



Long-Term Care Hospital Quality Reporting Program Provider Training



Section GG:

Functional Abilities and Goals

Anne Deutsch, R.N., Ph.D., CRRN
Terry Kahlert Eng, Ph.D., R.N.

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Section GG: Objectives

- Demonstrate a working knowledge of Section GG: Functional Abilities and Goals.
- Articulate the intent of Section GG.
- Interpret the coding options for each new item and when they would be applied.
- Apply coding instructions in order to accurately code practice scenario(s).
- Clarify frequently asked questions about Section GG.

Section GG: New Items

The following items in Section GG are **new** to the LTCH CARE Data Set v3.00, effective April 1, 2016.

Item:	Assessment:
GG0100. Prior Functioning: Everyday Activities	Admission
GG0110. Prior Device Use	Admission
GG0130. Self-Care	Admission & Planned Discharge
GG0170. Mobility	Admission & Planned Discharge

Section GG: Changes

The following items in Section GG have been **revised** in the LTCH CARE Data Set v3.00, effective April 1, 2016.

v2.01		v3.00
GG0160A	replaced with	GG0170A
GG0160B	replaced with	GG0170B
GG0160C	replaced with	GG0170C

Section GG: Intent

- Items focus on:
 - Prior functioning.
 - Admission and discharge self-care and mobility performance.
 - Discharge Goals.
- The admission and discharge self-care and mobility items assess the patient's need for assistance with self-care and mobility activities.

Section GG: Intent

- Many patients in LTCHs have self-care and mobility limitations, and most are at risk of further functional decline and complications due to limited mobility.

GG0100

Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities. Indicate the patient's usual ability with e illness, exacerbation, or injury.	
<p>3. Independent - Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</p> <p>2. Needed Some Help - Patient needed partial assistance from another person to complete activities.</p> <p>1. Dependent - A helper completed the activities for the patient.</p> <p>8. Unknown</p> <p>9. Not Applicable</p>	<p>↓ Enter Codes</p> <p><input type="checkbox"/></p> <p>B. Indoor need (with walker) prior to the current illness, exacerbation, or injury.</p>

3. Independent - Patient without an assistive de

2. Needed Some Help - to complete activities.

1. Dependent - A helper

8. Unknown

9. Not Applicable



GG0100 Item Rationale

Knowledge of the patient's functioning prior to the current illness, exacerbation, or injury may inform treatment goals.

GG0100 Steps for Assessment

1. Interview patient or family.
2. Review patient's medical records describing patient's prior functioning with everyday activities.

GG0100 Coding Instructions

Complete only if A0250 = 01 Admission.

- **Code 3, Independent**, if the patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.
- **Code 2, Needed Some Help**, if the patient needed partial assistance from another person to complete activities.
- **Code 1, Dependent**, if the helper completed the activities for the patient.
- **Code 8, Unknown**, if the patient's usual ability prior to the current illness, exacerbation, or injury is unknown.
- **Code 9, Not Applicable**, if the activity was not applicable to the patient prior to the current illness, exacerbation, or injury.

GG0100 Coding Tips

- Record the patient's usual ability to perform indoor mobility (ambulation) prior to the current illness, exacerbation, or injury.
- If no information about the patient's ability is available after attempts to interview patient or family and after reviewing patient's medical record, **Code 8, Unknown.**

GG0110

Prior Device Use

GG0110 Item Rationale

Knowledge of the patient's use of devices and aids immediately prior to the current illness, exacerbation, or injury may inform treatment goals.

GG0110 Steps for Assessment

1. Interview patient or family.
2. Review the patient's medical record describing the patient's use of prior devices and aids.
3. Only report devices and aids used immediately prior to the current illness, exacerbation, or injury.

GG0110 Coding Instructions

Complete only if A0250 = 01 Admission.

- **Check all devices that apply:**
 - A. Manual wheelchair
 - B. Motorized wheelchair or scooter
 - C. Mechanical lift
- **Check Z, None of the above,** if the patient did not use any of the listed devices or aids immediately prior to the current illness, exacerbation, or injury.

GG0130

Self-Care

Section GG: GG0130. Self-Care (3-day assessment period)

GG0130. Self-Care (3-day assessment period)		
<p>Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).</p>		
<p>CODING: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p>	<p>1. Admission Performance</p>	<p>2. Discharge Goal</p>
	<p>↓ Enter Codes in Boxes ↓</p>	
<p>06. Independent - Patient completes the activity by him/herself with no assistance from a helper.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<p>05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<p>04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<p>03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<p>02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<p>01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p>		
<p>If activity was not attempted, code reason:</p> <p>07. Patient refused 09. Not applicable 88. Not attempted due to medical condition or safety concerns</p>		
		<p>A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.</p> <p>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.]</p> <p>C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.</p> <p>D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.</p>



GG0130 Item Rationale

LTCH patients may:

- have self-care limitations on admission;
- be at risk of further functional decline during their LTCH stay.

GG0130 Steps for Assessment

1. Assess the patient's self-care status during the 3-day assessment period based on:
 - Direct observation.
 - The patient's self-report.
 - Family reports.
 - Direct care staff reports documented in the patient's medical record.
2. Patients should be allowed to perform activities as independently as possible, as long as they are safe.

