

# Quality Reporting Program Provider Training



## Case Study

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Hospital

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# Acronyms in This Presentation

- CHF – Congestive Heart Failure
- CNA – Certified Nursing Assistant
- DTI – Deep Tissue Injury
- IRF – Inpatient Rehabilitation Facility
- OT – Occupational Therapist
- PT – Physical Therapist
- QRP – Quality Reporting Program

CHF CNA QRP  
OT DTI PT

# Objective

- Apply knowledge acquired during the 2-day training to accurately code a clinical patient scenario.



# Meet Mr. K

- 76-year-old male.
- Admitted to acute care hospital on March 10 with congestive heart failure (CHF) and right hip pain following a fall.
- Admission diagnoses:
  - Right proximal femoral fracture.
  - Exacerbation of CHF.
  - Deep tissue injury (DTI) on the right lateral malleolus.



# Meet Mr. K (cont.)

- Past medical history includes hypertension, CHF, and depression.
- Mr. K underwent total hip arthroplasty surgery on March 11 to repair his femoral fracture, requiring post-operative diuresis and supplemental oxygen due to CHF.
- His postoperative status stabilized, but progress with inpatient physical therapy was slower than anticipated.
- Mr. K was transferred to the inpatient rehabilitation facility (IRF) on March 20 for ongoing respiratory and physical rehabilitation.

# Case Study Instructions

- Please work in groups at your table.
- Use the following documents in your folder to code a subset of Admission and Discharge items:
  - IRF Quality Reporting Program (QRP) Training Case Study.
  - IRF QRP Case Study Coding Sheet.
- We will debrief in 25 to 30 minutes.

# Admission Assessment Items to Code

- **GG0100.** Prior Functioning: Everyday Activities.
- **GG0110.** Prior Device Use.
- **GG0130.** Self-Care (subset of items only).
- **GG0170.** Mobility (subset of items only).
- **M0210.** Unhealed Pressure Ulcers/Injuries.
- **M0300.** Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.
- **N2001.** Drug Regimen Review.
- **N2003.** Medication Follow-up.

# Discharge Assessment Items to Code

- **GG0130.** Self-Care (subset of items only).
- **GG0170.** Mobility (subset of items only).
- **M0210.** Unhealed Pressure Ulcers/Injuries.
- **M0300.** Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.
- **N2005.** Medication Intervention.



# Case Study Instructions

- Please work in groups at your table.
- Use the following documents in your folder to code a subset of Admission and Discharge items:
  - IRF Quality Reporting Program (QRP) Training Case Study.
  - IRF QRP Case Study Coding Sheet.
- We will debrief in 25 to 30 minutes.

## Admission Assessment

# GG0100. Prior Functioning: Everyday Activities

# GG0100. Prior Functioning: Everyday Activities

**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

<input type="text"/>	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text"/>	<b>B. Indoor Mobility (Ambulation):</b> 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.
<input type="text"/>	<b>C. Stairs:</b> 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.
<input type="text"/>	<b>D. Functional Cognition:</b> 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. Prior Functioning: Everyday Activities (cont. 1)

**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

<input type="text" value="3"/>	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text"/>	<b>B. Indoor Mobility (Ambulation):</b> 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.
<input type="text"/>	<b>C. Stairs:</b> 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.
<input type="text"/>	<b>D. Functional Cognition:</b> 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.

# GG0100A. Self Care

- **GG0100A. Self Care Coding:** 3, Independent.
- **Rationale:** Mr. K was independent with self-care activities, such as bathing, dressing, using the toilet, and eating, prior to his hip fracture.

# GG0100. Prior Functioning: Everyday Activities (cont. 2)

**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

<input type="text" value="3"/>	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text"/>	<b>B. Indoor Mobility (Ambulation):</b> 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.
<input type="text"/>	<b>C. Stairs:</b> 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.
<input type="text"/>	<b>D. Functional Cognition:</b> 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. Prior Functioning: Everyday Activities (cont. 3)

**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

<input type="text" value="3"/>	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text" value="3"/>	<b>B. Indoor Mobility (Ambulation):</b> 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.
<input type="text"/>	<b>C. Stairs:</b> 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.
<input type="text"/>	<b>D. Functional Cognition:</b> 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.

