or Observed): Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

Enter Code: 

<table>
<thead>
<tr>
<th>Code</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Less than once a month</td>
</tr>
<tr>
<td>2</td>
<td>Once a month</td>
</tr>
<tr>
<td>3</td>
<td>Several times each month</td>
</tr>
<tr>
<td>4</td>
<td>Several times a week</td>
</tr>
<tr>
<td>5</td>
<td>At least daily</td>
</tr>
</tbody>
</table>

ADL/IADLs

Grooming: Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).

Enter Code: 

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Able to groom self unaided, with or without the use of assistive devices or adapted methods.</td>
</tr>
<tr>
<td>1</td>
<td>Grooming utensils must be placed within reach before able to complete grooming activities.</td>
</tr>
<tr>
<td>2</td>
<td>Someone must assist the patient to groom self.</td>
</tr>
<tr>
<td>3</td>
<td>Patient depends entirely upon someone else for grooming needs.</td>
</tr>
</tbody>
</table>

Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

Enter Code: 

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.</td>
</tr>
<tr>
<td>1</td>
<td>Able to dress upper body without assistance if clothing is laid out or handed to the patient.</td>
</tr>
<tr>
<td>2</td>
<td>Someone must help the patient put on upper body clothing.</td>
</tr>
<tr>
<td>3</td>
<td>Patient depends entirely upon another person to dress the upper body.</td>
</tr>
</tbody>
</table>

Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

Enter Code: 

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Able to obtain, put on, and remove clothing and shoes without assistance.</td>
</tr>
<tr>
<td>1</td>
<td>Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.</td>
</tr>
<tr>
<td>2</td>
<td>Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.</td>
</tr>
<tr>
<td>3</td>
<td>Patient depends entirely upon another person to dress lower body.</td>
</tr>
</tbody>
</table>
### ADL/IADLs, continued

<table>
<thead>
<tr>
<th><strong>M1830</strong></th>
<th>Bathing: Current ability to wash entire body safely. <strong>Excludes</strong> grooming (washing face, washing hands, and shampooing hair).</th>
</tr>
</thead>
</table>
| Enter Code | 0 Able to bathe self in shower or tub independently, including getting in and out of tub/shower.  
1 With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.  
2 Able to bathe in shower or tub with the intermittent assistance of another person:  
(a) for intermittent supervision or encouragement or reminders, OR  
(b) to get in and out of the shower or tub, OR  
(c) for washing difficult to reach areas.  
3 Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.  
4 Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.  
5 Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.  
6 Unable to participate effectively in bathing and is bathed totally by another person. |

<table>
<thead>
<tr>
<th><strong>M1840</strong></th>
<th>Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.</th>
</tr>
</thead>
</table>
| Enter Code | 0 Able to get to and from the toilet and transfer independently with or without a device.  
1 When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.  
2 **Unable** to get to and from the toilet but is able to use a bedside commode (with or without assistance).  
3 **Unable** to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.  
4 Is totally dependent in toileting. |

<table>
<thead>
<tr>
<th><strong>M1845</strong></th>
<th>Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.</th>
</tr>
</thead>
</table>
| Enter Code | 0 Able to manage toileting hygiene and clothing management without assistance.  
1 Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.  
2 Someone must help the patient to maintain toileting hygiene and/or adjust clothing.  
3 Patient depends entirely upon another person to maintain toileting hygiene. |

<table>
<thead>
<tr>
<th><strong>M1850</strong></th>
<th>Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.</th>
</tr>
</thead>
</table>
| Enter Code | 0 Able to independently transfer.  
1 Able to transfer with minimal human assistance or with use of an assistive device.  
2 Able to bear weight and pivot during the transfer process but unable to transfer self.  
3 Unable to transfer self and is unable to bear weight or pivot when transferred by another person.  
4 Bedfast, unable to transfer but is able to turn and position self in bed.  
5 Bedfast, unable to transfer and is unable to turn and position self. |
### ADL/IADLs, continued