GG0130 Steps for Assessment

3. If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.
4. Activities may be completed with or without assistive device(s).
 - Use of assistive device(s) to complete an activity should not affect coding of the activity.

GG0130 Steps for Assessment

5. If the patient's self-care performance varies during the assessment period, report the patient's usual status.
 - **Not** the patient's most independent performance.
 - **Not** the patient's most dependent episode.

6. Refer to facility, Federal, and State policies and procedures to determine which LTCH staff members may complete an assessment. Patient assessments are to be done in compliance with facility, Federal, and State requirements.

Usual Status

Admission:

- The assessment should be completed soon after the patient's admission.
- The assessment code should be based upon an assessment before therapy begins in order to reflect the patient's baseline status.
- If the patient's performance varies, code the patient's usual status.

Discharge:

- Discharge assessment code should reflect the patient's status close to the patient's discharge.

Usual Status

- A patient's functional status can be impacted by the environment or situations encountered at the facility.
- Observing the patient's interactions with others in different locations and circumstances is important for a comprehensive understanding of the patient's function status.
- If the patient's status varies, record the patient's usual ability to perform each activity.
 - Do not record the patient's best performance and worst performance; instead, record the patient's usual performance.

GG0130 Coding Instructions

- Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.
- Code the patient's usual performance for each activity using the 6-point scale:
 - Code **"06"** for Independent.
 - Code **"05"** for Setup or cleanup assistance.
 - Code **"04"** for Supervision or touching assistance.
 - Code **"03"** for Partial/moderate assistance.
 - Code **"02"** for Substantial/maximal assistance.
 - Code **"01"** for Dependent.

GG0130 Coding Instructions

- Code “**07**” for Patient refused.
- Code “**09**” for Not applicable.
- Code “**88**” for Not attempted due to medical condition or safety concerns.

GG0130 Key Coding Questions

- Does the patient need assistance (physical, verbal/ non-verbal cueing, setup/cleanup) to complete the self-care activity?
 - If no, **Code 06, Independent**
 - If yes...
- Does the patient need only setup or cleanup assistance from one helper?
 - If yes, **Code 05, Setup or cleanup**
 - If no...

GG0130 Key Coding Questions

- Does the patient need only verbal/non-verbal cueing, or steadying/touching assistance from one helper?
 - If yes, **Code 04, Supervision or touching assistance.**
 - If no...
- Does the patient need lifting assistance or trunk support from one helper with the helper providing **less** than half of the effort?
 - If yes, **Code 03, Partial/moderate assistance.**
 - If no...

GG0130 Key Coding Questions

- Does the patient need lifting assistance or trunk support from one helper with the helper providing **more** than half of the effort?
 - If yes, **Code 02, Substantial/maximal assistance.**
 - If no...
- Does the helper provide **all** of the effort to complete the activity? OR Is the assistance of **two or more** helpers required to complete the activity?
 - If yes, **Code 01, Dependent.**

GG0130 Key Coding Questions

- Why was the activity not attempted? Code reason:
 - **Code 07, Patient refused**, if the patient refused to complete the activity.
 - **Code 09, Not applicable**, if the patient did not perform this activity prior to the current illness, exacerbation, or injury.
 - **Code 88, Not attempted due to medical condition or safety concerns**, if the activity was not attempted due to medical condition or safety concerns.

GG0130 Coding Tips

- Review documentation in the medical record for the 3-day assessment period.
- Talk with direct care staff.
- Use probing questions.
- Observe the patient as he/she performs each self-care activity.

GG0130 Coding Tips

- Be specific in evaluating each component.
- Record the patient's **actual** ability to perform each activity.
- Score will be based on the amount of assistance/effort provided.
- Activities may be completed with or without assistive devices.

GG0130 Use of the Dash

- A dash (“-”) sign indicates “No information.”
- CMS expects dash use for Admission and Discharge Performance items to be a rare occurrence.
- Do not use a dash (“-”) if the item was not assessed because:
 - Patient refused (code 07).
 - Item is not applicable (code 09).
 - Activity was not attempted due to medical condition or safety concerns (code 88).

GG0130 Use of the Dash

- Use of dashes for Admission and Discharge Performance items may result in a payment reduction.
- Completion of at least one discharge goal is required for one of the self-care or mobility items for each patient.
- While a dash should be a rare occurrence, the use of the dash in the coding of a discharge goal is permitted.
- Using the dash in this allowed instance does not affect APU determination.

GG0130A

Self-Care: Eating

Section GG: GG0130A. Eating

GG0130. Self-Care (3-day a		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
<input type="text"/>	<input type="text"/>	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.]
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

GG0130A Coding Tips

- GG0130A. Eating:
 - Assesses eating and drinking by mouth only.
 - If the patient eats and drinks by mouth and relies on tube feedings to supplement nutrition or fluid intake, code based on assistance with eating by mouth only.
 - Do not code assistance with tube feeding administration.

GG0130A Coding Scenario

Eating:

- Ms. M's medical conditions include chronic respiratory disease, sepsis, and morbid obesity, which affect her endurance and strength.
- Ms. M prefers to feed herself as much as she is capable.
- After eating a quarter of her meal by herself, Ms. M usually becomes extremely fatigued and requests assistance from the certified nursing assistant to feed her the remainder of the meal.