# GG0100B. Indoor Mobility (Ambulation)

- **GG0100B. Indoor Mobility (Ambulation) Coding:** 3, Independent.
- **Rationale:** Prior to his hip fracture, Mr. K walked by himself on indoor surfaces using a rollator walker.



# GG0100. Prior Functioning: Everyday Activities (cont. 4)

**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

<input type="text" value="3"/>	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text" value="3"/>	<b>B. Indoor Mobility (Ambulation):</b> 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.
<input type="text"/>	<b>C. Stairs:</b> 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.
<input type="text"/>	<b>D. Functional Cognition:</b> 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. Prior Functioning: Everyday Activities (cont. 5)

**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

<b>3</b>	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<b>3</b>	<b>B. Indoor Mobility (Ambulation):</b> 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.
<b>2</b>	<b>C. Stairs:</b> 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.
	<b>D. Functional Cognition:</b> 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.

# GG0100C. Stairs

- **GG0100C. Stairs Coding:** 2, Needed Some Help.
- **Rationale:** Mr. K required standby assistance from his daughter to climb the stairs to the second level of his home prior to his hip fracture.

# GG0100. Prior Functioning: Everyday Activities (cont. 6)

**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**

<b>3</b>	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<b>3</b>	<b>B. Indoor Mobility (Ambulation):</b> 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.
<b>2</b>	<b>C. Stairs:</b> 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.
	<b>D. Functional Cognition:</b> 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. Prior Functioning: Everyday Activities (cont. 7)

**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

3	<b>A. Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
3	<b>B. Indoor Mobility (Ambulation):</b> 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.
2	<b>C. Stairs:</b> 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.
3	<b>D. Functional Cognition:</b> 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.

# GG0100D. Functional Cognition

- **GG0100D. Functional Cognition Coding:** 3, Independent.
- **Rationale:** Mr. K was independent with all functional cognition tasks prior to his hip fracture, including managing his medications, paying his bills and grocery shopping.

## Admission Assessment

# GG0110. Prior Functioning: Prior Device Use

# GG0110. Prior Device Use

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

↓ Check all that apply

<input type="checkbox"/>	<b>A. Manual wheelchair</b>
<input type="checkbox"/>	<b>B. Motorized wheelchair and/or scooter</b>
<input type="checkbox"/>	<b>C. Mechanical lift</b>
<input type="checkbox"/>	<b>D. Walker</b>
<input type="checkbox"/>	<b>E. Orthotics/Prosthetics</b>
<input type="checkbox"/>	<b>Z. None of the above</b>



# GG0110. Prior Device Use (cont. 1)

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

↓ Check all that apply

<input checked="" type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input checked="" type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

# GG0110. Prior Device Use (cont. 2)

- **Coding:** Checkmarks should be placed for:
  - **GG0110A.** Manual wheelchair.
  - **GG0110D.** Walker.
- **Rationale:** Mr. K used both a rollator walker and a manual wheelchair prior to his hip fracture.

# Admission Assessment

## Subset of GG0130. Self-Care

# GG0130. Self-Care (subset)

GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>A. Eating:</b> 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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>B. Oral Hygiene:</b> 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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>C. Toileting Hygiene:</b> 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.

# GG0130. Self-Care (subset) (cont. 1)

GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div>05</div>	<div>06</div>	<b>A. Eating:</b> 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.
<div></div>	<div></div>	<b>B. Oral Hygiene:</b> 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.
<div></div>	<div></div>	<b>C. Toileting Hygiene:</b> 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.

# GG0130A. Eating

- **Admission Performance Coding:** 05, Setup or clean-up assistance.
- **Rationale:** Mr. K feeds himself after setup assistance from a certified nursing assistant (CNA) to open containers and cut his food into small pieces.
- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mr. K will be independent with eating at discharge, returning to his prior level of function.

# GG0130. Self-Care (subset) (cont. 2)

GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div>05</div>	<div>06</div>	<b>A. Eating:</b> 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.
<div></div>	<div></div>	<b>B. Oral Hygiene:</b> 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.
<div></div>	<div></div>	<b>C. Toileting Hygiene:</b> 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.

# GG0130. Self-Care (subset) (cont. 3)

GG0130. Self-Care (3-day assessment period)				
1. Admission Performance		2. Discharge Goal		
↓ Enter Codes in Boxes ↓				
<div>0</div> <div>5</div>		<div>0</div> <div>6</div>		<b>A. Eating:</b> 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.
<div>0</div> <div>4</div>		<div>0</div> <div>6</div>		<b>B. Oral Hygiene:</b> 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.
<div></div> <div></div>		<div></div> <div></div>		<b>C. Toileting Hygiene:</b> 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.



