

Quality Reporting Program Provider Training



**SKILLED
NURSING
FACILITY**

**QUALITY REPORTING
PROGRAM**

Integrated Coding and Patient Driven Payment Model (PDPM) Case Study

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Acronyms in This Presentation

- BIMS – Brief Interview for Mental Status
- CHF – Congestive Heart Failure
- CNA – Certified Nursing Assistant
- COPD – Chronic Obstructive Pulmonary Disease
- DTI – Deep Tissue Injury
- HIPPS – Health Insurance Prospective Payment System
- NTA – Non-Therapy Ancillary



Acronyms in This Presentation (cont.)

- OT – Occupational Therapist
- PDPM – Patient Driven Payment Model
- PPS – Prospective Payment System
- PT – Physical Therapist
- SLP – Speech-Language Pathology
- SNF – Skilled Nursing Facility

PT OT S
E PDPM E
SNF SLP E

Objectives

- Apply knowledge acquired during the 2-day training to accurately code a clinical resident scenario.
- Calculate the appropriate Health Insurance Prospective Payment System (HIPPS) code under the Patient Driven Payment Model (PDPM).



Meet Mrs. S

- 78-year-old female.
- Admitted to acute care hospital on November 3 with respiratory distress and right hip pain following a fall.
Admission diagnoses:
 - Fracture of the neck of the right femur.
 - Exacerbation of Congestive Heart Failure (CHF).



Meet Mrs. S (cont.)

- Past medical history includes hypertension, CHF, chronic obstructive pulmonary disease (COPD), and depression.
- Mrs. S underwent total hip arthroplasty surgery on November 4 to repair her right femoral neck fracture, requiring post-operative diuresis and supplemental oxygen due to CHF.
- During her hospitalization, Mrs. S developed a Stage 4 pressure ulcer on her coccyx.
- Her postoperative status stabilized but given her medical conditions and continued need for pressure ulcer care, occupational and physical therapy for rehabilitation, and monitoring of respiratory status, Mrs. S was transferred to the skilled nursing facility (SNF) on December 1.



Case Study Materials

- You will find the following documents in your folder:
 - Integrated Coding and PDPM Case Study narrative.
 - Integrated Coding and PDPM Case Study Coding Sheet.
 - PDPM Calculation Worksheets.
 - HIPPS Code Information Sheet.
- Use the Case Study to code a subset of Admission and Discharge items on the Case Study Coding Sheet.
- Use the Case Study Coding Sheet to complete the PDPM Calculation Worksheets.



5-Day Assessment Items to Code

- **Section A.** Identification Information (select items)
- **GG0100.** Prior Functioning: Everyday Activities
- **GG0110.** Prior Device Use
- **GG0130.** Self-Care.
- **GG0170.** Mobility.
- **I0020A.** Primary medical condition that best describes the primary reason for admission.
- **J2000.** Prior Surgery
- **J2100.** Recent Surgery Requiring Active SNF Care
- **J2300-J5000.** Surgical Procedures

Part A Prospective Payment System (PPS) Discharge Assessment Items to Code

- **GG0130.** Self-Care.
- **GG0170.** Mobility.
- **O0425.** Part A Therapies.



Case Study Instructions

- Please work in groups at your table.
- You will find the following documents in your folder:
 - Integrated Coding and PDPM Case Study.
 - Integrated Coding and PDPM Case Study Coding Sheet.
 - PDPM Calculation Worksheets.
 - HIPPS Code Information Sheet.
- Use the Case Study to code a subset of Admission and Discharge items on the Case Study Coding Sheet.
- Use the Case Study Coding Sheet to complete the PDPM Calculation Worksheets.
- We will debrief in 25 to 30 minutes.



Case Study Coding Debrief

Admission Assessment

Subset of Section A. Identification Information

A0300. Optional State Assessment

A0300. Optional State Assessment	
Enter Code <input type="checkbox"/>	A. Is this assessment for state payment purposes only? 0. No 1. Yes



A0300A. Is This Assessment for State Payment Purposes Only?

A0300. Optional State Assessment	
Enter Code 0	A. Is this assessment for state payment purposes only? 0. No 1. Yes

- **Coding:** A0300A. Is this assessment for state payment purposes only? is coded **0. No.**
- **Rationale:** The assessment is being completed for reimbursement under the SNF PPS.

A0310B. PPS Assessment

Enter Code

<input type="text"/>	<input type="text"/>
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B. PPS Assessment

PPS Scheduled Assessment for a Medicare Part A Stay

01. **5-day** scheduled assessment

PPS Unscheduled Assessment for a Medicare Part A Stay

08. **IPA** - Interim Payment Assessment

Not PPS Assessment

99. **None of the above**

A0310B. PPS Assessment (cont.)

Enter Code	B. PPS Assessment
0 1	<u>PPS Scheduled Assessment for a Medicare Part A Stay</u>
	01. 5-day scheduled assessment
	<u>PPS Unscheduled Assessment for a Medicare Part A Stay</u>
	08. IPA - Interim Payment Assessment
	<u>Not PPS Assessment</u>
	99. None of the above

- **Coding:** A0310B. PPS Assessment is coded **01. 5-day** scheduled assessment.
- **Rationale:** The 5-Day assessment is the first required assessment to be completed for a Part A stay under the SNF PPS.

A0310E. Is this assessment the first assessment since the most recent admission/entry or reentry?

Enter Code

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

0. No

1. Yes

A0310E. Is this assessment the first assessment since the most recent admission/entry or reentry? (cont.)

Enter Code

1

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?

- 0. No
- 1. Yes

- **Coding:** A0310E. Is this assessment the first (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? is coded **1. Yes.**
- **Rationale:** This assessment is the first assessment (PPS) being completed since the most recent admission/entry or reentry.

A0310G1. Is this a SNF Part A Interrupted Stay?

Enter Code

G1. Is this a SNF Part A Interrupted Stay?

- 0. No
- 1. Yes



A0310G1. Is this a SNF Part A Interrupted Stay? (cont.)

Enter Code	G1. Is this a SNF Part A Interrupted Stay?
0	0. No 1. Yes

- **Coding:** A0310G1. Is this a SNF Part A Interrupted Stay? is coded **0. No.**
- **Rationale:** This is not a SNF Part A Interrupted Stay.