How would you code GG0130A?

What is your rationale?

GG0130A Practice Coding Scenario

Eating:

- Mr. C is unable to eat or drink by mouth since he had a stroke 1 week ago.
- He receives nutrition and fluids through a gastrostomy tube (G-tube), which are administered by nurses.

GG0130B

Self-Care: Oral Hygiene

GG0130B. Oral Hygiene

GG0130. Self-Care (3-day a		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
<input type="text"/>	<input type="text"/>	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.]
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

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.]

GG0130B Coding Scenario

Oral Hygiene:

- Mrs. F brushes her teeth while sitting on the side of the bed.
- The certified nursing assistant gathers her toothbrush, toothpaste, water, and an empty cup and puts them on the bedside table for her before leaving the room.
- Once Mrs. F is finished brushing her teeth, which she does without any help, the certified nursing assistant returns to gather her items and dispose of the waste.

How would you code GG0130B?

What is your rationale?

GG0130B Practice Coding Scenario (1)

Oral Hygiene:

- Mr. W is edentulous (without teeth) and his dentures no longer fit his gums.
- The helper applies toothpaste onto his toothbrush. Mr. W begins to brush his upper gums, but cannot finish due to fatigue.
- The helper completes the activity of oral hygiene by brushing his back upper gums and his lower gums.

GG0130B Practice Coding Scenario (2)

Nurse: “Does Mrs. K help with brushing her teeth?”

CNA: “She can help clean her teeth.”

Nurse: “How much help does she need to brush her teeth?”

CNA: “She usually gets tired after starting to brush her upper teeth. I have to brush most of her teeth.”

GG0130C

Self-Care: Toileting Hygiene

GG0130C. Toileting Hygiene

GG0130. Self-Care (3-day a		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
<input type="text"/>	<input type="text"/>	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.]
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.

GG0130C Coding Scenario

Toileting Hygiene:

- Mrs. J uses a bedside commode.
- The certified nursing assistant provides steadying (touching) assistance as Mrs. J pulls down her underwear before sitting down on the toilet.
- When Mrs. J is finished voiding or having a bowel movement, the certified nursing assistant provides steadying assistance as Mrs. J wipes her perineal area and pulls up her underwear without assistance.

How would you code GG0130C?

What is your rationale?

GG0130C Practice Coding Scenario (1)

Toileting Hygiene:

- Ms. Q has a progressive neurological disease that affects her fine and gross motor coordination, balance, and activity tolerance.
- She wears a hospital gown and underwear during the day. Ms. Q uses the bedside commode. She steadies herself with one hand and tries pulling down her underwear with the other hand but needs assistance from the helper to complete this activity due to her coordination impairment.
- After voiding, Ms. Q wipes her perineal area without assistance while sitting on the commode. When Ms. Q has a bowel movement, the certified nursing assistant performs perianal hygiene. Ms. Q is too fatigued at this point and requires full assistance to pull up her underwear.

GG0130C Practice Coding Scenario (2)

Nurse: “I understand Mrs. J wears a hospital gown and underwear. Describe to me how Mrs. J usually does her toileting hygiene. Is she able to manage her clothing before and after going to the bathroom and is she able to wipe herself?”

CNA: “She needs help getting to the bathroom and some help to wipe herself.”

Nurse: “She needs assistance to complete her perineal hygiene. Does she manage her underwear before and after using the toilet without you giving her physical assistance, cues, or setting her up with the toilet paper?”

CNA: “No, I have to physically hold onto her gait belt and support her as I pull her underwear down. She wipes her perineal area and then I pull up her underwear afterwards.”

GG0130D

Self-Care: Wash Upper Body

GG0130D.

Wash Upper Body

GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
<input type="text"/>	<input type="text"/>	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.]
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

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GG0130D Coding Scenario

Wash Upper Body:

- Mr. D has amyotrophic lateral sclerosis and has upper extremity weakness and uncontrollable twitching.
- Mr. D is very motivated to perform the activity of washing his upper body. The nurse always offers to work with Mr. D hand-over-hand for the activity to manage his twitching while he washes, rinses, and dries his face, hands, arms, and chest.
- Mr. D requires the nurse to move his hands and contain his tremors during this activity, thus the majority (more than half) of the activity effort is performed by the nurse.

How would you code GG0130D?

What is your rationale?

GG0130D Practice Coding Scenario (1)

Wash Upper Body:

- Mrs. L has severe rheumatoid arthritis and peripheral vascular disease that affects her hands with joint pain, weakness, numbness, and tingling.
- Mrs. L uses a wash mitt to wash her upper arms and part of her chest. The certified nursing assistant helps to wash and rinse her face and part of her chest.
- Mrs. L rinses her arms and chest after the certified nursing assistant places a rinsed mitt on her hand. She soaks her hands in soapy water and rinses them under the faucet that is set up for her use. Mrs. L slowly dries herself with a towel.