# GG0130B. Oral Hygiene

- **Admission Performance Coding:** 04, Supervision or touching assistance.
- **Rationale:** Mr. K required a CNA to provide supervision as he brushed his teeth while standing for safety. He also required the CNA to provide setup and clean-up assistance. Do not consider the assistance provided to get to or from the bathroom when coding oral hygiene.
- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mr. K will not need any type of assistance with oral hygiene by discharge.

# GG0130. Self-Care (subset) (cont. 4)

GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div>05</div>	<div>06</div>	<b>A. Eating:</b> 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.
<div>04</div>	<div>06</div>	<b>B. Oral Hygiene:</b> 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.
<div></div>	<div></div>	<b>C. Toileting Hygiene:</b> 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.

# GG0130. Self-Care (subset) (cont. 5)

GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
0 5	0 6	A. <b>Eating:</b> 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.
0 4	0 6	B. <b>Oral Hygiene:</b> 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.
0 4	0 6	C. <b>Toileting Hygiene:</b> 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.

# GG0130C. Toileting Hygiene

- **Admission Performance Coding:** 04, Supervision or touching assistance.
- **Rationale:** Mr. K required steadying assistance from one helper while he was standing and adjusting his underwear and slacks.
- **Discharge Goal:** 06, Independent.
- **Rationale:** The occupational therapist (OT) anticipated that Mr. K will manage his perineal hygiene and clothing without assistance when using the bathroom by discharge.

# Admission Assessment

## Subset of GG0170. Mobility

# GG0170. Mobility

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility (cont. 1)

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>6</div></div>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170F. Toilet Transfer

- **Admission Performance Coding:** 03, Partial/moderate assistance.
- **Rationale:** Mr. K required the assistance of one helper providing less than half of the effort to transfer on and off the toilet.
- **Discharge Goal:** 06, Independent.
- **Rationale:** The OT anticipated that Mr. K will not require any type of assistance to perform toilet transfers using a standard toilet with a raised toilet seat by discharge.



# GG0170. Mobility (cont. 2)

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>6</div></div>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility (cont. 3)

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>6</div></div>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>4</div></div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG1070I. Walk 10 Feet

- **Admission Performance Coding:** 03, Partial/moderate assistance.
- **Rationale:** Mr. K walked 10 feet with a rollator walker and the assistance of one helper providing less than half the effort. He required steadying as he began to walk, and then progressively required some of his weight to be supported for the last 3 feet of the 10-foot walk. The use of assistive devices to complete an activity should not affect the coding of an activity.
- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** The physical therapist (PT) anticipated that the patient will walk 10 feet with a helper providing supervision assistance, using a rollator walker by discharge.

# GG0170. Mobility (cont. 4)

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>6</div></div>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>4</div></div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility (cont. 5)

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>6</div></div>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>4</div></div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<div><div>8</div><div>8</div></div>	<div><div>0</div><div>4</div></div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170J. Walk 50 Feet With Two Turns

- **Admission Performance Coding:** 88, Not attempted due to medical condition or safety concerns.
- **Rationale:** This activity was not performed at admission due to the patient's fatigue and decreased endurance.
- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** Based on his prior mobility status, comorbidities, current functional performance, and motivation to improve, the PT anticipated that Mr. K will require contact guard assistance when walking 50 feet and making two turns using a rollator walker by discharge.

# GG0170. Mobility (cont. 6)

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>6</div></div>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<div><div>0</div><div>3</div></div>	<div><div>0</div><div>4</div></div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<div><div>8</div><div>8</div></div>	<div><div>0</div><div>4</div></div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility (cont. 7)

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<div>03</div>	<div>06</div>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<div>03</div>	<div>04</div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<div>88</div>	<div>04</div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<div>09</div>	<div>09</div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.



# GG0170K. Walk 150 Feet

- **Admission Performance Coding:** 09, Not applicable.
- **Rationale:** This activity was not attempted during the 3-day assessment period and Mr. K was not walking 150 feet prior to his current injury.
- **Discharge Goal:** 09, Not applicable.
- **Rationale:** The PT does not expect Mr. K to perform this activity by discharge. He could not perform the activity prior to his current injury. The maximum distance walked by the patient prior to his current illness was up to 60 feet. Therefore, this activity goal is not applicable.

