CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Home Health
Quality Reporting Program Provider Training

Case Study

Charlotte Steniger and Kathryn D. Roby
Qualidigm

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Acronyms in This Presentation

- Home Health (HH)
- Outcome and Assessment Information Set (OASIS)
- Quality Reporting Program (QRP)
- Registered Nurse (RN)
- Resumption of Care (ROC)
- Start of Care (SOC)

Learning Objective

Apply knowledge acquired during the 2-day training to accurately code clinical scenarios within a patient case study

Meet Mrs. S

- 70-year-old female
- Admitted to acute care hospital on November 3 with right thigh and hip pain following a fall
- Upon hospital admission, noted to have:
  - Right proximal femoral fracture
  - Large ecchymosis on right thigh
- Past medical history: hypertension, congestive heart failure, and depression

Meet Mrs. S (cont.)

- Mrs. S underwent surgery on November 4 for a total hip arthroplasty to repair her femoral fracture
- Her postoperative status was stable; however her progress with inpatient physical therapy was slow
- Mrs. S was discharged home on November 8 with a referral to home care for nursing, occupational, and physical therapy services

Case Study Instructions

- Please work in groups at your table
- Use the following documents in your folder to code select Start of Care (SOC) and Discharge Outcome and Assessment Information Set (OASIS) items:
  - Home Health (HH) Quality Reporting Program (QRP) Training Case Study
  - HH QRP Training Case Study Coding Sheet
- We will debrief in 25 to 30 minutes

SOC Assessment Items

- **M1060.** Height and Weight
- **GG0100.** Prior Functioning: Everyday Activities
- **GG0110.** Prior Device Use
- **GG0130.** Self-Care
- **GG0170.** Mobility

Discharge Assessment Items

- **GG0130.** Self-Care
- **GG0170.** Mobility
- **J1800.** Any Falls Since SOC/ROC
- **J1900.** Number of Falls Since SOC/ROC

Case Study Instructions (cont.)

- Please work in groups at your table
- Use the following documents in your folder to code select SOC and Discharge OASIS items:
  - HH QRP Training Case Study
  - HH QRP Training Case Study Coding Sheet
- We will debrief in 25 to 30 minutes

SOC Assessment

M1060. Height and Weight

M1060. Height and Weight

(M1060) Height and Weight – While measuring, if the number is X.1-X.4 round down; X.5 or greater round up

☐☐ inches	a. Height (in inches). Record most recent height measure since the most recent SOC/ROC
☐☐☐ pounds	b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

M1060. Height and Weight (cont. 1)

(M1060) Height and Weight – While measuring, if the number is X.1-X.4 round down; X.5 or greater round up

6	2

inches

a. Height (in inches). Record most recent height measure since the most recent SOC/ROC

pounds

b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

M1060. Height and Weight (cont. 2)

(M1060) Height and Weight – While measuring, if the number is X.1-X.4 round down; X.5 or greater round up

6	2

inches

a. Height (in inches). Record most recent height measure since the most recent SOC/ROC

		–

pounds

b. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

M1060. Height and Weight (cont. 3)

- **M1060a. Height:** 62 inches.
- **M1060b. Weight:** Dash (-).

- **Rationale:** Mrs. S was able to have her height measured in bed. That measurement was 5 feet, 2 inches, which equates to 62 inches. She was not able to stand on a scale to measure her weight at SOC and there was no previous weight in the last 30 days captured by the home health agency. Therefore, there was no information to code this measure. When there is no information available, a dash (-) would be the best response.

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

GG0100. 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.

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	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100A. Self Care

- **GG0100A. Self Care Coding:** 3, Independent
- **Rationale:** Mrs. S was independent with self-care activities, such as bathing, dressing, using the toilet, and eating, prior to her 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.

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	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100. 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.