GG0130D Practice Coding Scenario (2)

- Nurse:** “Describe how Mr. C usually washes his upper body. Specifically, does he wash, rinse, and dry his face, hands, chest, and arms while sitting in a chair or bed?”
- CNA:** “He has to sit in his bed because he’s too weak in the morning to get to the sink, and I have to help him do most of it.”
- Nurse:** “What can Mr. C complete for himself when washing, rinsing, and drying his upper body? Does he need instructions, safety reminders, setup, or physical help?”
- CNA:** “I have to give him a basin of water, washcloth, and open his soap container, lather his wash rag and place it in his hand. I encourage him to wash his arms, but he always gets tired after washing one of his arms. I then do all the remaining washing, rinsing, and drying of his upper body. I’ve tried giving him a little rest break before asking him to continue washing himself, but he then complains of feeling cold and wants me to finish washing him. After washing his upper body, I have to clean up the wash basin, washcloth, and soap for him.”

GG0130. Self-Care Discharge Goal

GG0130. Self-Care (3-day assessment period)			
Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).			
CODING: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Patient completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. If activity was not attempted, code reason: 07. Patient refused 09. Not applicable 88. Not attempted due to medical condition or safety concerns	1. Admission Performance	2. Discharge Goal	
	↓ Enter Codes in Boxes ↓		
	<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
	<input type="text"/>	<input type="text"/>	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.]
	<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
	<input type="text"/>	<input type="text"/>	D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.



GG0130 Discharge Goal Coding Tips

- Use the 6-point scale to code the patient's Discharge Goal(s).
- Do not use codes 07, 09, or 88 to code Discharge Goal(s).
- Use a dash (-) to indicate that a specific activity is not a goal.
- Of note, one goal must be indicated for either self-care or mobility.
- Using the dash in this allowed instance does not affect APU determination

GG0130 Discharge Goal Coding Tips

- Licensed clinicians can establish a patient's Discharge Goal(s) at the time of admission based on:
 - Admission Assessment.
 - Discussions with the patient and family.
 - Professional judgment.
 - Professional's standard of practice.
- Goals should be established as part of the patient's care plan.

GG0130 Discharge Goal Coding Tips

- Goals may be determined by the clinician's consideration of:
 - Patient's medical condition(s).
 - Expected treatments.
 - Patient motivation to improve.
 - Anticipated length of stay based on patient's condition(s).
 - Prior self-care and mobility status.
 - Current multiple diagnoses.
 - Discussions with patient and family concerning discharge goals.
 - Anticipated assistance for patient at planned discharge setting/home.

GG0130 Discharge Goal Coding Tips

- If the admission performance of an activity was coded 88, Not attempted due to medical condition or safety concern during the admission assessment, a discharge goal may be submitted using the 6-point scale if the patient is expected to perform the activity by discharge.

GG0130 Discharge Goal

Coding Tips

For the quality measures:

- Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

And for the cross-setting quality measure:

- Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)

GG0130 Discharge Goal Example (1)

Discharge Goal Code Is Higher than Admission Performance Code.

Wash Upper Body Admission Performance:

- Mr. M prefers to wash himself rather than depending on helpers or his wife.
- The clinician assesses Mr. M's admission performance for Wash Upper Body and codes Mr. M's Admission Performance as **02, Substantial/maximal assistance.**

GG0130 Discharge Goal Example (1)

Wash Upper Body Discharge Goal:

The clinician reflects upon the patient's:

- Prior self-care functioning,
- Current diagnoses,
- Expected treatments,
- Motivation to improve,
- Anticipated length of stay, and
- Medical prognosis.

The clinician discusses discharge goals with the patient and family and they anticipate that by discharge Mr. M will require a helper to do less than half the effort in assisting him to complete the activity of upper body washing.

Coding: The clinician codes the Discharge Goal as **03, Partial/moderate assistance.**

GG0130 Discharge Goal Example (2)

Discharge Goal Code Is the Same as Admission Performance Code

- The clinician anticipates that the patient will have the same level of function for oral hygiene at admission and discharge.
- The patient's admission performance code is coded and the discharge goal is coded at the same level.

GG0130 Discharge Goal Example (2)

Oral Hygiene Admission Performance:

- Mrs. E has severe arthritis, Parkinson's disease, diabetic neuropathy, and renal failure. These conditions result in multiple impairments.
- The clinician observes Mrs. E's admission performance and discusses her usual performance with clinicians, caregivers, and family to determine the necessary interventions for skilled therapy.

Coding: The clinician codes Mrs. E's admission performance as **02, Substantial/maximal assistance.**

GG0130 Discharge Goal Example (2)

Oral Hygiene Discharge Goal:

Due to Mrs. E's progressive and degenerative condition, the clinician and patient feel that, while Mrs. E is not expected to make gains in oral hygiene performance, maintaining her function at this same level is desirable and achievable as a discharge goal.

Coding: The clinician anticipates her discharge performance will remain **02, Substantial/maximal assistance.**

GG0130 Discharge Goal Example (3)

Discharge Goal Code Is Lower than Admission Performance Code:

- Mrs. T's participation in skilled therapy is expected to slow down the pace of her anticipated functional deterioration.
- The patient's discharge *goal* code will be lower than the *admission performance* code.

GG0130 Discharge Goal Example (3)

Toileting Hygiene Admission Performance:

- Mrs. T has a progressive neurological illness.
- She prefers to use a bedside commode for as long as possible rather than using incontinence undergarments.

