

## Practice Coding Scenarios

### Section GG: Functional Abilities and Goals

#### GG0130A Practice Coding Scenario 1

##### Eating:

- For the last 2 years, Ms. T has been unable to eat or drink by mouth, due to a swallowing disorder and a history of aspiration pneumonia, and uses a gastronomy tube (G-Tube) to obtain nutrition.
- Ms. T had a stroke 8 days ago, and her inpatient rehabilitation facility (IRF) admission orders include nothing by mouth (NPO) and G-Tube feedings.
- **Coding:** GG0130A. Eating would be coded **09, Not applicable** at the time of admission.
- **Rationale:**
  - Ms. T does not eat or drink by mouth at the time of the admission assessment, and she did not eat or drink by mouth prior to the current illness, injury, or exacerbation.
  - Eating includes only eating by mouth; assistance with G-Tube feedings or TPN are not considered when coding the item Eating.

#### GG0130B Practice Coding Scenario 2

##### Oral Hygiene:

- Ms. L had a stroke, resulting in fine motor and cognitive limitations. At the end of her IRF stay, the occupational therapist asks Ms. L to demonstrate her ability to brush her teeth. Ms. L declines because she has already brushed her teeth.
- The therapist asks the patient and then verifies the patient's abilities with Ms. L's nurse. The nurse indicates that Ms. L brushes her teeth at the sink, needs cues to place toothpaste on her brush, and verbal reminders to initiate oral hygiene tasks.
- No physical assistance is required to complete the activity.
- **Coding:** GG0130B. Oral hygiene would be coded **04, Supervision or touching assistance**.
- **Rationale:** The helper provides verbal cues as Ms. L completes the activity of oral hygiene; the patient declined to complete the task in therapy, so the occupational therapist asks the patient and patient's nurse to describe the patient's abilities.

## Practice Coding Scenarios

### GG0130C Practice Coding Scenario 3

#### Toileting Hygiene:

- During the 3-day admission assessment period, Mrs. M was incontinent of urine several times and continent of urine once. When incontinent, Mrs. M needed assistance to remove her wet clothing.
- Mrs. M initiates cleaning her perineal and buttock areas; the certified nursing assistant (CNA) assists with cleansing for thoroughness and dons Mrs. M's clean underwear and slacks over her feet, ankles, and up to her knees.
- While the helper steadies her, Mrs. M pulls up her underwear and slacks from her knees to her waist.
- **Coding:** GG0130C. Toileting hygiene would be coded **02, Substantial/maximal assistance**.
- **Rationale:**
  - Coding is based on the amount of assistance needed to remove clothing, complete perineal care, and adjust/replace clothing.
  - Mrs. M was usually incontinent, so coding is based on the amount of help needed when she was incontinent. She requires help with more than half the effort for this activity: help with removal of clothing, some help with cleansing, and some help with donning clothing.

### GG0130E Practice Coding Scenario 4

#### Shower/Bathe Self:

- Ms. N declines to shower herself when the occupational therapist attempts to complete the assessment.
- The therapist asks Ms. N's CNA detailed questions about Ms. N's ability to shower/bathe herself and considers this input when coding the activity.
- The therapist learns that Ms. N takes a shower and initiates washing her face, arms, chest, part of her legs, and perineal area. She requires assistance to wash, rinse and dry her lower extremities below the knees. Ms. N rinses and dries most of her body.
- **Coding:** GG0130E would be coded **03, partial/moderate assistance**.
- **Rationale:** The helper provides less than half the effort for Ms. N to complete the activity of shower/bathe self; during the 3-day assessment period, the therapist does not observe the patient bathing and asks other clinicians and care staff about Ms. N's abilities to determine her abilities.

## Practice Coding Scenarios

### GG0130F Practice Coding Scenario 5

#### Upper Body Dressing:

- Mr. T has reduced strength and range of motion in both upper extremities following spinal surgery, and he wears a cervical collar.
- The nurse puts on the cervical collar; once Mr. T is sitting at the side of the bed, he threads his hand into the sleeve of his shirt, and due to his no-twisting precautions, the nurse pulls the shirt across his back and threads his other hand into the shirt sleeve.
- The nurse also pulls up the shirt over both shoulders; Mr. T buttons two of his shirt buttons and the nurse buttons the last three.
- **Coding:** GG0130F would be coded **02, Substantial/maximal assistance**.
- **Rationale:**
  - Mr. T threads one arm into his shirt sleeve and buttons up some of his buttons; the nurse assists Mr. T by applying the cervical collar and helping him to pull his shirt around his back, threading his other arm, pulling it over his shoulder, and buttoning some of the buttons.
  - For dressing items, consider donning and/or doffing an orthosis/prosthesis or other device as a piece of clothing when dressing or undressing.