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	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100B. Indoor Mobility (Ambulation)

- **GG0100B. Indoor Mobility (Ambulation) Coding:** 3, Independent

- **Rationale:** Prior to her hip fracture, Mrs. S walked by herself on indoor surfaces using her 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	
3	**A. Self Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illnesss, exacerbation, or injury.
3	**B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100. 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	
3	**A. Self Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illnesss, exacerbation, or injury.
3	**B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
2	**C. Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100C. Stairs

- **GG0100C. Stairs Coding:** 2, Needed Some Help
- **Rationale:** Mrs. S required standby assistance from her son to climb the stairs to the second level of her home prior to her 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	
3	**A. Self Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illnesss, exacerbation, or injury.
3	**B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
2	**C. Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100. 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	**A. Self Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illnesss, exacerbation, or injury.
3	**B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
2	**C. Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
2	**D. Functional Cognition:** Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0100D. Functional Cognition

- **GG0100D. Functional Cognition Coding:** 2, Needed Some Help

- **Rationale:** Mrs. S needed some assistance with grocery shopping, paying the bills, and medication management from her son prior to her hip fracture

SOC Assessment

GG0110. 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**	
☐	**A. Manual wheelchair**
☐	**B. Motorized wheelchair and/or scooter**
☐	**C. Mechanical lift**
☐	**D. Walker**
☐	**E. Orthotics/Prosthetics**
☐	**Z. None of the above**

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**	
☑	**A. Manual wheelchair**
☐	**B. Motorized wheelchair and/or scooter**
☐	**C. Mechanical lift**
☑	**D. Walker**
☐	**E. Orthotics/Prosthetics**
☐	**Z. None of the above**

GG0110. Prior Device Use (cont. 2)

- **Coding:** Checkmarks should be placed for:
  - **GG0110A. Manual wheelchair**
  - **GG0110D. Walker**

- **Rationale:** Mrs. S used both a rollator walker and a manual wheelchair prior to her hip fracture

SOC Assessment

GG0130. Self-Care

GG0130. Self-Care

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
		A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
		B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
		C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
		E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
		F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 1)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ **Enter Codes in Boxes** ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
		B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
		C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
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		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130A. Eating

- **SOC/ROC Performance Coding:** 05, Setup or clean-up assistance.
- **Rationale:** Mrs. S could feed herself, but needed assistance from her son, Mark, to set the table, prepare her plate, and fix her tea. Mark also cleaned up after meals.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will be able to set the table, prepare her own meals, and clean up afterward without any assistance by discharge.

GG0130. Self-Care (cont. 2)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
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0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
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		C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
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GG0130. Self-Care (cont. 3)

GG0130. Self-Care		
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1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
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GG0130B. Oral hygiene

- **SOC/ROC Performance Coding:** 05, Setup or clean-up assistance.
- **Rationale:** Mrs. S could brush her teeth without assistance after Mark brought her a tray containing her oral hygiene items. Mark put away these items after she brushed her teeth.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will not need any assistance with oral hygiene by discharge.

GG0130. Self-Care (cont. 4)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
		C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
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		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 5)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
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		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130C. Toileting hygiene

- **SOC/ROC Performance Coding:** 03, Partial/moderate assistance.
- **Rationale:** Mrs. S required trunk support from the Registered Nurse (RN) as she performed perineal hygiene. The RN then provides standby assistance as she adjusted her underwear and slacks.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will manage her perineal hygiene and clothing without any assistance by discharge.

GG0130. Self-Care (cont. 6)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
		E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
		F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 7)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
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0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 2	0 4	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
		F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130E. Shower/bathe self

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Mrs. S reported only being able to bathe her chest, arms, and anterior thighs. Mark washed the remaining parts of her body and dried her, providing more than half of the effort to complete this activity.

- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** It is anticipated that Mrs. S will be able to bathe and dry herself completely with standby assistance from Mark.