Coding: The clinician codes the admission performance as **03, Partial/moderate assistance.**

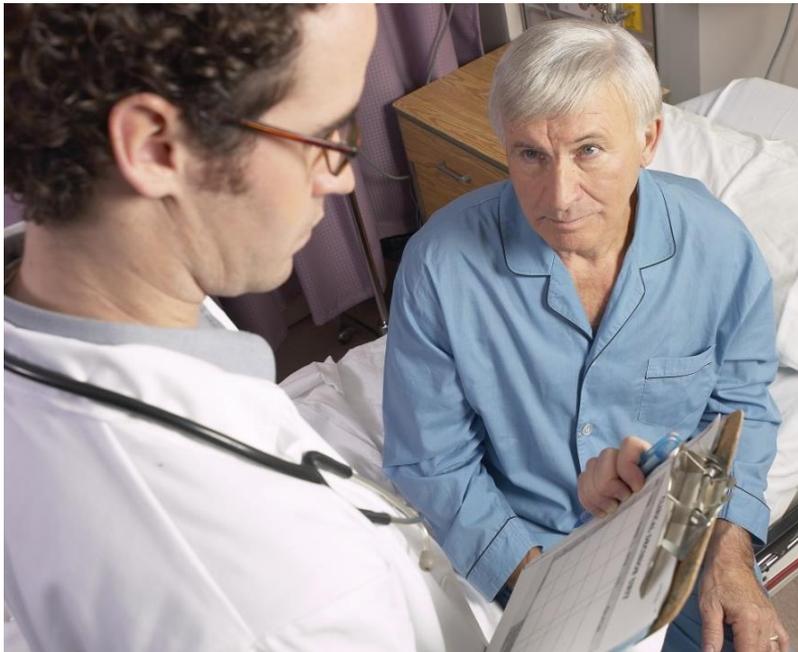
GG0130 Discharge Goal Example (3)

Toileting Hygiene Discharge Goal:

By discharge, it is expected that Mrs. T will need assistance with toileting hygiene and that the helper will perform more than half the effort.

Coding: The clinician codes her discharge goal as **02, Substantial/maximal assistance.**

Case Study: Mr. F



- Please work in groups at your table to code the Admission Performance and Discharge Goals for GG0130 on Mr. F's Admission Assessment.
- We will debrief in 10 minutes.

GG0170

Mobility (3-Day Assessment Period)

GG0170. Mobility

(3-day assessment period)

GG0170. Mobility (3-day assessment period)			
Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).			
CODING: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Patient completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. If activity was not attempted, code reason: 07. Patient refused 09. Not applicable 88. Not attempted due to medical condition or safety concerns	1. Admission Performance	2. Discharge Goal	
	↓ Enter Codes in Boxes ↓		
	<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
	<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to safely 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.
	<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
	<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
	<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.
		<input type="checkbox"/>	H1. Does the patient walk? 0. No, and walking goal is not clinically indicated → <i>Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i> 1. No, and walking goal is clinically indicated → <i>Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i> 2. Yes → <i>Continue to GG0170I. Walk 10 feet</i>
	<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
	<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
	<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		<input type="checkbox"/>	Q1. Does the patient use a wheelchair/scooter? 0. No → <i>Skip to H0350. Bladder Continence</i> 1. Yes → <i>Continue to GG0170R. Wheel 50 feet with two turns</i>
	<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/>	RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized
	<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/>	SS1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized

GG0170 Item Rationale

LTCH patients may:

- have mobility limitations on admission.
- be at risk of further functional decline during their LTCH stay.

GG0170 Steps for Assessment

1. Assess the patient's mobility abilities based on:
 - Direct observation.
 - Patient's self-report.
 - Reports from the clinician, care staff, or family as documented in the medical record during the 3-day assessment period.
2. Patients should be allowed to perform activities as independently as possible, as long as they are safe.

GG0170 Steps for Assessment

3. If helper assistance is required because the patient's performance is unsafe or of poor quality, score according to amount of assistance provided.
4. Activities may be completed with or without assistive device(s).
 - Use of assistive device(s) to complete an activity should not affect coding of the activity.

GG0170 Steps for Assessment

5. If the patient's mobility performance varies during the assessment period, report the patient's usual status.
 - **Not** the patient's most independent performance.
 - **Not** the patient's most dependent episode.
6. Refer to facility, Federal, and State policies and procedures to determine which LTCH staff members may complete an assessment. Patient assessments are to be done in compliance with facility, Federal, and State requirements.

GG0170 Coding Instructions

- Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.
- Code the patient's usual performance for each activity using the 6-point scale:
 - Code **"06"** for Independent.
 - Code **"05"** for Setup or cleanup assistance.
 - Code **"04"** for Supervision or touching assistance.
 - Code **"03"** for Partial/moderate assistance.
 - Code **"02"** for Substantial/maximal assistance.
 - Code **"01"** for Dependent.

GG0170 Coding Instructions

- Code “**07**” for Patient refused.
- Code “**09**” for Not applicable.
- Code “**88**” for Not attempted due to medical condition or safety concerns.

GG0170 Coding Tips

- Review documentation in the medical record for the 3-day assessment period.
- Talk with direct care staff.
- Use probing questions.
- Observe the patient as he/she performs each mobility activity.