### GG0130G Practice Coding Scenario 6

#### Lower Body Dressing:

- Mr. Z recently underwent surgery for a left below-the-knee amputation; Mr. Z's leg prosthesis requires the use of a shrinker sock to control edema on the residual limb.
- He dons and doffs his lower body clothing by lying on the bed and turning himself to get on his underwear and pants, requiring no assistance.
- Mr. Z has difficulty stretching the shrinker sock over his residual limb and requires the nurse's assistance to lift his residual limb while don/doffing the shrinker sock; Mr. Z then places his residual limb completely into or out of the prosthesis with a small amount of assistance from the nurse.
- **Coding:** GG0130G would be coded **03, Partial/moderate assistance**.
- **Rationale:**
  - Mr. Z puts on and removes his underwear and pants without assistance; he requires some assistance from a nurse to lift the residual limb and don/doff the shrinker sock and prosthesis, which is less than half the effort for lower body dressing.

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- When coding, the ability to don/doff the shrinker sock and prosthesis is considered the same as pieces of clothing when coding the activity.

### GG0130H Practice Coding Scenario 7

#### Putting On/Taking Off Footwear:

- Mr. Q underwent bilateral below-the-knee amputations 3 years ago. He uses bilateral limb prostheses with attached shoes and socks that he never changes.
- Prior to the current episode of care, at the acute care hospital and during his IRF stay, he does not perform the activity of putting on/taking off footwear.
- **Coding:** GG0130H would be coded **09, Not applicable.**
- **Rationale:**
  - For patients with bilateral lower extremity amputations (with or without use of prostheses), the activity of putting on taking off footwear may not occur. Mr. Q's socks and shoes were attached to his prostheses. Mr. Q did not perform putting on/taking off footwear prior to the current illness, exacerbation, or injury, and the activity was not performed during the assessment period.
  - **Note:** If a patient has newly bilateral leg amputations and completes putting on/taking off footwear immediately prior to the current illness, exacerbation, or injury, then the applicable code is 88, Not attempted due to medical condition or safety concerns.

### GG0170A Practice Coding Scenario 8

#### Roll Left and Right:

- Ms. W's head of the bed must remain slightly elevated always due to aspiration precautions.
- Although the head of the bed is slightly elevated, the therapist determines she can assess Ms. W's ability to roll left and right; the therapist provides verbal instructions as Ms. W completes the activity.
- **Coding:** GG0170A would be coded **04, Supervision and touching assistance.**
- **Rationale:**
  - Ms. W requires verbal instructions while rolling left and right in bed; the assessment definition includes "lying on back."
  - In this example, the clinician uses clinical judgement and determines the assessment can be conducted with the head of the bed slightly elevated.

## Practice Coding Scenarios

### GG0170B Practice Coding Scenario 9

#### Sit to Lying:

- Mr. K is admitted to the IRF following a left knee replacement and presents with mild cognitive deficits.
- The occupational therapist provides verbal and nonverbal cues in order for Mr. K to scoot into the center of the bed to safely transition from a sitting to lying position.
- Mr. K completes most of the activity but needs assistance from the therapist to lift his left leg into the bed.
- **Coding:** GG0170B would be coded **03, Partial/moderate assistance.**
- **Rationale:**
  - The helper lifts Mr. K's left leg and provides verbal and nonverbal cues as he positions himself and moves from a seated to a lying position; the helper does less than half the effort for the activity of Sit to lying.
  - **Note:** The bed mobility items should be assessed on a bed, not on a raised mat or reclining chair. This includes GG0170A. Roll left and right, GG0170B. Sit to lying, and GG0170C. Lying to sitting on side of bed.

### GG0170C Practice Coding Scenario 10

#### Lying to Sitting on Side of Bed:

- Mrs. A recently had bilateral above-the-knee amputations and is now admitted to the IRF for intensive rehabilitation as she learns to walk with her prostheses.
- Upon rising in the morning, Mrs. A does not wear her prostheses; the CNA steadies her as she rolls to the side of the bed.
- When Mrs. A raises herself from lying into a sitting position, the helper provides steadying assistance to help her get from a lying position to a sitting position.
- **Coding:** GG0170C would be coded **04, Supervision or touching assistance.**
- **Rationale:**
  - The helper provides steadying assistance as Mrs. A moves from a lying to sitting position; Mrs. A has bilateral above-the-knee amputations and requires assistance to ensure safety during the lying to sitting activity.
  - **Note:** The activity includes feet on the floor. In this example, the patient sitting upright on the slide of the bed completes the activity.