A0800. Gender

A0800. Gender	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none">1. Male2. Female

A0800. Gender (cont.)

A0800. Gender	
Enter Code	1. Male 2. Female
2	

- **Coding:** A0800. Gender is coded **2. Female.**
- **Rationale:** Mrs. S is female.

A2400. Medicare Stay

A2400. Medicare Stay	
Complete only if A0310G1= 0	
Enter Code <input type="checkbox"/>	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
	B. Start date of most recent Medicare stay: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

A2400A. Has the Resident had a Medicare-covered Stay Since the Most Recent Entry?

A2400. Medicare Stay	
Complete only if A0310G1= 0	
Enter Code 1	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
	B. Start date of most recent Medicare stay: [] [] - [] [] - [] [] [] [] Month Day Year
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: [] [] - [] [] - [] [] [] [] Month Day Year

- **Coding:** A2400A. Has the resident had a Medicare-covered stay since the most recent entry? is coded **1. Yes.**
- **Rationale:** Mrs. S' recent entry was for a Medicare-covered Part A stay.

A2400B. Start Date of the Most Recent Medicare Stay

A2400. Medicare Stay																					
Complete only if A0310G1= 0																					
Enter Code 1	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay																				
	B. Start date of most recent Medicare stay: <table border="1"><tr><td>1</td><td>2</td><td>-</td><td>0</td><td>1</td><td>-</td><td>2</td><td>0</td><td>1</td><td>8</td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="6">Year</td></tr></table>	1	2	-	0	1	-	2	0	1	8	Month		Day		Year					
1	2	-	0	1	-	2	0	1	8												
Month		Day		Year																	
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="6">Year</td></tr></table>			-			-					Month		Day		Year					
		-			-																
Month		Day		Year																	

- **Coding:** A2400B. Start date of most recent Medicare stay is coded **12-01-2018**.
- **Rationale:** This is the start date of Mrs. S' Medicare Part A stay.

A2400C. End Date of the Most Recent Medicare Stay

A2400. Medicare Stay	
Complete only if A0310G1= 0	
Enter Code 1	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
	B. Start date of most recent Medicare stay: 1 2 - 0 1 - 2 0 1 8 Month Day Year
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: - - - - - Month Day Year

- **Coding:** A2400C. End date of most recent Medicare stay is **dashed**.
- **Rationale:** Mrs. S' Medicare Part A stay is ongoing.

Admission Assessment

GG0100. Prior Functioning: Everyday Activities

GG0100A. Self Care

GG0100. Prior Functioning: Everyday Activities: Indicate the patient’s usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

<input type="checkbox"/>	A. Self Care: Code the patient’s need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 (cont. 1)

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

<input type="text" value="3"/>	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text"/>	B. 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.
<input type="text"/>	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.
<input type="text"/>	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 (cont. 2)

- **Coding: 3, Independent.**
- **Rationale:** Mrs. S was independent with self-care activities prior to her hip fracture.



GG0100B. Indoor Mobility (Ambulation)

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

<input type="text" value="3"/>	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text"/>	B. 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.
<input type="text"/>	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.
<input type="text"/>	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) (cont. 1)

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

<input type="text" value="3"/>	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text" value="3"/>	B. 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.
<input type="text"/>	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.
<input type="text"/>	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) (cont. 2)

- **Coding: 3, Independent.**
- **Rationale:** Prior to her hip fracture, Mrs. S walked by herself on indoor surfaces using a rollator walker.



GG0100C. Stairs

GG0100. Prior Functioning: Everyday Activities: Indicate the patient’s usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

<input type="text" value="3"/>	A. Self Care: Code the patient’s need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text" value="3"/>	B. 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.
<input type="text"/>	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.
<input type="text"/>	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 (cont. 1)

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

<input type="text" value="3"/>	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text" value="3"/>	B. 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.
<input type="text" value="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.
<input type="text"/>	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 (cont. 2)

- **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.



GG0100D. Functional Cognition

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

<input type="text" value="3"/>	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text" value="3"/>	B. 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.
<input type="text" value="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.
<input type="text"/>	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 (cont. 1)

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ **Enter Codes in Boxes**

3	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
3	B. 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 (cont. 2)

- **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.



Admission 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

<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	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

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

GG0110. Prior Device Use (cont. 2)

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

Admission Assessment

GG0130. Self-Care Admission Performance and Discharge Goal

GG0130A. Eating

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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 resident.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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 (cont. 1)

1. Admission 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 resident.
□ □	□ □	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 (cont. 2)

- **Admission Performance Coding: 05, Setup or clean-up assistance.**
- **Rationale:** Mrs. S feeds herself but requires setup assistance from a certified nursing assistant (CNA) to open containers and cut her food into small pieces.

- **Discharge Goal: 06, Independent.**
- **Rationale:** It is anticipated that Mrs. S will be independent with eating at discharge, without any type of assistance or mechanically altered diet.

GG0130B. Oral Hygiene

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text" value="0"/> <input type="text" value="5"/>	<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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 (cont. 1)

1. Admission 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 resident.
0 5	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 (cont. 2)

- **Admission Performance Coding: 05, Setup or clean-up assistance.**
- **Rationale:** Mrs. S requires the CNA to set up her oral hygiene items on her bedside table and to put these items away.

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

GG0130C. Toileting Hygiene

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text" value="0"/> <input type="text" value="5"/>	<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="5"/>	<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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 (cont. 1)

1. Admission 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 resident.
0 5	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 4	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 (cont. 2)

- **Admission Performance Coding: 04, Supervision or touching assistance.**
- **Rationale:** Mrs. S requires steadying assistance from one helper while she adjusts her underwear and slacks. After voiding, Mrs. S wipes herself and adjusts her underwear and slacks with contact guard assistance.
- **Discharge Goal: 06, Independent.**
- **Rationale:** The occupational therapist (OT) anticipates that Mrs. S will perform her perineal hygiene and manage her underwear and slacks without any type of assistance by discharge.

GG0130E. Shower/Bathe Self

1. Admission 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 resident.
0 5	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 4	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.