# GG0170. Mobility (cont. 8)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<input type="checkbox"/>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170. Mobility (cont. 9)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<input type="text" value="1"/>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="text"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="text"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170. Mobility (cont. 10)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<input type="text" value="1"/>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<input type="text"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<input type="text"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170R. Wheel 50 Feet With Two Turns

- **Admission Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Once seated in his manual wheelchair, Mr. K could only propel himself 20 feet and required some assistance from a helper to straighten himself after a turn. He then required the helper to propel his wheelchair the remaining 30 feet to complete the activity.
- **Discharge Goal:** 06, Independent.
- **Rationale:** The PT anticipated that Mr. K will increase his level of endurance and complete self-mobilizing 50 feet in a manual wheelchair with two turns, without any type of assistance at discharge.

# GG0170. Mobility (cont. 11)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<input type="text" value="1"/>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<input type="text"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<input type="text"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170. Mobility (cont. 12)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<div>1</div>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<div>02</div>	<div>06</div>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<div>1</div>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<div></div>	<div></div>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<div></div>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# GG0170. Mobility (cont. 13)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<input type="text" value="1"/>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<input type="text" value="1"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="2"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<input type="text"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>



# GG0170S. Wheel 150 Feet

- **Admission Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** After propelling himself 20 feet, Mr. K becomes fatigued and a helper must propel him the remaining 130 feet distance to complete this activity.
- **Discharge Goal:** 02, Substantial/maximal assistance.
- **Rationale:** Based on Mr. K's prior level of function, the PT anticipated that beyond approximately 70 feet, a helper will propel Mr. K for the remaining distance to complete this activity.

# GG0170. Mobility (cont. 14)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<div>1</div>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<div>02</div>	<div>06</div>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		<div>1</div>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<div>02</div>	<div>02</div>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		<div></div>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170. Mobility (cont. 15)

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		1	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
0 2	0 6	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		1	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
0 2	0 2	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		1	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

Q<sub>1</sub>

GG0170Q1. Does the patient use a wheelchair and/or scooter?

A. 0, No.

B. 1, Yes.





# GG0170Q1. Does the patient use a wheelchair and/or scooter? (cont.)



A. 0, No.

B. 1, Yes.

**Rationale:** The patient uses a manual wheelchair for self-mobilizing on the unit and during the therapy evaluation.



# Admission Assessment

## Section M: Skin Conditions

# M0210: Does this patient have one or more unhealed pressure ulcers/injuries?

- A. 0. No.
- B. 1. Yes.
- C. Enter a dash (—).



# M0210: Does this patient have one or more unhealed pressure ulcers/injuries? (cont.)



- A. 0. No.
- B. 1. Yes.**
- C. Enter a dash (—).

The image shows a mobile application interface for 'CMS Training'. At the top, there are three tabs: 'QUESTIONS', 'IDEAS', and 'POLLS'. The 'POLLS' tab is highlighted with an orange circle. Below the tabs, it says 'Live poll' and '0' with a person icon. A large dark blue circular overlay is positioned in the foreground, containing the text 'Join at slido.com #Econometrica' and an icon of a hand pointing at a smartphone screen. The background of the app shows a poll question: 'The year of healthcare was first introduced in 1840?'. At the bottom of the app screen, the 'slido' logo and links for 'Terms of Service' and 'Privacy Policy' are visible.





# M0210. Unhealed Pressure Ulcers/Injuries

- **Coding:** 1. Yes. *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.*
- **Rationale:**
  - Upon admission to the IRF, Mr. K has a pressure ulcer on his coccyx and a DTI on his right lateral malleolus.

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 1)

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 2)

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 3)

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 4)

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 5)

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	<b>Code as 0.</b>
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 6)

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	<b>Code as 0.</b>
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	<b>Code as 0.</b>
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	



# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 7)

Item	Admission Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	<b>Code as 0.</b>
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	<b>Code as 0.</b>
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	<b>Code as 1.</b>

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 8)

- **Rationale:**

- Upon admission to the IRF setting, Mr. K had a pressure ulcer on his coccyx and a DTI on his right lateral malleolus.
- To accurately stage these wounds, the nurse reviewed the history of these pressure ulcers in the patient's medical record.