## Practice Coding Scenarios

### GG0170D Practice Coding Scenario 11

#### Sit to Stand:

- Mrs. P is morbidly obese and has severe arthritis in both knees. She is unable to transition from sit to stand without the use of a mechanical lift.
- Mrs. P lifts and places her feet on the standing lift device to initiate the activity; assistance from two helpers is required as Mrs. P is helped to transition from a sitting to standing position.
- **Coding:** GG0170D. Sit to stand would be coded **01, Dependent**.
- **Rationale:**
  - Although Mrs. P placed her feet on the mechanical lift without assistance, getting from a sitting to standing position requires the assistance of two helpers.
  - If the assistance of two or more helpers is needed, code 01, Dependent.

### GG0170E Practice Coding Scenario 12

#### Chair/Bed-to-Chair Transfer:

- Mr. L has spinal stenosis and, due to back pain, does not fully stand up; he uses a stand pivot style of transferring from chair-to-bed and bed-to-chair during the 3-day assessment period.
- The occupational therapist uses a gait belt around Mr. L's waist providing initial lifting assistance from the chair/bed as he raises himself to a stooped over position; the therapist continues to steady him as he completes a pivot, turns, and then lowers himself into the chair. Mr. L contributes more than half of the effort.
- **Coding:** GG0170E would be coded **03, Partial/moderate assistance**.
- **Rationale:**
  - Mr. L requires a helper to initially provide lifting during the transfer and provides less than half of the effort.
  - It is acceptable if a patient is only able to rise partially, then pivot, turn, and sit on the chair/bed (or wheelchair) to perform chair/bed-to-chair transfer.

## Practice Coding Scenarios

### GG0170F Practice Coding Scenario 13

#### Toilet Transfer:

- Mr. B uses a raised toilet seat on his toilet. Although Mr. B completes the transfers to and from the toilet without physical assistance, he is impulsive and requires the nurse to provide verbal cues to remind him of safe transfer strategies to avoid falling.
- **Coding:** GG0170F would be coded **04, Supervision or touching assistance.**
- **Rationale:** The helper provides supervision and verbal cues as Mr. B transfers on and off the toilet.

### GG0170G Practice Coding Scenario 14

#### Car Transfer:

- When performing car transfers, Mr. T, who recently had hip surgery, requires significant support from the physical therapist as he transitions into the passenger seat of the car to maintain his hip precautions.
- Once seated, Mr. T places his left leg into the car and requires assistance to lift his right leg into the car.
- When transferring out of the car, Mr. T requires significant physical lifting assistance from the therapist, and the therapist lifts his right leg out of the car; Mr. T lifts his left leg out of the car.
- **Coding:** GG0170G would be coded **02, Substantial/maximal assistance.**
- **Rationale:** The helper provides lifting assistance (more than half the effort) to assist Mr. T getting into and out of the car; Mr. T lifts his left leg in and out of the car.

### GG0170I Practice Coding Scenario 15

#### Walk 10 Feet:

- Mrs. L has severe rheumatoid arthritis and balance difficulties. Prior to her current illness, she walked short distances with contact guard assistance. During therapy, she declined to walk on day one and day two of the 3-day assessment period.
- On the third day, she walks 7 feet with the assistance of two helpers in therapy; the physical therapist seeks input from the multidisciplinary team of clinicians caring for Mrs. L during the assessment period.
- For coding, the physical therapist considers direct observation and reports by the patient and provided by other care staff who state that Mrs. L did not walk at least 10 feet during the 3-day assessment period.



## Practice Coding Scenarios

- **Coding:** GG0170I would be coded **88, Not attempted due to medical condition or safety concerns.**
- **Rationale:**
  - Mrs. L does not walk at least 10 feet during the 3-day assessment period. Mrs. L walks 7 feet; however, a walking distance of at least 10 feet is required for this item.
  - Prior to Mrs. L's current illness, she walked short distances.
  - If a patient does not walk the minimal distance, a helper cannot complete the activity for the patient; therefore, the walking item is coded as 88, Not attempted due to medical condition or safety concerns.