GG0130E. Shower/Bathe Self (cont. 1)

1. Admission 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 resident.
0 5	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 4	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 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 (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** Mrs. S requires the assistance of one helper by wheeling her to the shower and transferring her onto a shower chair. She provides contact guard assist as Mrs. S washes her upper body and anterior thighs. The helper completes more than half of the activity by bathing all other parts of her body.
- **Discharge Goal: 06, Independent.**
- **Rationale:** The OT anticipates that Mrs. S will be able to bathe herself without any assistance, although she may need a shower chair and other adaptive equipment for safety.

GG0130F. Upper Body Dressing

1. Admission 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 resident.
0 5	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 4	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 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.

GG0130F. Upper Body Dressing (cont. 1)

1. Admission 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 resident.
0 5	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 4	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 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 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 (cont. 2)

- **Admission Performance Coding: 05, Setup or clean-up assistance.**
- **Rationale:** Mrs. S requires the CNA to retrieve her bra and blouse. Once Mrs. S has her bra and blouse in hand, she is able to put on her bra and fasten the front closure. She is also able to put both arms through the sleeves of her blouse and fasten the buttons without further assistance.
- **Discharge Goal: 06, Independent.**
- **Rationale:** It is anticipated that Mrs. S will not need any type of assistance with upper body dressing by discharge.

GG0130G. Lower Body Dressing

1. Admission 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 resident.
0 5	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 4	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 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 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.

GG0130G. Lower Body Dressing (cont. 1)

1. Admission 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 resident.
0 5	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 4	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 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 5	0 6	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
0 3	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 (cont. 2)

- **Admission Performance Coding: 03, Partial/moderate assistance.**
- **Rationale:** Mrs. S requires some helper assistance to retrieve her underwear and slacks. Once the helper threads Mrs. S' feet through her underwear and pants and pulls them up to about the mid-calf level, Mrs. S then pulls both her underwear and slacks up her legs and over her hips. When removing underwear and slacks, the helper slides Mrs. S' underwear and slacks down over her hips. Mrs. S then slides her pants down the rest of the way and lets them drop to the floor. The helper provides less than half the effort.
- **Discharge Goal: 06, Independent.**
- **Rationale:** It is expected that Mrs. S will be able to dress her lower body without any type of assistance by discharge.

GG0130H. Putting On/Taking Off Footwear

1. Admission 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 resident.
0 5	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 4	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 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 5	0 6	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
0 3	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.

GG0130H. Putting On/Taking Off Footwear (cont. 1)

1. Admission 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 resident.
0 5	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 4	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 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 5	0 6	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
0 3	0 6	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
0 1	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 (cont. 2)

- **Admission Performance Coding: 01, Dependent.**
- **Rationale:** Mrs. S requires the assistance of one helper to put her socks and shoes on for her.

- **Discharge Goal: 06, Independent.**
- **Rationale:** It is expected that Mrs. S will not need any type of assistance with putting on and removing her own socks and shoes, without the use of adaptive equipment, by discharge.

Admission Assessment

GG0170. Mobility Admission Performance and Discharge Goal

GG0170A. Roll Left and Right

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<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 on the bed.
<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 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 come to a standing position from sitting in a chair, wheelchair, 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 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 get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	<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. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170A. Roll Left and Right (cont. 1)

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

GG0170A. Roll Left and Right (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** Mrs. S requires the therapist 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 therapist provides more than half the effort.
- **Discharge Goal: 06, Independent.**
- **Rationale:** The physical therapist (PT) anticipates that by discharge Mrs. S will be independent with bed mobility, including being able to roll left and right.

GG0170B. Sit to Lying

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="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.
<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 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 come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	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.
<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. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.

GG0170B. Sit to Lying (cont. 1)

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

GG0170B. Sit to Lying (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** Mrs. S requires assistance of the therapist to bring both legs back into bed as well as support her trunk. Mrs. S does contribute a small amount of effort as she uses her right arm to lower herself to a supine position. The therapist provides more than half the effort.
- **Discharge Goal: 06, Independent.**
- **Rationale:** The PT anticipates that by discharge, Mrs. S will be independent with bed mobility, including moving from sitting on the side of the bed, to lying flat.

GG0170C. Lying to Sitting on Side of Bed

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

GG0170C. Lying to Sitting on Side of Bed (cont. 1)

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

GG0170C. Lying to Sitting on Side of Bed (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** Mrs. S is able to bring her left leg off the bed and assist with pushing up with her right arm. She requires assistance to bring her right leg off the side of the bed and needs to be fully supported by the therapist to come to a sitting position. The helper provides more than half the effort.
- **Discharge Goal: 06, Independent.**
- **Rationale:** The PT anticipates that by discharge, Mrs. S will be independent with bed mobility, including moving from lying on her back to sitting on the side of the bed.

GG0170D. Sit to Stand

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

GG0170D. Sit to Stand (cont. 1)

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

GG0170D. Sit to Stand (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** Mrs. S is able to come to a standing position with maximal assistance of the therapist. Once standing, the therapist uses a gait belt to support Mrs. S while she steadies herself on the walker. The helper provides more than half the effort.

- **Discharge Goal: 06, Independent.**
- **Rationale:** The PT anticipates that Mrs. S will move from a sitting to standing position independently with the use of her rollator walker.

GG0170E. Chair/Bed-to-Chair Transfer

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

GG0170E. Chair/Bed-to-Chair Transfer (cont. 1)

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

GG0170E. Chair/Bed-to-Chair Transfer (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** Mrs. S requires maximum assistance from the therapist to pivot transfer to a wheelchair. In addition to providing physical assistance with the transfer, Mrs. S needs the therapist to position the walker prior to and during the transfer and provide verbal cues. Using a gait belt, the therapist supports the resident during the transfer. The therapist provides more than half the effort.
- **Discharge Goal: 06, Independent.**
- **Rationale:** The PT anticipates that Mrs. S will complete chair/bed-to-chair transfers independently with the use of her rollator walker.



GG0170F. Toilet Transfer

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

GG0170F. Toilet Transfer (cont. 1)

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	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.
		I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170F. Toilet Transfer (cont. 2)

- **Admission Performance Coding: 03, Partial/moderate assistance.**
- **Rationale:** Mrs. S requires the assistance of one helper to slowly lower her, with trunk support onto the bedside commode, and provides contact guard assistance as Mrs. S gets off of the commode.