GG0170 Coding Tips

- Be specific in evaluating each component.
- Record the patient's **actual** ability to perform each activity.
- Score will be based on the amount of assistance/effort provided.
- Activities may be completed with or without assistive devices.

GG0170 Use of the Dash

- A dash (“-”) sign indicates “No information.”
- CMS expects dash use for Admission and Discharge Performance items to be a rare occurrence.
- Do not use a dash (“-”) if the item was not assessed because:
 - Patient refused (code 07).
 - Item is not applicable (code 09).
 - Activity was not attempted due to medical condition or safety concerns (code 88).

GG0170 Use of the Dash

- Use of dashes for Admission and Discharge Performance items may result in a payment reduction.
- Completion of at least one discharge goal is required for one of the self-care or mobility items for each patient.
- While a dash should be a rare occurrence, the use of the dash in the coding of a discharge goal is permitted.
- Using the dash in this allowed instance does not affect APU determination.

GG0170A

Mobility: Roll Left and Right

GG0170A.

Roll Left and Right

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to safely 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.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.

A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.

GG0170A Practice Coding Scenario

Roll Left and Right:

- Mr. R has a history of skin breakdown. The nurse instructs him to turn onto his right side providing step-by-step instructions to use the bedrail, bend his left leg, and then roll onto his right side.
- The patient attempts to roll with the use of the bedrail, but indicates he cannot do the task. The nurse then rolls him onto his right side.
- Next, the patient is instructed to return to lying on his back, which he successfully completes.
- Mr. R then requires physical assistance from the nurse to roll onto his left side and to return to lying on his back to complete the activity.

GG0170B

Mobility: Sit to Lying

GG0170B.

Sit to Lying

GG0170. Mobility (3-day assessment period)		
1. Admission 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.
□ □	□ □	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 safely 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 safely come to a standing position from sitting in a chair or on the side of the bed.
□ □	□ □	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
□ □	□ □	F. Toilet transfer: The ability to safely get on and off a toilet or commode.

B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.

GG0170B Coding Scenario

Sit to Lying:

- Mrs. H requires assistance from a nurse to transfer from sitting at the edge of the bed to lying flat on the bed because of paralysis on her right side.
- The helper lifts and positions Mrs. H's right leg. Mrs. H uses her arms to position her upper body.
- Overall, Mrs. H performs more than half of the effort.

How would you code GG0170B?

What is your rationale?

GG0170B Practice Coding Scenario

Sit to Lying:

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

GG0170C

Mobility: Lying to Sitting
on Side of Bed

GG0170C.

Lying to Sitting on Side of Bed

GG0170. Mobility (3-day as		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to safely 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.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.

C. Lying to sitting on side of bed: The ability to safely 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.

GG0170C Coding Scenario

Lying to Sitting on Side of Bed:

- Mr. B pushes up on the bed to attempt to get himself from a lying to a seated position as the occupational therapist provides much of the lifting assistance necessary for him to sit upright.
- The occupational therapist provides assistance as Mr. B scoots himself to the edge of the bed and lowers his feet to the floor.
- Overall, the occupational therapist performs more than half of the effort.

How would you code GG0170C?

What is your rationale?

GG0170C Practice Coding Scenario

Lying to Sitting on Side of Bed:

- Ms. P is being treated for sepsis and has multiple infected wounds on her lower extremities.
- Full assistance from the certified nursing assistant is needed to move Ms. P from a lying position to sitting on the side of her bed because she usually has pain in her lower extremities upon movement

GG0170D

Mobility: Sit to Stand

GG0170D. Sit to Stand

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to safely 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.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.

D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.

GG0170D Coding Scenario

Sit to Stand:

- Mr. M has osteoarthritis and is recovering from sepsis.
- Mr. M transitions from a sitting to a standing position with the steadying (touching) assistance of the nurse's hand on Mr. M's trunk.

How would you code GG0170D?

What is your rationale?

GG0170D Practice Coding Scenario

Nurse: “Please describe how Mrs. L usually moves from sitting on the side of the bed or chair to a standing position. Once she is sitting, how does she get to a standing position?”

CNA: “She needs help to get to sitting up and then standing.”

Nurse: “I’d like to know how much help she needs for safely rising up from sitting in a chair or sitting on the bed to get to standing position.”

CNA: “She needs two people to assist her to stand up from sitting on the side of the bed or when she is sitting in a chair.”

GG0170E

Mobility: Chair/Bed-to-Chair Transfer

GG0170E.

Chair/Bed-to-Chair Transfer

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to safely 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.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.

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

GG0170E Coding Scenario

Chair/Bed-to-Chair Transfer:

- Mr. H's medical conditions include stroke and diabetes mellitus, and he recently underwent bilateral above-the-knee amputations.
- Mr. H transfers from the bed to the wheelchair using a transfer board.
- The therapist assists Mr. H by providing intermittent verbal cuing to assist with hand placement and intermittent contact guard assistance.

How would you code GG0170E?

What is your rationale?

GG0170E Practice Coding Scenario

Chair/Bed-to-Chair Transfer:

- Mr. C is sitting on the side of the bed.
- He stands and pivots into the chair as the nurse provides contact-guard (touching) assistance.
- The nurse reports that one time Mr. C only required verbal cues for safety, but usually Mr. C requires touching assistance.