### GG0170J Practice Coding Scenario 16

#### Walk 50 Feet With Two Turns:

- Mrs. S has multiple sclerosis with lower extremity weakness. She uses a rolling walker for short distances at home and has not walked more than 30 feet in 2 years.
- When travelling distances of more than 30 feet, she uses an electric scooter; Mrs. S did not walk 50 feet with two turns during the IRF admission assessment.
- **Coding:** GG0170J would be coded **09, Not applicable.**
- **Rationale:**
  - Mrs. S did not perform this activity during the admission assessment and the patient did not perform this activity prior to the current illness, exacerbation, or injury.
  - **Note:** If the patient performed the activity prior to the current illness, exacerbation, or injury and attempted the activity but was unable to complete the entire distance and two turns, code 88, Not attempted due to medical issue or safety concerns.

### GG0170K Practice Coding Scenario 17

#### Walk 150 Feet:

- Ms. B has diabetes, spinal stenosis, and a surgical amputation below the knee.
- Ms. B uses a prosthesis but complains of soreness at the distal end of the residual limb and informs the nurse; complaints of pain result in her declining to walk 150 feet during the 3-day assessment period.
- The therapist asks Ms. B and relevant staff if Ms. B walked 150 feet on the unit, but staff report she only walks short distances, less than 150 feet.



## Practice Coding Scenarios

- **Coding:** GG0170K would be coded **88, Not attempted due to medical condition or safety concerns.**
- **Rationale:**
  - Because Ms. B's pain is considered a medical condition, the item would be coded as 88, Not attempted due to medical condition or safety concern.
  - It should not be coded as 07, Patient refused.

### GG0170L Practice Coding Scenario 18

#### Walking 10 Feet on Uneven Surfaces:

- Mr. Z has severe rheumatoid arthritis and has a history of falls. The physical therapist plans to use an outdoor gravel surface to assess Mr. Z's ability to walk 10 feet on an uneven surface.
- Unexpected severe rain then snow occur during all 3 days of the assessment period. The therapist is unsuccessful in locating an indoor uneven surface. Walking 10 feet on uneven surface is not completed during the assessment period.
- **Coding:** GG0170L would be code **10, Not attempted due to environmental limitations.**
- **Rationale:**
  - The activity Walk 10 feet on uneven surface is not attempted by Mr. Z due to the inclement weather during the assessment period and the lack of indoor substitutions.
  - The activity did not occur due to environmental issues.

### GG0170M Practice Coding Scenario 19

#### 1 Step (Curb):

- Mr. A has ataxia due to a neurological condition; Mr. A uses a quad cane while walking.
- When stepping down an outdoor curb, Mr. A steps down as the physical therapist provides significant trunk support to help Mr. A maintain his balance.
- When stepping up the curb, Mr. A requires a significant amount of trunk support from the therapist. Mr. A contributes effort; the helper provides more than half of the effort.
- **Coding:** GG0170M would be coded **02, Substantial/maximal assistance.**
- **Rationale:**
  - Mr. A requires a helper to provide significant trunk support while Mr. A steps down a curb.

## Practice Coding Scenarios

- The same amount of assistance is required when Mr. A steps up the curb, resulting in the helper providing more than half of the effort.
- Going up and down a curb/step does not have to occur back to back, but both are considered when coding this activity.

### GG0170N Practice Coding Scenario 20

4 Steps:

- Mr. F is recovering from a multiple lower extremity fractures and wears a walking boot and uses a quad cane.
- Mr. F slowly ascends the stairs, grasping the stair railing with one hand and the quad cane in his other hand.
- The therapist provides intermittent steadying assistance as he climbs up the 4 steps; he then turns around and requires steadying assistance throughout the activity as he goes down 4 steps.
- **Coding:** GG0170N would be coded **04, Supervision or touching assistance.**
- **Rationale:**
  - Mr. F requires steadying assistance intermittently (going up stairs) and throughout (going down stairs) the activity.
  - If steadying assistance is intermittent or throughout the activity, the code would be 04, supervision or touching assistance.
  - Mr. F does not require weight-bearing or lifting assistance.

### GG0170O Practice Coding Scenario 21

12 Steps:

- Ms. B is receiving rehabilitation following a hip fracture; her home has 12 stairs from the entry level to the second floor.
- During the discharge assessment, Mrs. B uses a cane and the stair railing to ascend 12 stairs, 1 at a time; the physical therapist provides contact guard assistance following behind Mrs. B.
- When Mrs. B descends the stairs, the therapist provides contact guard assistance and holds Mrs. B's gait belt to steady her.
- **Coding:** GG0170O would be coded **04, Supervision or touching assistance.**
- **Rationale:**
  - Mrs. B requires contact guard, which is considered touching assistance.