- **Discharge Goal: 06, Independent.**
- **Rationale:** The OT anticipates that Mrs. S will perform toilet transfers using a standard toilet with raised toilet seat independently by discharge.

GG0170G. Car Transfer

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	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.
□ □	□ □	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170G. Car Transfer (cont. 1)

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
8 8	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.
□ □	□ □	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170G. Car Transfer (cont. 2)

- **Admission Performance Coding: 88, Not attempted due to medical condition or safety concerns.**
- **Rationale:** Due to Mrs. S' fatigue and decreased endurance, this activity was not attempted on admission.

- **Discharge Goal: 04, Partial/moderate assistance.**
- **Rationale:** The PT anticipates that Mrs. S will be able to complete car transfers with contact guard assist and the use of her rollator walker by discharge.

GG0170I. Walk 10 Feet

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
8 8	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.
□ □	□ □	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170I. Walk 10 Feet (cont. 1)

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
8 8	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.
0 3	0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG1070I. Walk 10 Feet (cont. 2)

- **Admission Performance Coding: 03, Partial/moderate assistance.**
- **Rationale:** Mrs. S walks 10 feet with a rollator walker and the assistance of one helper providing steadying as she begins to walk, and then she progressively requires some of her weight to be supported for the last 3 feet of the 10-foot walk.
- **Discharge Goal: 04, Supervision or touching assistance.**
- **Rationale:** The PT anticipates that by discharge Mrs. S will be able to walk 10 feet with supervision, due to balance limitations, using her rollator walker.

GG0170J. Walk 50 Feet With Two Turns

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
8 8	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.
0 3	0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170J. Walk 50 Feet With Two Turns (cont. 1)

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
8 8	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.
0 3	0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170J. Walk 50 Feet With Two Turns (cont. 2)

- **Admission Performance Coding: 88, Not attempted due to medical condition or safety concerns.**
- **Rationale:** This activity was not performed at admission due to Mrs. S' fatigue and decreased endurance. Any distance beyond 15 feet requires the use of a manual wheelchair.
- **Discharge Goal: 04, Supervision or touching assistance.**
- **Rationale:** Based on her prior mobility status, comorbidities, current functional performance, and motivation to improve, the PT anticipates that Mrs. S will require contact guard assistance when walking 50 feet and making two turns using a rollator walker by discharge.

GG0170K. Walk 150 Feet

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
8 8	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.
0 3	0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170K. Walk 150 Feet (cont. 1)

1. Admission 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 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 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 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.
8 8	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.
0 3	0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission 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 at least 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.

GG0170K. Walk 150 Feet (cont. 2)

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

- **Discharge Goal: 09, Not applicable.**
- **Rationale:** The PT does not expect Mrs. S to perform this activity by discharge. She could not perform the activity prior to her current injury. The maximum distance walked by Mrs. S prior to her current illness was up to 60 feet. Therefore, this activity goal is not applicable.

GG0170L. Walking 10 Feet on Uneven Surfaces

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	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.
		<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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 or 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 or scooter used. 1. Manual 2. Motorized

GG0170L. Walking 10 Feet on Uneven Surfaces (cont. 1)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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 admission 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 admission 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.
□ □	□ □	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.
□ □	□ □	<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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.
□ □	□ □	<input type="checkbox"/> 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.
□ □	□ □	<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170L. Walking 10 Feet on Uneven Surfaces (cont. 2)

- **Admission Performance Coding: 88, Not attempted due to medical condition or safety concerns.**
- **Rationale:** Due to her medical condition, fatigue, and decreased endurance, this activity was not attempted on admission.
- **Discharge Goal: 04, Supervision or touching assistance.**
- **Rationale:** The PT anticipates that Mrs. S will require standby assistance while walking 10 feet on uneven surfaces using a rollator walker.

GG0170M. 1 Step (curb)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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 admission 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 admission 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.
□ □	□ □	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.
		<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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.
		<input type="checkbox"/> 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.
		<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170M. 1 Step (curb) (cont. 1)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission 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 admission 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.
		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.
		<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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.
		<input type="checkbox"/> 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.
		<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170M. 1 Step (curb) (cont. 2)

- **Admission Performance Coding: 88, Not attempted due to medical condition or safety concerns.**
- **Rationale:** Due to her medical condition, fatigue, and decreased endurance, this activity was not attempted on admission.
- **Discharge Goal:** No discharge goal was entered due to skip pattern.
- **Rationale:** Even though no goal was entered, it is anticipated that Mrs. S will return to her baseline of requiring standby assistance when walking up steps.

GG0170P. Picking Up Object

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission 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 admission 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.
		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.
		<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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.
		<input type="checkbox"/> 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.
		<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170P. Picking Up Object (cont. 1)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission 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 admission 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.
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.
		<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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.
		<input type="checkbox"/> 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.
		<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170P. Picking up object (cont. 2)

- **Admission Performance Coding: 88, Not attempted due to medical condition or safety concerns.**
- **Rationale:** Due to her medical condition, fatigue, and decreased endurance, this activity was not attempted on admission.
- **Discharge Goal: 05, Setup or clean up assistance.**
- **Rationale:** It is expected by discharge that Mrs. S will be able to pick up an object from a bending or stooping position, after setup of adaptive equipment.

GG0170Q1. Does the Resident use a Wheelchair and/or Scooter?