<table>
<thead>
<tr>
<th>(M1860)</th>
<th>Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Code</td>
<td>0  Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).</td>
</tr>
<tr>
<td></td>
<td>1  With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.</td>
</tr>
<tr>
<td></td>
<td>2  Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.</td>
</tr>
<tr>
<td></td>
<td>3  Able to walk only with the supervision or assistance of another person at all times.</td>
</tr>
<tr>
<td></td>
<td>4  Chairfast, unable to ambulate but is able to wheel self independently.</td>
</tr>
<tr>
<td></td>
<td>5  Chairfast, unable to ambulate and is unable to wheel self.</td>
</tr>
<tr>
<td></td>
<td>6  Bedfast, unable to ambulate or be up in a chair.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(M1870)</th>
<th>Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Code</td>
<td>0  Able to independently feed self.</td>
</tr>
<tr>
<td></td>
<td>1  Able to feed self independently but requires:</td>
</tr>
<tr>
<td></td>
<td>(a)  meal set-up; OR</td>
</tr>
<tr>
<td></td>
<td>(b)  intermittent assistance or supervision from another person; OR</td>
</tr>
<tr>
<td></td>
<td>(c)  a liquid, pureed or ground meat diet.</td>
</tr>
<tr>
<td></td>
<td>2  Unable to feed self and must be assisted or supervised throughout the meal/snack.</td>
</tr>
<tr>
<td></td>
<td>3  Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.</td>
</tr>
<tr>
<td></td>
<td>4  Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.</td>
</tr>
<tr>
<td></td>
<td>5  Unable to take in nutrients orally or by tube feeding.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(M1910)</th>
<th>Has this patient had a multi-factor Falls Risk Assessment using a standardized, validated assessment tool?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Code</td>
<td>0  No.</td>
</tr>
<tr>
<td></td>
<td>1  Yes, and it does not indicate a risk for falls.</td>
</tr>
<tr>
<td></td>
<td>2  Yes, and it does indicate a risk for falls.</td>
</tr>
</tbody>
</table>
### Section GG  Functional Abilities and Goals

**GG0100. Prior Functioning: Everyday Activities:** Indicate the patient’s usual ability with everyday activities prior to the current illness, exacerbation, or injury.

<table>
<thead>
<tr>
<th>Coding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>Independent</strong> – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</td>
</tr>
<tr>
<td>2. <strong>Needed Some Help</strong> – Patient needed partial assistance from another person to complete activities.</td>
</tr>
<tr>
<td>1. <strong>Dependent</strong> – A helper completed the activities for the patient.</td>
</tr>
<tr>
<td>8. <strong>Unknown</strong></td>
</tr>
<tr>
<td>9. <strong>Not Applicable</strong></td>
</tr>
</tbody>
</table>

**↓ Enter Codes in Boxes**

| A. **Self Care:** Code the patient’s need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. |
| B. **Indoor Mobility (Ambulation):** Code the patient’s need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury. |
| C. **Stairs:** Code the patient’s need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury. |
| D. **Functional Cognition:** Code the patient’s need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. |

**GG0110. Prior Device Use.** Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

**↓ Check all that apply**

- A. Manual wheelchair
- B. Motorized wheelchair and/or scooter
- C. Mechanical lift
- D. Walker
- E. Orthotics/Prosthetics
- Z. None of the above
Section GG: Self-Care

SOC/ROC

GG0130. Self-Care

Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding:

Safety and Quality of Performance — If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent — Patient completes the activity by him/herself with no assistance from a helper,

05. Setup or clean-up assistance — Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. Supervision or touching assistance — Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. Partial/moderate assistance — Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. Substantial/maximal assistance — Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. Dependent — Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. Patient refused

09. Not applicable — Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.

10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)

88. Not attempted due to medical conditions or safety concerns

<table>
<thead>
<tr>
<th>1. SOC/ROC Performance</th>
<th>2. Discharge Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓ Enter Codes in Boxes ↓</td>
<td>A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.</td>
</tr>
<tr>
<td></td>
<td>B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.</td>
</tr>
<tr>
<td></td>
<td>C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.</td>
</tr>
<tr>
<td></td>
<td>D. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower</td>
</tr>
<tr>
<td></td>
<td>E. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.</td>
</tr>
<tr>
<td></td>
<td>F. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.</td>
</tr>
<tr>
<td></td>
<td>G. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.</td>
</tr>
</tbody>
</table>
Follow-Up

GG0130. Self-Care

Code the patient’s usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up, code the reason.

Coding:

Safety and Quality of Performance – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent – Patient completes the activity by him/herself with no assistance from a helper.
05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. Patient refused
09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
88. Not attempted due to medical conditions or safety concerns

<table>
<thead>
<tr>
<th>4. Follow-Up Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Codes in Boxes</td>
</tr>
</tbody>
</table>

A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.

B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
Discharge

GG0130. Self-Care

Code the patient’s usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.

Coding:

Safety and Quality of Performance – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent – Patient completes the activity by him/herself with no assistance from a helper.
05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. Patient refused
09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
88. Not attempted due to medical conditions or safety concerns

<table>
<thead>
<tr>
<th>3. Discharge Performance</th>
<th>Enter Codes in Boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal placed before the patient.</td>
<td></td>
</tr>
<tr>
<td>B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.</td>
<td></td>
</tr>
<tr>
<td>C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.</td>
<td></td>
</tr>
<tr>
<td>D. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.</td>
<td></td>
</tr>
<tr>
<td>E. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.</td>
<td></td>
</tr>
<tr>
<td>F. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.</td>
<td></td>
</tr>
<tr>
<td>G. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.</td>
<td></td>
</tr>
</tbody>
</table>
Section GG: Mobility

SOC/ROC

GG0170. Mobility

Code the patient’s usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient’s discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding:

Safety and Quality of Performance — If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent — Patient completes the activity by him/herself with no assistance from a helper.