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 9)

- **Rationale (continued):**

- Although the coccyx pressure ulcer had evidence of improvement and a decrease in size upon IRF admission assessment, the acute care medical record classified it as a Stage 4.
  - Clinical standards do not support reverse staging or backstaging as a way to document healing as it does not accurately characterize what is physiologically occurring as the ulcer heals.
  - Therefore, this pressure ulcer should continue to be classified as a Stage 4.

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 10)

- **Rationale (continued):**

- The pressure ulcer on the right lateral malleolus was assessed as a DTI. This was confirmed upon review of the patient's acute care medical record.
- The surgical site would not be coded in M0300 as it is not a pressure ulcer or injury. It is a surgical wound.

# Admission Assessment

## Section N: Medications

# N2001: Did a complete drug regimen review identify potential clinically significant medication issues?

- A. 0. No – No issues found during review.
- B. 1. Yes – Issues found during review.
- C. 9. NA – Patient is not taking any medications.
- D. Enter a dash (–).





# N2001: Did a complete drug regimen review identify potential clinically significant medication issues? (cont.)



- A. 0. No – No issues found during review.
- B. 1. Yes – Issues found during review.**
- C. 9. NA – Patient is not taking any medications.
- D. Enter a dash (–).



# N2001. Drug Regimen Review

- **Coding:** 1. Yes – Issues found during review.
- **Rationale:**
  - The pharmacist identified that two different doses of the same medication to address mild pain were ordered. The combined dosage could exceed the maximum daily dosage for ibuprofen. The pharmacist considered this duplicate therapy a clinically significant medication issue.



Q<sub>4</sub>

N2003: Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- A. 0. No.
- B. 1. Yes.
- C. Enter a dash (–).

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Q<sub>4</sub>

N2003: Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues? (cont.)



A. 0. No.

**B. 1. Yes.**

C. Enter a dash (–).

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# N2003. Medication Follow-Up

- **Coding:** 1. Yes.
- **Rationale:**
  - On the day of admission, the pharmacist identified a significant medication issue. He contacted the admitting physician and left a message to discuss the medication orders. One hour later, the admitting physician returned the pharmacist's phone call to clarify and change the order. That evening, the charge nurse noted and implemented the order.

# Discharge Assessment

Subset of GG0130. Self-Care

# GG0130. Self-Care (subset) Discharge

GG0130. Self-Care (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text"/> <input type="text"/>	<b>A. Eating:</b> 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.
<input type="text"/> <input type="text"/>	<b>B. Oral Hygiene:</b> 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.
<input type="text"/> <input type="text"/>	<b>C. Toileting Hygiene:</b> 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.

# GG0130. Self-Care (subset) Discharge (cont. 1)

GG0130. Self-Care (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>A. Eating:</b> 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.
<input type="text"/> <input type="text"/>	<b>B. Oral Hygiene:</b> 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.
<input type="text"/> <input type="text"/>	<b>C. Toileting Hygiene:</b> 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.

# GG0130A. Eating

- **Discharge Performance Coding:** 06, Independent.
- **Rationale:**
  - Mr. K opened containers and used utensils and a cup/glass to feed himself and drink liquids without any assistance.

# GG0130. Self-Care (subset) Discharge (cont. 2)

GG0130. Self-Care (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	A. <b>Eating:</b> 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.
<input type="text"/> <input type="text"/>	B. <b>Oral Hygiene:</b> 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.
<input type="text"/> <input type="text"/>	C. <b>Toileting Hygiene:</b> 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.



# GG0130. Self-Care (subset) Discharge (cont. 3)

GG0130. Self-Care (3-day assessment period)			
3. Discharge Performance			
Enter Codes in Boxes			
<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6	A. <b>Eating:</b> 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.
0	6		
<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6	B. <b>Oral Hygiene:</b> 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.
0	6		
<table border="1"><tr><td></td><td></td></tr></table>			C. <b>Toileting Hygiene:</b> 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.

# GG0130B. Oral Hygiene

- **Discharge Performance Coding:** 06, Independent.
- **Rationale:**
  - Mr. K brushed his teeth and completed all oral hygiene tasks without any type of assistance.