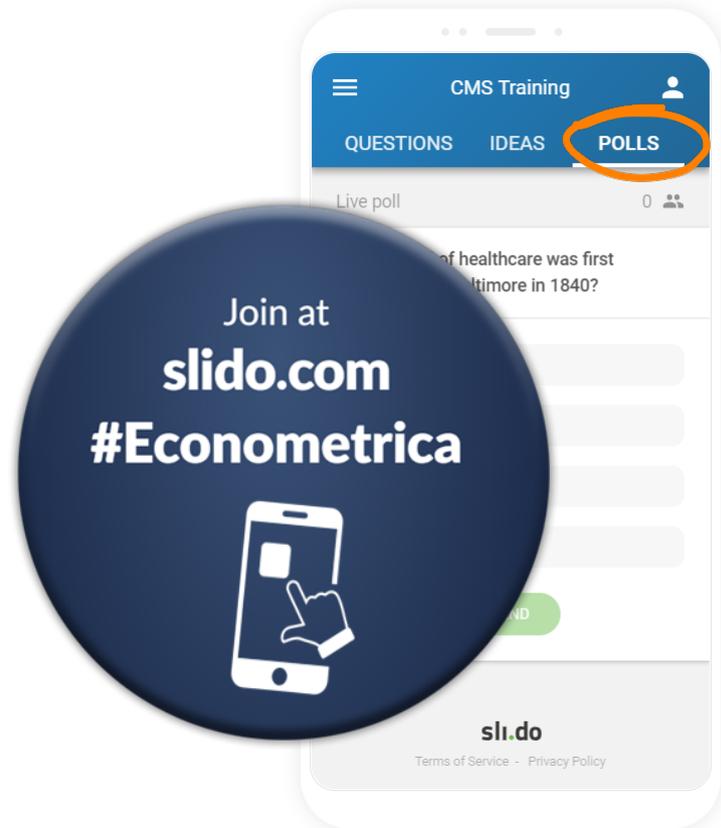
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
8 8	0 4	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
8 8		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission 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 admission 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.
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.
		<input type="checkbox"/> Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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.
		<input type="checkbox"/> 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.
		<input type="checkbox"/> SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Q1

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

A. 0, No.

B. 1, Yes.



Q1

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

A. 0, No.



B. 1, Yes.

Rationale: Mrs. S uses a manual wheelchair for distances longer than 15 feet, and for self-mobilizing on the unit and during therapy.

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GG0170R. Wheel 50 Feet With Two Turns

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text"/> <input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>		Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<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="text"/>		RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<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="text"/>		SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170R. Wheel 50 Feet With Two Turns (cont. 1)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text"/> <input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
		Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="6"/>	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
<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.
		SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170R. Wheel 50 feet With Two Turns (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** Once seated in her manual wheelchair, Mrs. S propels herself 20 feet and completes two turns with some assistance to straighten herself after a turn. She then requires assistance to propel her wheelchair the remaining 30 feet, due to her poor endurance, to complete the activity.
- **Discharge Goal: 06, Independent.**
- **Rationale:** The PT anticipated that Mrs. S will increase her level of endurance and complete self-mobilizing 50 feet in a manual wheelchair with two turns, without any type of assistance at discharge.

GG0170RR1. Indicate the Type of Wheelchair or Scooter Used.

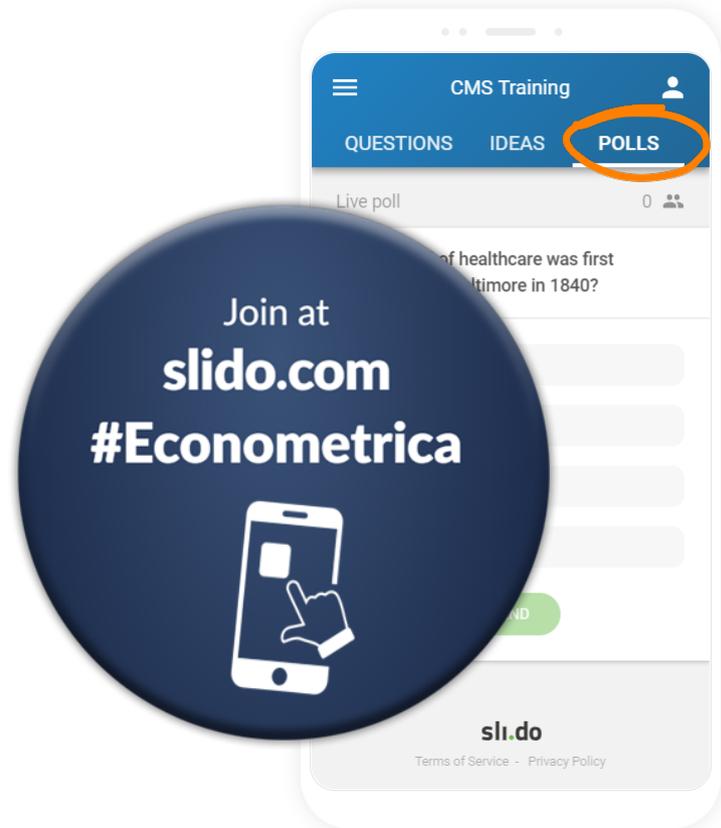
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
8 8	0 4	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
8 8		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission 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 admission 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.
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.
		Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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

Q₂

GG0170RR1. Indicate the type of wheelchair or scooter used.

A. 1, Manual.

B. 2, Motorized.

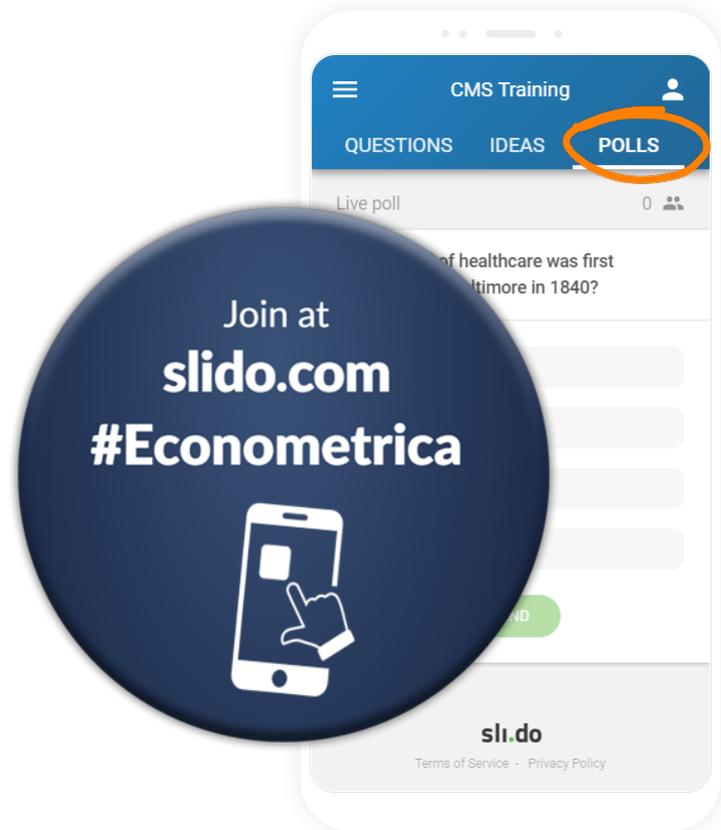


GG0170RR1. Indicate the type of wheelchair or scooter used. (cont.)