GG0130. Self-Care (cont. 8)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 2	0 4	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
		F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 9)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 2	0 4	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
0 5	0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130F. Upper body dressing

- **SOC/ROC Performance Coding:** 05, Setup or clean-up assistance
- **Rationale:** Once her undergarments and blouse were brought to her, Mrs. S completed the activity, including fastening the front closure and threading her arms through the sleeves and fastening the buttons

- **Discharge Goal:** 06, Independent
- **Rationale:** It is anticipated that Mrs. S will be able to dress her upper body without assistance by discharge

GG0130. Self-Care (cont. 10)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 2	0 4	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
0 5	0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 11)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 2	0 4	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
0 5	0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
0 2	0 6	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130G. Lower body dressing

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Due to fatigue and balance issues, Mrs. S required Mark to provide significant help to dress her lower body. Mark contributes more effort than Mrs. S to complete this activity.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will be able to dress her lower body without assistance by discharge.

GG0130. Self-Care (cont. 12)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 2	0 4	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
0 5	0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
0 2	0 6	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 13)

GG0130. Self-Care		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 5	0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 5	0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.
0 3	0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 2	0 4	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
0 5	0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
0 2	0 6	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
0 2	0 6	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130H. Putting on/taking off footwear

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Mrs. S required Mark to contribute more than half of the effort to put on her socks and shoes. Mark placed the shoes in front of her, put on her socks, and Mrs. S slid her feet into her slip-on shoes.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will be able to put on and take off her socks and shoes independently by discharge.

SOC Assessment

GG0170. Mobility

GG0170. Mobility

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
		A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
		B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
		C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 1)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
		B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
		C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170A. Roll left and right

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Mrs. S required the RN to position a pillow between her legs to prevent adduction of the affected extremity and then to assist her to roll side to side in bed. The RN provided most of the effort.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will be independent with this activity by discharge.

GG0170. Mobility (cont. 2)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
		B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
		C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 3)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
		C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170B. Sit to lying

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance
- **Rationale:** Although Mrs. S provided some effort by using her right arm to lower herself to a supine position, the nurse did more than half the effort by lifting Mrs. S' legs and supporting her trunk during the activity

- **Discharge Goal:** 06, Independent
- **Rationale:** It is anticipated that Mrs. S will be independent with bed mobility, including moving from a sitting to lying position by discharge

GG0170. Mobility (cont. 4)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
		C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 5)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170C. Lying to sitting on side of bed

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Mrs. S could bring her left leg off the bed and assist with pushing up with her right arm. She required assistance to bring her right leg off of the side of the bed and needed to be fully supported by the nurse to come to a sitting position. The nurse provided more than half of the effort.

- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** It is anticipated that Mrs. S will be able to move from lying to sitting on the side of the bed with standby assistance by discharge.

GG0170. Mobility (cont. 6)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 7)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 2	0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170D. Sit to stand

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Mrs. S needed maximum assistance from her son, Mark, to move to a standing position. Mark supported Mrs. S' trunk and most of her weight as she moved to a standing position. Mark also provided standby assistance as Mrs. S steadied herself with her rollator walker.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will be able to move from a sitting to standing position independently with the use of her rollator walker.

GG0170. Mobility (cont. 8)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 2	0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 9)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 2	0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 2	0 4	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170E. Chair/bed-to-chair transfer

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Mrs. S required maximum assistance to pivot transfer to a wheelchair, as observed by the nurse and validated by the physical therapist. Mrs. S also needed a helper to position the walker prior to and during the transfer, providing verbal cues throughout. The helper provided more than half the effort to complete this activity.

- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** It is anticipated that Mrs. S will be able to complete chair/bed-to-chair transfers with standby assistance by discharge.

GG0170. Mobility (cont. 10)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 2	0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 2	0 4	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
		F. Toilet transfer: The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 11)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 2	0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 2	0 4	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
0 2	0 6	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170F. Toilet transfer

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Mrs. S required the nurse to hold the weight of her trunk and lower her onto the bedside commode. After voiding, the nurse held Mrs. S' trunk to assist her to a standing position. The nurse provided more than half of the effort to complete the transfer on and off the bedside commode.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will be able to get on and off the bathroom toilet independently using a raised toilet seat.