GG0170F

Mobility: Toilet Transfer

GG0170F. Toilet Transfer

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	C. Lying to sitting on side of bed: The ability to safely 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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.

GG0170F Coding Scenario

Toilet Transfer:

- Mrs. Y is anxious about getting up to use the bathroom.
- She asks the certified nursing assistant to stay with her in the bathroom as she gets on and off the toilet.
- The certified nursing assistant stays with her, as requested, and provides verbal encouragement and instructions (cues) to Mrs. Y.

How would you code GG0170F?

What is your rationale?

GG0170F Practice Coding Scenario

Toilet Transfer:

- Mr. H has paraplegia incomplete, pneumonia, and COPD.
- Mr. H prefers to use the bedside commode when moving his bowels.
- Due to his severe weakness, history of falls, and dependent transfer status, two certified nursing assistants assist during the toilet transfer.

GG0170H1

Mobility: Does the Patient Walk?

GG0170H1.

Does the Patient Walk?

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">H1. Does the patient walk?</div> <input type="checkbox"/> H1. Does the patient walk? 0. No , and walking goal is not clinically indicated → <i>Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i> 1. No , and walking goal is clinically indicated → <i>Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i> 2. Yes → <i>Continue to GG0170I. Walk 10 feet</i>
<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170H1 Coding Scenario

Does the Patient Walk?

- Mr. Z currently does not walk, but a walking goal is clinically indicated.

How would you code GG0170H1?

What is your rationale?

Refer to definitions of response codes 0, 1, and 2.

<input type="checkbox"/>	<p>H1. Does the patient walk?</p> <p>0. No, and walking goal is not clinically indicated → Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</p> <p>1. No, and walking goal is clinically indicated → Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</p> <p>2. Yes → Continue to GG0170I. Walk 10 feet</p>
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GG0170H1 Practice Coding Scenario

Does the Patient Walk?

- Ms. Y currently walks with great difficulty due to her progressive neurological disease.
- It is not expected that Ms. Y will continue to walk.
- Ms. Y also uses a wheelchair.

H1. Does the patient walk?

0. **No**, and walking goal **is not** clinically indicated → *Skip to GG0170Q1. Does the patient use a wheelchair/scooter?*
1. **No**, and walking goal **is** clinically indicated → *Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?*
2. **Yes** → *Continue to GG0170I. Walk 10 feet*

Refer to definitions of response codes 0, 1, and 2.

GG0170I

Mobility: Walk 10 Feet

GG0170I. Walk 10 Feet

GG0170. Mobility (3-day assessment period)	
1. Admission Performance	2. Discharge Goal
↓ Enter Codes in Boxes ↓	
<input type="checkbox"/>	<p>H1. Does the patient walk?</p> <p>0. No, and walking goal is not clinically indicated → Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</p> <p>1. No, and walking goal is clinically indicated → Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</p> <p>2. Yes → Continue to GG0170I. Walk 10 feet</p>
<input type="checkbox"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="checkbox"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="checkbox"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.

GG0170I Practice Coding Scenario

Walk 10 Feet:

- Mr. N is recovering from multiple orthopedic surgeries due to bone fractures following a motor vehicle accident. He will be returning home tomorrow and now walks with a walker.
- The therapist provides close supervision as Mr. N walks 15 feet. The therapist also provides intermittent verbal and non-verbal cueing as he walks this distance.

GG0170J

Mobility: Walk 50 Feet
With Two Turns

GG0170J.

Walk 50 Feet with Two Turns

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		<p>J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.</p>
		<p><input type="checkbox"/> H1. Does the patient walk?</p> <p>0. No, and walking goal is not clinically indicated → <i>Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i></p> <p>1. No, and walking goal is clinically indicated → <i>Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i></p> <p>2. Yes → <i>Continue to GG0170I. Walk 10 feet</i></p>
□ □	□ □	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
□ □	□ □	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.

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



Definition of a Turn

A turn is defined as 90 degrees.

- The turns may be in the same direction (2 90-degree turns to the right or 2 90-degree turns to the left) OR in different directions (1 90-degree turn to the left and 1 90-degree turn to the right).
- The 90-degree turn should occur at the person's ability level and can include use of an assistive device (e.g., cane, wheelchair).

GG0170J Practice Coding Scenario

Walk 50 Feet With Two Turns:

- Mrs. L is unable to bear her full weight on her left leg.
- As she walks 60 feet down the hall with her crutches and makes two turns around corners, her husband supports her trunk.
- He provides less than half the effort.

GG0170K

Mobility: Walk 150 Feet

GG0170K. Walk 150 Feet

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		<p>K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.</p>
	<input type="checkbox"/>	<p>H1. Does the patient walk?</p> <p>0. No, and walking goal is not clinically indicated → <i>Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i></p> <p>1. No, and walking goal is clinically indicated → <i>Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i></p> <p>2. Yes → <i>Continue to GG0170I. Walk 10 feet</i></p>
<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170K Practice Coding Scenario

Walk 150 Feet:

- Mr. W is recovering from a brain injury. He will be discharged home tomorrow following a 30-day stay in an LTCH.
- When he walks 150 feet or more, the physical therapist provides contact-guard (touching) assistance.