05. Setup or clean-up assistance — Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. Supervision or touching assistance — Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. Partial/moderate assistance — Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. Substantial/maximal assistance — Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. Dependent — Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. Patient refused

09. Not applicable — Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.

10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)

88. Not attempted due to medical conditions or safety concerns

<table>
<thead>
<tr>
<th>1. SOC/ROC Performance</th>
<th>2. Discharge Goal</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td></td>
<td>A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.</td>
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<td></td>
<td>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</td>
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<tr>
<td></td>
<td>C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</td>
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<td></td>
<td>D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.</td>
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<td></td>
<td>E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).</td>
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<td></td>
<td>F. Toilet transfer: The ability to get on and off a toilet or commode.</td>
</tr>
<tr>
<td></td>
<td>G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.</td>
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<td></td>
<td>I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)</td>
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<td>J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.</td>
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</table>
|   |   | M. **1 step (curb)**: The ability to go up and down a curb and/or up and down one step.  
*If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.* |
|   |   | N. **4 steps**: The ability to go up and down four steps with or without a rail.  
*If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.* |
|   |   | O. **12 steps**: The ability to go up and down 12 steps with or without a rail. |
|   |   | P. **Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. |
|   |   | Q. **Does patient use wheelchair and/or scooter?**  
*0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1.*  
*1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.* |
|   |   | R. **Wheel 50 feet with two turns**: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.  
*RR1. Indicate the type of wheelchair or scooter used.*  
*1. Manual  
2. Motorized* |
|   |   | S. **Wheel 150 feet**: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.  
*SS1. Indicate the type of wheelchair or scooter used.*  
*1. Manual  
2. Motorized* |
**Follow-Up**

**GG0170. Mobility**

Code the patient’s usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up code the reason.

**Coding:**

**Safety and Quality of Performance** – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. **Patient refused**
09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical conditions or safety concerns**

<table>
<thead>
<tr>
<th>4. Follow-Up Performance</th>
<th>Enter Codes in Boxes</th>
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<tbody>
<tr>
<td>A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.</td>
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<tr>
<td>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</td>
<td></td>
</tr>
<tr>
<td>C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</td>
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<tr>
<td>D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.</td>
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<tr>
<td>E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).</td>
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<tr>
<td>F. Toilet transfer: The ability to get on and off a toilet or commode.</td>
<td></td>
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</table>
| I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.  
*If Follow-Up performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).* |
| J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. |
| L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. |
| M. 1 step (curb): The ability to go up and down a curb and/or up and down one step.  
*If Follow-up performance is coded 07, 09, 10 or 88, skip to GG0170Q, Does patient use wheelchair and/or scooter?* |
| N. 4 steps: The ability to go up and down four steps with or without a rail. |
| Q. Does patient use wheelchair and/or scooter?  
0. No → Skip GG0170R  
1. Yes → Continue to GG0170R, Wheel 50 feet with two turns. |
| R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. |
Discharge

GG0170. Mobility

Code the patient’s usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.

Coding:

Safety and Quality of Performance – If helper assistance is required because patient’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent – Patient completes the activity by him/herself with no assistance from a helper.
05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. Patient refused
09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
88. Not attempted due to medical conditions or safety concerns

3. Discharge Performance

Enter Codes in Boxes

A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
F. Toilet transfer: The ability to get on and off a toilet or commode.
G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
   If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).
J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
M. 1 step (curb): The ability to go up and down a curb and/or up and down one step.
   If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.
| N. | 4 steps: The ability to go up and down four steps with or without a rail.  
    If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object. |
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<tr>
<td>O.</td>
<td>12 steps: The ability to go up and down 12 steps with or without a rail.</td>
</tr>
<tr>
<td>P.</td>
<td>Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.</td>
</tr>
</tbody>
</table>
| Q. | Does patient use wheelchair and/or scooter?  
    0. No  \( \rightarrow \) Skip to J1800 Any falls since SOC/ROC, whichever is more recent.  
    1. Yes  \( \rightarrow \) Continue to GG0170R, Wheel 50 feet with two turns. |
| R. | Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.  |
|    | RR3. Indicate the type of wheelchair or scooter used.  
    1. Manual  
    2. Motorized |
| S. | Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.  |
|    | SS3. Indicate the type of wheelchair or scooter used.  
    1. Manual  
    2. Motorized |