GG0170. Mobility (cont. 12)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 2	0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 2	0 4	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
0 2	0 6	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 13)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 2	0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 2	0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 2	0 4	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 2	0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 2	0 4	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
0 2	0 6	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
1 0	0 4	**G. Car Transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170G. Car transfer

- **SOC/ROC Performance Coding:** 10, Not attempted due to environmental limitations.
- **Rationale:** This activity was not assessed at SOC because a car was not available during the assessment timeframe. Mark reported that the family car was in the shop for repairs.

- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** It is anticipated that Mrs. S will be able to complete car transfers with contact guard assistance and the use of a rollator walker by discharge.

GG0170. Mobility (cont. 14)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
		I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
		J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 15)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
		J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170I. Walk 10 feet

- **SOC/ROC Performance Coding:** 03, Partial/moderate assistance.
- **Rationale:** Mrs. S walked 7 feet with a rollator walker and steadying assistance from Mark. She became fatigued and required Mark to provide partial assistance by holding her belt to complete 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:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S will be able to independently walk 10 feet using a rollator walker by discharge.

GG0170. Mobility (cont. 16)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
		J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 17)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170J. Walk 50 feet with two turns

- **SOC/ROC Performance Coding:** 88, Not attempted due to medical conditions or safety concerns
- **Rationale:** This activity was not performed at SOC due to the patient's fatigue and decreased endurance

- **Discharge Goal:** 04, Supervision or touching assistance
- **Rationale:** Based on her prior mobility status and motivation to improve, it is anticipated that Mrs. S will require contact guard assistance when walking 50 feet and making two turns using a rollator walker by discharge

GG0170. Mobility (cont. 18)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 19)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170K. Walk 150 feet

- **SOC/ROC Performance Coding:** 09, Not applicable.
- **Rationale:** This activity was not attempted as Mrs. S was not walking 150 feet prior to her current injury.

- **Discharge Goal:** 09, Not applicable.
- **Rationale:** It is not expected that Mrs. S will perform this activity by discharge. Mrs. S was not walking more than 60 feet prior to her hip fracture; therefore, this activity goal is not applicable.

GG0170. Mobility (cont. 20)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 21)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
8 8	0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170L. Walking 10 feet on uneven surfaces

- **SOC/ROC Performance Coding:** 88, Not attempted due to medical conditions or safety concerns.
- **Rationale:** Mrs. S reported that she could perform this activity prior to her hip fracture with standby assistance. However, due to the patient's fatigue and decreased endurance, this activity was not attempted during the SOC assessment.

- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** Based on prior mobility status, it is anticipated that Mrs. S will require contact guard assistance when walking 10 feet on uneven surfaces using her rollator walker.

GG0170. Mobility (cont. 22)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
8 8	0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 23)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
8 8	0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
8 8	0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170M. 1 step (curb)

- **SOC/ROC Performance Coding:** 88, Not attempted due to medical conditions or safety concerns
- **Rationale:** 1 step (curb) was not attempted at the SOC assessment due to the patient's medical condition and safety concerns

- **Discharge Goal:** 04, Supervision or touching assistance
- **Rationale:** It is anticipated that Mrs. S will require contact guard assistance to go up and down 1 step (curb)

GG0170. Mobility (cont. 24)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
8 8	0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
8 8	0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 25)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
8 8	0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
8 8	0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	0 4	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170N. 4 steps

- **SOC/ROC Performance Coding:** Skipped.
- **Rationale:** This activity was not attempted at the SOC assessment. Since Mrs. S was unable to go up and down 1 step (curb) due to her medical condition and safety concerns, 4 steps were not attempted.

- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** It is anticipated that Mrs. S will require contact guard assistance to go up and down 4 steps.

GG0170. Mobility (cont. 26)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
8 8	0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
8 8	0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	0 4	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 27)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
0 3	0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
8 8	0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
8 8	0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
8 8	0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	0 4	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	0 4	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.

GG0170O. 12 steps

- **SOC/ROC Performance Coding:** Skipped.
- **Rationale:** This activity was not attempted at the SOC assessment. Since Mrs. S was unable to go up and down 1 step (curb) due to her medical condition and safety concerns, 12 steps were not attempted.