- A. 1, Manual.
- B. 2, Motorized.

Rationale: Mrs. S used a manual wheelchair during the wheel 50 feet with two turns activity.



GG0170S. Wheel 150 Feet

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text"/> <input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
		Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="6"/>	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
<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.
		SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170S. Wheel 150 Feet (cont. 1)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="0"/> <input type="text" value="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.
		Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="6"/>	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
<input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="0"/> <input type="text" value="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 (cont. 2)

- **Admission Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:** After propelling herself 20 feet, Mrs. S becomes fatigued and the therapist must propel her the remaining 130 feet distance to complete this activity.

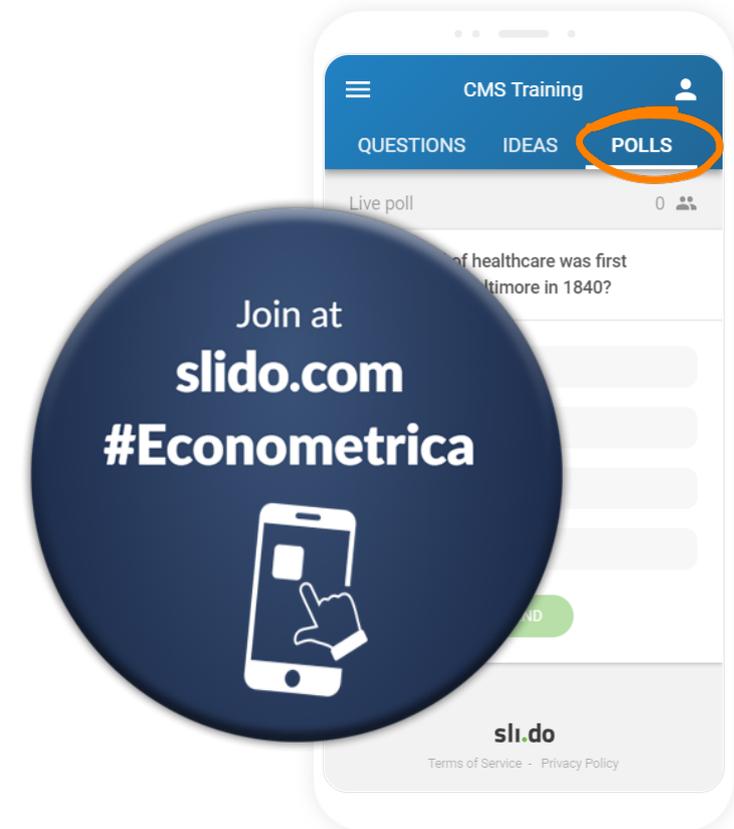
- **Discharge Goal: 02, Substantial/maximal assistance.**
- **Rationale:** The PT anticipates that beyond approximately 60 feet, a helper will propel Mrs. S for the remaining distance to complete this activity, based on her prior level of function.

GG0170SS1. Indicate the Type of Wheelchair or Scooter used.

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission 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 admission 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.
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.
		Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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.

- A. 1, Manual.
- B. 2, Motorized.

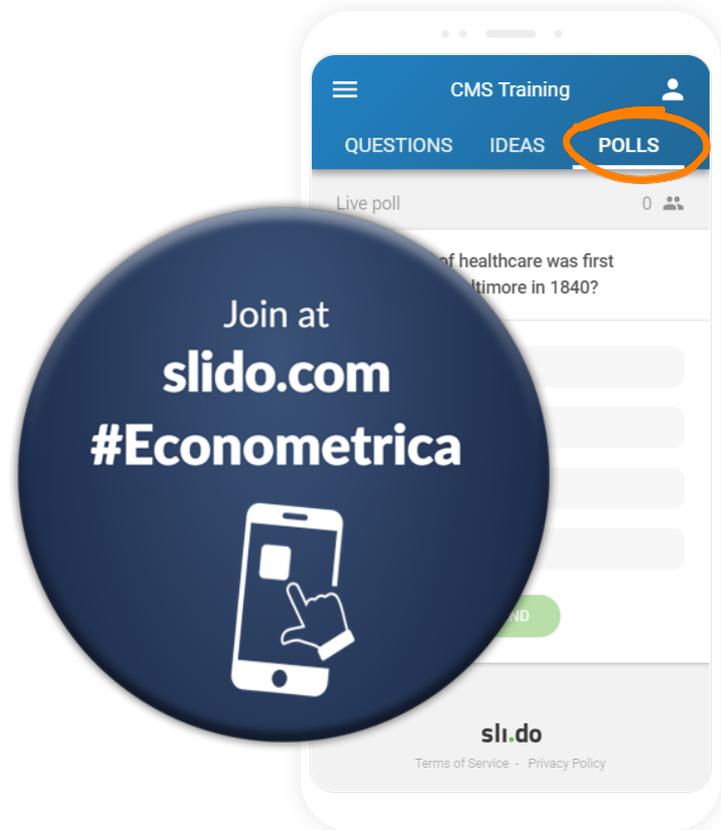


GG0170SS1. Indicate the type of wheelchair or scooter used. (cont.)



- A. 1, Manual.
- B. 2, Motorized.

Rationale: Mrs. S used a manual wheelchair during the wheel 150 feet activity.



GG0170SS1. Indicate the type of wheelchair or scooter used.