GG0170Q1

Mobility: Does the Patient Use a
Wheelchair/Scooter?

GG0170Q1. Does the Patient Use a Wheelchair/Scooter?

GG0170. Mobility (3-day assessment period)	
1. Admission Performance	2. Discharge Goal
↓ Enter Codes in Boxes ↓	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Q1. Does the patient use a wheelchair/scooter? </div>
	<input type="checkbox"/> <p>Q1. Does the patient use a wheelchair/scooter? 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns</p>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/> <p>RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized</p>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="checkbox"/> <p>SS1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized</p>

GG0170R

Mobility: Wheel 50 Feet
With Two Turns

GG0170R: Wheel 50 Feet with Two Turns

GG0170. Mobility (3-day assessment period)	
1. Admission Performance	2. Discharge Goal
↓ Enter Codes in Boxes ↓	
	<input type="checkbox"/> Q1. Does the patient use a wheelchair/scooter? 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<input type="checkbox"/> RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<input type="checkbox"/> SS1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized

R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make 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.



GG0170R Practice Coding Scenario

Wheel 50 Feet With Two Turns:

- Once seated in the manual wheelchair, Ms. G wheels about 60 feet and makes 2 turns into her room and her bathroom.
- The therapist provides instructions to Ms. G so that she is able to maneuver around the corner into the bathroom.

GG0170RR1

Mobility: Indicate the Type of
Wheelchair/Scooter Used

GG0170RR1. Indicate the Type of Wheelchair/Scooter Used

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

GG0170S

Mobility: Wheel 150 Feet

GG0170S. Wheel 150 Feet

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

S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

GG0170S Coding Scenario

Wheel 150 Feet:

- Mr. G always uses a motorized scooter to mobilize himself down the hallway.
- The therapist provides cues due to safety issues (to avoid running into the walls).

How would you code GG0170S?

What is your rationale?

GG0170SS1

Mobility: Indicate Type of
Wheelchair/Scooter Used

GG0170SS1. Indicate the Type of Wheelchair/Scooter Used

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

SS1. Indicate the type of wheelchair/scooter used.
 1. Manual
 2. Motorized



GG0170. Mobility Discharge Goal

GG0170. Mobility (3-day assessment period)			
Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).			
CODING: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>	1.	2.	
	Admission Performance	Discharge Goal	
	↓ Enter Codes in Boxes ↓		
	<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.
06. Independent - Patient completes the activity by him/herself with no assistance from a helper.	<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.	<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to safely 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.
04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.	<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.	<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.
01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.	<input type="text"/>	<input type="text"/>	H1. Does the patient walk? 0. No , and walking goal is not clinically indicated → Skip to GG0170Q1. Does the patient use a wheelchair/scooter? 1. No , and walking goal is clinically indicated → Code the patient's Discharge Goal(s) for items GG0170L, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter? 2. Yes → Continue to GG0170L. Walk 10 feet
	<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
	<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
	<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
If activity was not attempted, code reason: 07. Patient refused 09. Not applicable 88. Not attempted due to medical condition or safety concerns	<input type="text"/>	<input type="text"/>	Q1. Does the patient use a wheelchair/scooter? 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
	<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	<input type="text"/>	<input type="text"/>	RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized
	<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	<input type="text"/>	<input type="text"/>	SS1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized



GG0170 Discharge Goal Coding Tips

- Guidance is the same as guidance for coding Discharge Goals for the self-care items (see slides No. 75-79).
- Use the 6-point scale to code the patient's Discharge Goal(s).
 - Do not use codes 07, 09, or 88 to code Discharge Goal(s).
- Use a dash (-) to indicate that a specific activity is not a goal.
- Of note, one goal must be indicated for either self-care or mobility.
- Using the dash in this allowed instance does not affect APU determination
- Licensed clinicians can establish a patient's Discharge Goal(s) at the time of admission.

GG0170 Unplanned Discharge Coding Scenario

Unplanned Discharge:

- Mr. C was admitted to the LTCH with healing, complex, post-surgery open reduction internal fixation fractures and sepsis.
- Complications during the LTCH stay arise and Mr. C unexpectedly returns to acute care, resulting in his discharge from the LTCH.

How would you code GG0170?

What is your rationale?

Case Study: Mr. F



- Please work in groups at your table to code the Admission Performance for GG0170 on Mr. F's Admission Assessment.
- We will debrief in 10–15 minutes.

Section GG: Summary

- Section GG assesses the need for assistance with self-care and mobility activities.
- Knowledge of the patient's functional status prior to the current event could inform treatment goals.
- GG0100, GG0110, GG0130 are items in use since April 2016.
- GG0170 has new and changed items.

Section GG: Action Plan

- Review the importance and rationale of obtaining and documenting the patient's functional abilities.
- Review the 6-level rating scale and activity not attempted codes.
- Evaluate current documentation to ensure terminology aligns with items in the LTCH CARE Data Set v3.00.
- Ensure that there is a mechanism in place with assigned responsibility for collecting each element of Section GG and defining/documenting discharge goals.
- Practice coding a variety of scenarios with staff.