- **Discharge Goal:** 04, Supervision or touching assistance.
- **Rationale:** It is anticipated that Mrs. S will require contact guard assistance to go up and down 12 steps.

GG0170. Mobility (cont. 28)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		☐ **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
☐☐	☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 29)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		☐ **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
☐☐	☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170P. Picking up object

- **SOC/ROC Performance Coding:** 88, Not attempted due to medical conditions or safety concerns
- **Rationale:** Picking up an object was not assessed during the SOC assessment due to safety concerns

- **Discharge Goal:** 05, Setup or clean-up assistance
- **Rationale:** It is anticipated that Mrs. S will complete this activity from a bending or stooping position after setup of adaptive equipment, such as a reacher

GG0170. Mobility (cont. 30)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		☐ **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
☐☐	☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 31)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
		R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170Q. Does patient use wheelchair and/or scooter?

- **SOC/ROC Performance Coding:** 1, Yes
- **Rationale:** The patient used a manual wheelchair for self-mobilizing around her home during the SOC assessment

GG0170. Mobility (cont. 32)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
		R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 33)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 2	0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170R. Wheel 50 feet with two turns

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** Once seated in her manual wheelchair, Mrs. S could only propel herself 20 feet before requiring some assistance to complete a turn. Mark then wheeled her the remaining 30 feet to complete the activity.

- **Discharge Goal:** 06, Independent.
- **Rationale:** It is anticipated that Mrs. S' endurance will improve, allowing her to wheel 50 feet in a manual wheelchair and make two turns without assistance.

GG0170. Mobility (cont. 34)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 2	0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 35)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 2	0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170RR1. Indicate the type of wheelchair or scooter used

- **Coding:** 1, Manual
- **Rationale:** Mrs. S uses a manual wheelchair

GG0170. Mobility (cont. 36)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 2	0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 37)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 2	0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
0 2	0 2	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170S. Wheel 150 feet

- **SOC/ROC Performance Coding:** 02, Substantial/maximal assistance.
- **Rationale:** After propelling herself 20 feet, Mrs. S became fatigued, and Mark propelled her the remaining distance. Mark contributed more than half of the effort to complete this activity.

- **Discharge Goal:** 02, Substantial/maximal assistance.
- **Rationale:** It is anticipated that Mrs. S will return to her prior level of function, self-propelling approximately 70 feet. She will require a helper to propel her further distances, such as 150 feet.

GG0170. Mobility (cont. 38)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 2	0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
0 2	0 2	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 39)

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
8 8	0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		1 — **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 2	0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
0 2	0 2	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170SS1. Indicate the type of wheelchair or scooter used

- **Coding:** 1, Manual
- **Rationale:** Mrs. S used a manual wheelchair

Discharge Assessment

GG0130. Self-Care

GG0130. Self-Care (cont. 14)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
☐☐	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
☐☐	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
☐☐	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
☐☐	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
☐☐	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 15)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
	B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
	C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130A. Eating

- **Discharge Performance Coding:** 06, Independent.
- **Rationale:** Mrs. S could set the table and prepare her own meals. She could eat and drink without assistance.

GG0130. Self-Care (cont. 16)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
	B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
	C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 17)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
	C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130B. Oral hygiene

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could brush her teeth without assistance

GG0130. Self-Care (cont. 18)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
	C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 19)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130C. Toileting hygiene

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S performed her perineal hygiene without assistance

GG0130. Self-Care (cont. 20)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 21)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 6	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130E. Shower/bathe self

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could independently bathe herself while seated on a shower chair

GG0130. Self-Care (cont. 22)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 6	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 23)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 6	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130F. Upper body dressing

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could dress her upper body without assistance

GG0130. Self-Care (cont. 24)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 6	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 25)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 6	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
0 6	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130G. Lower body dressing

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could dress her lower body without assistance