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission 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 admission 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.
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.
		Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 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

Admission Assessment

10020. Indicate the Resident's Primary
Medical Condition Category

I0020. Indicate the Resident's Primary Medical Condition Category

I0020. Indicate the resident's primary medical condition category

Complete only if A0310B = 01 or 08

Enter Code

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Indicate the resident's primary medical condition category that best describes the primary reason for admission

01. **Stroke**
02. **Non-Traumatic Brain Dysfunction**
03. **Traumatic Brain Dysfunction**
04. **Non-Traumatic Spinal Cord Dysfunction**
05. **Traumatic Spinal Cord Dysfunction**
06. **Progressive Neurological Conditions**
07. **Other Neurological Conditions**
08. **Amputation**
09. **Hip and Knee Replacement**
10. **Fractures and Other Multiple Trauma**
11. **Other Orthopedic Conditions**
12. **Debility, Cardiorespiratory Conditions**
13. **Medically Complex Conditions**

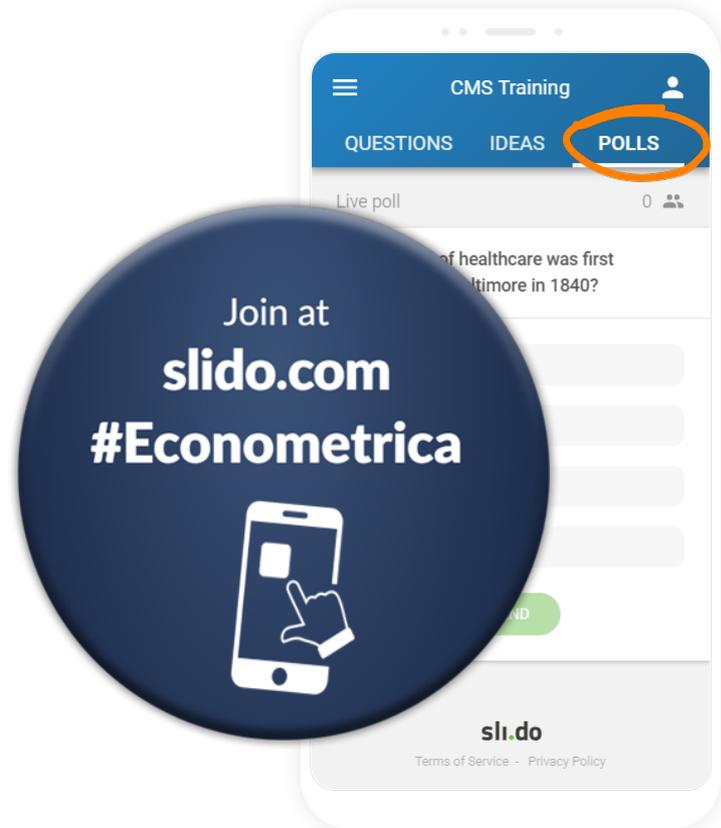
I0020B. ICD Code

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Q4

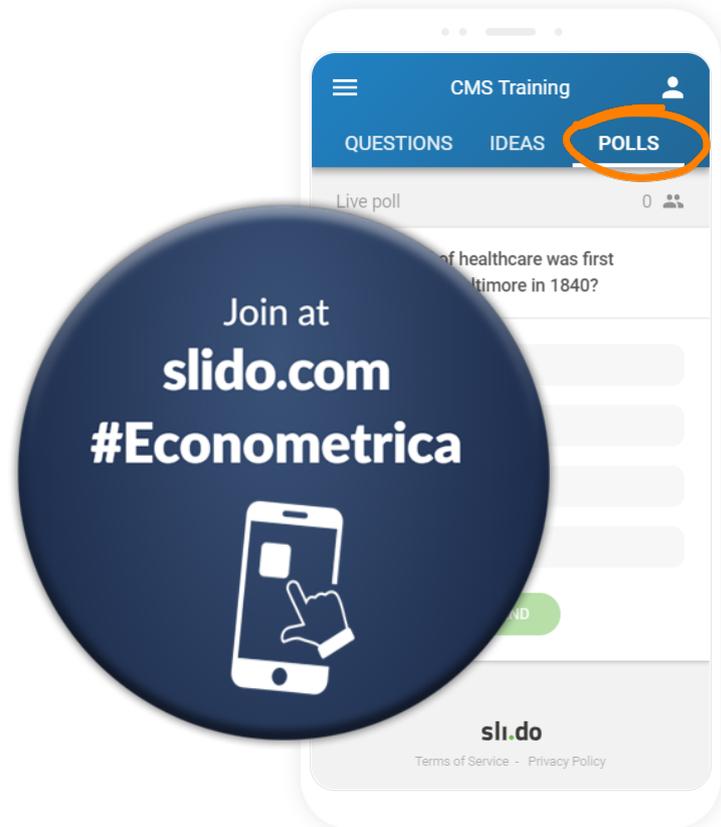
What is Mrs. S' primary medical condition category?

- A. 9, Hip and Knee Replacement.
- B. 10, Fractures and Other Multiple Trauma.
- C. 12, Debility, Cardiorespiratory Conditions.
- D. 13, Medically Complex Conditions.



What is Mrs. S' primary medical condition category? (cont.)

- A. 9, Hip and Knee Replacement.
-  B. **10, Fractures and Other Multiple Trauma.**
- C. 12, Debility, Cardiorespiratory Conditions.
- D. 13, Medically Complex Conditions.



I0020. Indicate the Resident's Primary Medical Condition Category (cont. 1)

- **Coding: 10, Fractures and Other Multiple Trauma.**
- **Rationale:**
 - Code 9, Hip and Knee Replacement would not be chosen since Mrs. S' hip replacement was secondary to a hip fracture.
 - Code 12, Debility, Cardiorespiratory Conditions would not be chosen because even though Mrs. S did have some cardiorespiratory issues due to CHF and COPD, these were not the primary medical conditions that prompted her admission to the SNF.
 - Code 13, Medically Complex Conditions would not have been chosen because even though Mrs. S did have a pressure ulcer, this was not the primary medical condition that prompted her admission to the SNF.

I0020B. ICD Code

I0020. Indicate the resident's primary medical condition category

Complete only if A0310B = 01 or 08

Enter Code

1 0

Indicate the resident's primary medical condition category that best describes the primary reason for admission

01. **Stroke**
02. **Non-Traumatic Brain Dysfunction**
03. **Traumatic Brain Dysfunction**
04. **Non-Traumatic Spinal Cord Dysfunction**
05. **Traumatic Spinal Cord Dysfunction**
06. **Progressive Neurological Conditions**
07. **Other Neurological Conditions**
08. **Amputation**
09. **Hip and Knee Replacement**
10. **Fractures and Other Multiple Trauma**
11. **Other Orthopedic Conditions**
12. **Debility, Cardiorespiratory Conditions**
13. **Medically Complex Conditions**

I0020B. ICD Code

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I0020B. ICD Code (cont.)

