

## 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 gastrostomy tube (G-Tube) to obtain nutrition.
- Ms. T had a stroke 8 days ago, and her IRF admission orders include nothing by mouth (NPO) and G-Tube feedings.

#### 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.

#### 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.

#### 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.

## Practice Coding Scenarios

- 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.

### 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.

### 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.

### 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.

### 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.

## Practice Coding Scenarios

- 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.

### 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 non-verbal 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.

### 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.

### 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.

### 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

## Practice Coding Scenarios

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.

### 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.

### 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.

### 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.

### 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.

## Practice Coding Scenarios

- 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.

### 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 after the first day of 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.

### 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.

### 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.

### 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.

## Practice Coding Scenarios

### 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.

### 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.

### 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.

### 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.

## Practice Coding Scenarios

### 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 Inpatient Rehabilitation Facility (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.

#### 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.

#### 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.