GG0130. Self-Care (cont. 26)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 6	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
0 6	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130. Self-Care (cont. 27)

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
0 6	**B. Oral Hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	**C. Toileting Hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
0 6	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
0 6	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
0 6	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
0 6	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG0130H. Putting on/taking off footwear

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could put on and take off her socks and shoes independently with the use of adaptive equipment

Discharge Assessment

GG0170. Mobility

GG0170. Mobility (cont. 40)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 41)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170A. Roll left and right

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S was independent with rolling to left and right and onto her back

GG0170. Mobility (cont. 42)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 43)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170B. Sit to lying

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could roll side to side and onto her back without any assistance

GG0170. Mobility (cont. 44)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 45)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170C. Lying to sitting on side of bed

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could move from a supine to sitting position without any assistance

GG0170. Mobility (cont. 46)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 47)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170D. Sit to stand

- **Discharge Performance Coding:** 06, Independent.
- **Rationale:** Mrs. S could stand from a sitting position without any assistance. Once standing, she used her rollator walker to steady herself.

GG0170. Mobility (cont. 48)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 49)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 6	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170E. Chair/bed-to-chair transfer

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S completed chair/bed-to-chair transfers independently with the use of her rollator walker

GG0170. Mobility (cont. 50)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 6	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 51)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 6	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
0 6	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170F. Toilet transfer

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could get on and off the bathroom toilet independently using a raised toilet seat

GG0170. Mobility (cont. 52)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 6	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
0 6	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170. Mobility (cont. 53)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
0 6	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 6	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
0 6	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 6	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
0 6	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
0 4	**G. Car Transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

GG0170G. Car transfer

- **Discharge Performance Coding:** 04, Supervision or touching assistance
- **Rationale:** Mrs. S could complete car transfers with contact guard assistance and the use of her rollator walker

GG0170. Mobility (cont. 54)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
☐☐	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
☐☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
☐☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 55)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170I. Walk 10 feet

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S could walk 10 feet using a rollator walker without assistance

GG0170. Mobility (cont. 56)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 57)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170J. Walk 50 feet with two turns

- **Discharge Performance Coding:** 04, Supervision or touching assistance.
- **Rationale:** Mrs. S could walk 50 feet and make 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 (cont. 58)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 59)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170K. Walk 150 feet

- **Discharge Performance Coding:** 09, Not applicable.
- **Rationale:** This activity was not attempted. Mrs. S was not walking 150 feet prior to her current injury.

GG0170. Mobility (cont. 60)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 61)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170L. Walking 10 feet on uneven surfaces

- **Discharge Performance Coding:** 04, Supervision or touching assistance
- **Rationale:** Mrs. S could walk 10 feet on uneven surfaces with contact guard assistance using her rollator walker

GG0170. Mobility (cont. 62)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 63)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	N. 4 steps: The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 64)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
0 4	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

GG0170. Mobility (cont. 65)

GG0170. Mobility	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
3. Discharge Performance **Enter Codes in Boxes**	
0 6	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
0 4	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
0 9	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
0 4	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
0 4	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
0 4	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
0 4	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.

GG0170M-O: 1 step (curb), 4 steps, 12 steps

- **Discharge Performance Coding:** 04, Supervision or touching assistance.
- **Rationale:** Mrs. S required contact guard assistance to complete 1 step, 4 steps, and 1 flight of stairs (12 steps)

GG0170. Mobility (cont. 66)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
☐☐	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	☐	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 67)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
		Q. Does patient use wheelchair and/or scooter? **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170P: Picking up object

- **Discharge Performance Coding:** 05, Setup or clean-up assistance
- **Rationale:** Mrs. S could independently retrieve an object by bending from a standing position once adaptive equipment was set up

GG0170. Mobility (cont. 68)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
		Q. Does patient use wheelchair and/or scooter? **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 69)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170Q: Does patient use wheelchair and/or scooter?