# GG0130. Self-Care (subset) Discharge (cont. 4)

GG0130. Self-Care (3-day assessment period)			
3. Discharge Performance			
Enter Codes in Boxes			
<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6	A. <b>Eating:</b> 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.
0	6		
<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6	B. <b>Oral Hygiene:</b> 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.
0	6		
<table border="1"><tr><td></td><td></td></tr></table>			C. <b>Toileting Hygiene:</b> 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.

# GG0130. Self-Care (subset) Discharge (cont. 5)

GG0130. Self-Care (3-day assessment period)			
3. Discharge Performance			
Enter Codes in Boxes			
<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6	<b>A. Eating:</b> 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.
0	6		
<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6	<b>B. Oral Hygiene:</b> 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.
0	6		
<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6	<b>C. Toileting Hygiene:</b> 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.
0	6		

# GG0130B. Toileting Hygiene

- **Discharge Performance Coding:** 06, Independent.
- **Rationale:**
  - Mr. K managed his perineal hygiene and clothing without any assistance.

# Discharge Assessment

## Subset of GG0170. Mobility

# GG0170. Mobility (subset) Discharge

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text"/> <input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility (subset) Discharge (cont. 1)

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.



# GG0170F. Toilet Transfer

- **Discharge Performance Coding:** 06, Independent.
- **Rationale:**
  - Mr. K completed this activity without any type of assistance.

# GG0170. Mobility (subset) Discharge (cont. 2)

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility (subset) Discharge (cont. 3)

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="4"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170I. Walk 10 Feet

- **Discharge Performance Coding:** 04, Supervision or touching assistance.
- **Rationale:**
  - Mr. K walked 10 feet using a rollator walker with supervision from one helper. The use of assistive devices to complete an activity should not affect the coding of an activity.

# GG0170. Mobility (subset) Discharge (cont. 4)

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="4"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility (subset) Discharge (cont. 5)

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="4"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text" value="0"/> <input type="text" value="4"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170J. Walk 50 Feet With Two Turns

- **Discharge Performance Coding:** 04, Supervision or touching assistance.
- **Rationale:**
  - Mr. K walked 50 feet with two turns using a rollator walker and contact guard assistance. The use of assistive devices to complete an activity should not affect the coding of an activity.

# GG0170. Mobility (subset) Discharge (cont. 6)

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="4"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text" value="0"/> <input type="text" value="4"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.



# GG0170. Mobility (subset) Discharge (cont. 7)

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="6"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="4"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text" value="0"/> <input type="text" value="4"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value="0"/> <input type="text" value="9"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170K. Walk 150 Feet

- **Discharge Performance Coding:** 09, Not applicable.
- **Rationale:**
  - This activity was not attempted, and Mr. K was not walking 150 feet prior to his current injury.

# GG0170Q3. Does the patient use a wheelchair and/or scooter?

- A. 0, No.
- B. 1, Yes.



# GG0170Q3. Does the patient use a wheelchair and/or scooter? (cont.)



A. 0, No.

B. 1, Yes.

**Rationale:** Mr. K used a manual wheelchair.



# GG0170. Mobility (subset) Discharge (cont. 8)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="checkbox"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/> <input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="checkbox"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170. Mobility (subset) Discharge (cont. 9)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="text" value="1"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/> <input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="text"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="text"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170. Mobility (subset) Discharge (cont. 10)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="text" value="1"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="text"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="text"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# GG0170R. Wheel 50 Feet With Two Turns

- **Discharge Performance Coding:** 06, Independent.
- **Rationale:**
  - Mr. K wheeled himself approximately 60 feet and completed two turns without any type of assistance.



# GG0170. Mobility (subset) Discharge (cont. 11)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="text" value="1"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="text"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="text"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# GG0170. Mobility (subset) Discharge (cont. 12)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="text" value="1"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="text" value="1"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="text"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# GG0170. Mobility (subset) Discharge (cont. 13)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="text" value="1"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="text" value="1"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text" value="0"/> <input type="text" value="2"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="text"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# GG0170S. Wheel 150 Feet

- **Discharge Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:**
  - Mr. K wheeled himself 60 feet, which is close to his prior level of function. A helper was needed to propel his wheelchair 90 feet, which is the remaining distance of the 150 feet. The helper does more than half of the effort to complete this activity.