## Practice Coding Scenarios

- Mrs. B does not require weight-bearing or lifting assistance.

### GG0170P Practice Coding Scenario 22

#### Picking up object:

- Mr. M has Parkinson's disease and is deconditioned following a recent acute illness and acute care stay; Mr. M's tremors cause him to drop objects onto the floor frequently.
- He is highly motivated to perform the activity of picking up a spoon from the floor safely. The spoon is on the floor next to a chair. Mr. M bends to pick up the spoon from the floor, and the therapist provides steady support to prevent him from falling as he completes the activity.
- **Coding:** GG0170P. Picking up object would be coded **04, Supervision or touching assistance**.
- **Rationale:** The helper provides steady support as Mr. M completes the activity of picking up the object; the activity is to be completed from a standing position.

### GG0170R Practice Coding Scenario 23

#### Wheel 50 Feet With Two Turns:

- Ms. T uses an electric scooter to self-mobilize; in Ms. T's medical record, multiple clinicians note her need for supervision and verbal instructions for redirection when using her scooter.
- The physical therapist observes that Ms. T's scooter becomes wedged in a corner as she self-mobilizes approximately 60 feet with two turns (the distance from her room to the dining room) and requires instructions.
- **Coding:** GG0170R would be coded **04, Supervision and touching assistance**.
- **Rationale:** Ms. T requires a helper to provide instructions and supervision to complete the activity.

### GG0170S Practice Coding Scenario 24

#### Wheel 150 Feet:

- Mr. W is recovering from a stroke and has right-sided weakness that affects his balance and a chronic respiratory condition that affects his walking endurance.
- By discharge, Mr. W slowly wheels a manual wheelchair 160 feet down the hall without any assistance from a helper.
- **Coding:** GG0170S would be coded **06, Independent**.

## Practice Coding Scenarios

- **Rationale:** Mr. W completes this activity during the assessment without any assistance.

### Focused Review of Sections B, C, H, I, J, K, and O

#### H0350 Practice Coding Scenario 1:

- On the day she was admitted to the IRF, Mrs. H experienced one episode of a large amount of urine leakage. She also reported to her nurse that she has a small amount of urine leakage each day and wears a pad in her underwear. She has otherwise been continent of urine.
- **Coding:** H0350 would be coded Code **2, Incontinent less than daily**.
- **Rationale:**
  - The patient is incontinent of a large amount of urine once during the admission assessment period.
  - Stress incontinence is coded if the patient has **only** stress incontinence; stress incontinence refers to episodes of a small amount of urine leakage only associated with physical movement or activity, such as coughing, sneezing, laughing, lifting heavy objects, or exercise.

#### J1800 Practice Coding Scenario 2:

- When reviewing Mrs. T's medical records to identify any falls that occurred during the IRF stay, the reviewer finds one note indicating that during the last 5 days of her IRF stay, Mrs. T was asked to stand on one leg to challenge her balance; Mrs. T leaned to the left, requiring the therapist to provide support to Mrs. T to maintain her standing balance.
- **Coding:** J1800 would be coded **0, No**.
- **Rationale:** Mrs. T was participating in a session where balance was being challenged in order to improve her mobility; challenging the patient's balance was part of the treatment session, and it was expected that the patient might need assistance to maintain balance.

#### J1800 and J1900 Practice Coding Scenario 3:

- Mrs. G was working on stair training with the physical therapist. While Mrs. G was descending the stairs, her left knee gave out, requiring her to be lowered to the bottom step by the therapist. Mrs. G sustained a small superficial bruise on her elbow because she bumped it as she was lowered down.
- **Coding:** J1800 would be coded **1, Yes**.

## Practice Coding Scenarios

- **Rationale:** Patient was lowered to the bottom step by the therapist; an unintentional change in position coming to rest on a lower surface is considered a fall.
- **Coding:** J1900 would be coded as follows:
  - A. No Injury: **0, None.**
  - B. Injury (except major): **1, One.**
  - C. Major Injury: **0, None.**
- **Rationale:** Patient sustained a small superficial bruise on her elbow, which is considered an injury, so J1900C is coded 1 and J1900A and J1900C are coded 0.