- **Coding:** 1, Yes
- **Rationale:** Mrs. S used a manual wheelchair

GG0170. Mobility (cont. 70)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 71)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170R: Wheel 50 feet with two turns

- **Discharge Performance Coding:** 06, Independent
- **Rationale:** Mrs. S wheeled herself 50 feet and completed two turns without any assistance

GG0170. Mobility (cont. 72)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 73)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170RR3: Indicate the type of wheelchair or scooter used

- **Coding:** 1, Manual
- **Rationale:** Mrs. S uses a manual wheelchair

GG0170. Mobility (cont. 74)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 75)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
0 2	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170S: Wheel 150 feet

- **Discharge Performance Coding:**
  02, Substantial/maximal assistance.
- **Rationale:** Mrs. S could wheel herself 60 feet, which is nearly her prior level of function. A helper was needed to propel her manual wheelchair the remaining 90 feet. The helper contributed more than half of the effort to complete this activity.

GG0170. Mobility (cont. 76)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
0 2	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170. Mobility (cont. 77)

GG0170. Mobility		
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.		
3. Discharge Performance **↓ Enter Codes in Boxes**		
0 5	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
	1	**Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
0 6	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
		RR3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**
0 2	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
		SS3. Indicate the type of wheelchair or scooter used. **1. Manual** **2. Motorized**

GG0170SS3: Indicate the type of wheelchair or scooter used

- **Coding:** 1, Manual
- **Rationale:** Mrs. S used a manual wheelchair

Discharge Assessment

J1800. Any Falls Since SOC/ROC

J1800. Any Falls Since SOC/ROC

J1800.	**Any Falls Since SOC/ROC,** whichever is more recent
Enter Code	Has the patient **had any falls since SOC/ROC,** whichever is more recent**?** 0. **No** → Skip J1900 1. **Yes** → Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent

J1800. Any Falls Since SOC/ROC (cont. 1)

J1800.	**Any Falls Since SOC/ROC,** whichever is more recent
Enter Code **1**	Has the patient **had any falls since SOC/ROC,** whichever is more recent**?** 0. **No** → Skip J1900 1. **Yes** → Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent

J1800. Any Falls Since SOC/ROC (cont. 2)

- **Coding:** 1, Yes
- **Rationale:** Mrs. S reported sustaining a fall during the care episode when she attempted to climb the stairs without assistance

Discharge Assessment

J1900. Number of Falls Since SOC/ROC

J1900. Number of Falls Since SOC/ROC

J1900.	**Number of Falls Since SOC/ROC,** whichever is more recent	
CODING: 0. None 1. One 2. Two or more	↓ **Enter Codes in Boxes**	
	☐	**A. No injury:** No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
		B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
		C. Major injury: Bone **fractures**, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1900. Number of Falls Since SOC/ROC (cont. 1)

J1900.	**Number of Falls Since SOC/ROC,** whichever is more recent	
CODING: 0. None 1. One 2. Two or more	↓ **Enter Codes in Boxes**	
	0	**A. No injury:** No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
		B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
		C. Major injury: Bone **fractures**, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1900. Number of Falls Since SOC/ROC (cont. 2)

J1900.	**Number of Falls Since SOC/ROC,** whichever is more recent	
CODING: 0. None 1. One 2. Two or more	↓ **Enter Codes in Boxes**	
	0	**A. No injury:** No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
		B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
		C. Major injury: Bone **fractures**, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1900. Number of Falls Since SOC/ROC (cont. 3)

J1900.	**Number of Falls Since SOC/ROC,** whichever is more recent	
CODING: 0. None 1. One 2. Two or more	↓ **Enter Codes in Boxes**	
	0	**A. No injury:** No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
		B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
		C. Major injury: Bone **fractures**, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

J1900. Number of Falls Since SOC/ROC (cont. 4)

- **Coding:**
  - **J1900A. No injury:** 0.
  - **J1900B. Injury (except major):** 1.
  - **J1900C. Major injury:** 0.

- **Rationale:** Mrs. S sustained a fall on November 26 that resulted in a bruise and an abrasion (Injury, except major). She had no other falls since the most recent SOC/ROC.

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