# GG0170. Mobility (subset) Discharge (cont. 14)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="text" value="1"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="6"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="text" value="1"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text" value="0"/> <input type="text" value="2"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="text"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# GG0170. Mobility (subset) Discharge (cont. 15)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	1	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
0 6		<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	1	<b>RR3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
0 2		<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	1	<b>SS3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# Discharge Assessment

## Section M: Skin Conditions



# M0210: Does this patient have one or more unhealed pressure ulcers/injuries?

- A. 0. No.
- B. 1. Yes.
- C. Enter a dash (—).





# M0210: Does this patient have one or more unhealed pressure ulcers/injuries? (cont.)



- A. 0. No.
- B. 1. Yes.**
- C. Enter a dash (—).



# M0210. Unhealed Pressure Ulcers/Injuries

- **Coding:** 1. Yes. Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.
- **Rationale:** At discharge, Mr. K had one unstageable pressure ulcer on his right lateral malleolus.

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 1)

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 2)

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 3)

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 4)

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 5)

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		



# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 6)

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	<b>Code as 0.</b>
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 7)

Item	Admission Assessment	Discharge Assessment
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	<b>Code as 0.</b>
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		<b>Skip.</b>
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	<b>Code as 0.</b>
<b>M0300D2.</b> Number of these Stage 4 pressure ulcers that were present upon admission.		<b>Skip.</b>

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 8)

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	<b>Code as 0.</b>	
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	<b>Code as 0.</b>	
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	<b>Code as 1.</b>	
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 9)

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	Code as 0.	Code as 0.
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	Code as 0.	
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	Code as 1.	
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 10)

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	Code as 0.	Code as 0.
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		Skip.
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	Code as 0.	
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	Code as 1.	
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 11)

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	Code as 0.	Code as 0.
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		Skip.
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	Code as 0.	Code as 1.
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	Code as 1.	
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 12)

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	Code as 0.	Code as 0.
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		Skip.
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	Code as 0.	Code as 1.
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		Code as 0.
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	Code as 1.	
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission.		

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 13)

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	Code as 0.	Code as 0.
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		Skip.
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	Code as 0.	Code as 1.
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		Code as 0.
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	Code as 1.	Code as 0.
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission.		



# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 14)

Item	Admission Assessment	Discharge Assessment
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	Code as 0.	Code as 0.
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		Skip.
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	Code as 0.	Code as 1.
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		Code as 0.
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	Code as 1.	Code as 0.
<b>M0300G2.</b> Number of these unstageable pressure injuries with deep tissue injury that were present upon admission.		Skip.

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 15)

- **Rationale:**

- Mr. K had an unstageable pressure ulcer due to slough and/or eschar on his right lateral malleolus at discharge. This pressure ulcer was identified as a DTI at admission. During the patient's IRF stay, it was reclassified as a Stage 4. However, at discharge, slough completely covered this pressure ulcer, preventing visualization of the wound bed. Therefore, it is considered not present on admission.
- A numerically staged pressure ulcer/injury that becomes unstageable due to slough or eschar at discharge would not be coded as present on admission in M0300F2.

# M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 16)

- **Rationale (continued):**
  - The healing Stage 4 pressure ulcer observed at admission on the coccyx has closed.
  - It is now considered to be a healed Stage 4 and would not be coded in M0300 on the Discharge Assessment.

# Discharge Assessment

## Section N: Medications

Q7

N2005: Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

- A. 0. No.
- B. 1. Yes.
- C. 9. NA.
- D. Enter a dash (–).



Q7

N2005: Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission? (cont.)



A. 0. No.

**B. 1. Yes.**

C. 9. NA.

D. Enter a dash (–).

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# N2005. Medication Intervention

- **Coding:** 1. Yes.
- **Rationale:**
  - The clinically significant medication issue identified by the pharmacist on the day of admission was communicated to the physician and the physician's recommended actions were completed by midnight of the next calendar day.

# N2005. Medication Intervention (cont.)

- **Rationale (continued):**
  - On day 5 of the IRF stay, Mr. K had a clinically significant medication issue related to hydrocodone bitartrate and acetaminophen. A physician was immediately contacted, and the physician's recommended actions of administering diphenhydramine, providing nasal oxygen, discontinuing the hydrocodone bitartrate and acetaminophen, and monitoring for bleeding were addressed by midnight of the next calendar day. No other clinically significant medication issues were identified during the patient's IRF stay.



# Record Your Action Plan Ideas



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# Questions?