- The ICD Code in I0020B was **S72.001D** which is Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing.

I0020. Indicate the resident's primary medical condition category Complete only if A0310B = 01 or 08									
Enter Code 1 0	<p>Indicate the resident's primary medical condition category that best describes the primary reason for admission</p> <ol style="list-style-type: none">01. Stroke02. Non-Traumatic Brain Dysfunction03. Traumatic Brain Dysfunction04. Non-Traumatic Spinal Cord Dysfunction05. Traumatic Spinal Cord Dysfunction06. Progressive Neurological Conditions07. Other Neurological Conditions08. Amputation09. Hip and Knee Replacement10. Fractures and Other Multiple Trauma11. Other Orthopedic Conditions12. Debility, Cardiorespiratory Conditions13. Medically Complex Conditions <p>I0020B. ICD Code</p> <table border="1"><tr><td>S</td><td>7</td><td>2</td><td>.</td><td>0</td><td>0</td><td>1</td><td>D</td></tr></table>	S	7	2	.	0	0	1	D
S	7	2	.	0	0	1	D		

I0020B. ICD Code

S	7	2	.	0	0	1	D
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Section I. Active Diagnoses

- The assessor would also check **I3900. Hip Fracture**, as an Active Diagnosis related to the primary medical condition category noted in **I0020**.

Musculoskeletal	
<input type="checkbox"/>	I3700. Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
<input type="checkbox"/>	I3800. Osteoporosis
<input checked="" type="checkbox"/>	I3900. Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
<input type="checkbox"/>	I4000. Other Fracture

Admission Assessment

J2000. Prior Surgery and
J2100. Recent Surgery Requiring
Active SNF Care

J2000. Prior Surgery

J2000. Prior Surgery - Complete only if A0310B = 01

Enter Code

Did the resident have major surgery during the **100 days prior to admission**?

- 0. **No**
- 1. **Yes**
- 8. **Unknown**



J2000. Prior Surgery (cont.)

J2000. Prior Surgery - Complete only if A0310B = 01	
Enter Code 1	Did the resident have major surgery during the 100 days prior to admission ? 0. No 1. Yes 8. Unknown

Coding: J2000. Prior Surgery is coded as **1. Yes.**

Rationale: Mrs. S. had major surgery during the 100 days prior to admission.

J2100. Recent Surgery Requiring Active SNF Care

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08

Enter Code

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

- 0. **No**
- 1. **Yes**
- 8. **Unknown**



J2100. Recent Surgery Requiring Active SNF Care (cont.)

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08

Enter Code

1

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

- 0. No
- 1. Yes
- 8. Unknown

Coding: J2100. Recent Surgery Requiring Active SNF Care is coded as **1. Yes.**

Rationale: Mrs. S. had major surgery (right hip replacement) during the prior inpatient hospital stay that required active care during the SNF stay.

Admission Assessment

Subset of J2300 – J5000 Surgical Procedures

Subset of J2300 – J5000 Surgical Procedures

Surgical Procedures - Complete only if J2100 = 1	
↓ Check all that apply	
Major Joint Replacement	
<input type="checkbox"/>	J2300. Knee Replacement - partial or total
<input type="checkbox"/>	J2310. Hip Replacement - partial or total
<input type="checkbox"/>	J2320. Ankle Replacement - partial or total
<input type="checkbox"/>	J2330. Shoulder Replacement - partial or total



J2310. Hip Replacement - partial or total

Surgical Procedures - Complete only if J2100 = 1	
↓ Check all that apply	
Major Joint Replacement	
<input type="checkbox"/>	J2300. Knee Replacement - partial or total
<input checked="" type="checkbox"/>	J2310. Hip Replacement - partial or total
<input type="checkbox"/>	J2320. Ankle Replacement - partial or total
<input type="checkbox"/>	J2330. Shoulder Replacement - partial or total



J2300 – J5000 Surgical Procedures (cont. 2)

Coding: A checkmark is placed in the checkbox next to **J2310. Hip Replacement.**

Rationale: Mrs. S. had right hip replacement in the last 30 days, and during the inpatient stay that immediately preceded her Part A admission. This surgery also has a direct relationship to her primary SNF diagnosis coded in **I0200B, ICD Code.**

Discharge Assessment

GG0130. Self-Care Discharge Performance

GG0130A. Eating

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text"/> <input type="text"/>	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 resident.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S opened containers, cut meat and vegetables, and used utensils and a cup/glass to feed herself and drink liquids without any assistance at discharge.

GG0130B. Oral Hygiene

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
06	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 resident.
06	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 (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S brushed her teeth and completed all oral hygiene tasks without any type of assistance at discharge.

GG0130C. Toileting Hygiene

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S managed her perineal hygiene and clothing without any assistance at discharge.



GG0130E. Shower/Bathe Self

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S was able to wash her body independently at discharge while seated on a shower chair and using other adaptive equipment for safety.

GG0130F. Upper Body Dressing

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 resident.
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.



GG0130F. Upper Body Dressing (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/> <input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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.



GG0130F3. Upper Body Dressing (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S completed upper body dressing independently at discharge.

GG0130G. Lower Body Dressing

3. Discharge Performance	
Enter Codes in Boxes ↓	
06	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 resident.
06	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.
06	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.
06	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.
06	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.



GG0130G. Lower Body Dressing (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text" value="0"/> <input type="text" value="6"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	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 (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S completed lower body dressing independently at discharge.



GG0130H. Putting On/Taking Off Footwear

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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 resident.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text" value="0"/> <input type="text" value="6"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text" value=""/> <input type="text" value=""/>	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 (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
06	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 resident.
06	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.
06	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.
06	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.
06	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
06	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
06	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 (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S was able to put on and take off socks and shoes independently at discharge with the use of adaptive equipment.

Discharge Assessment

GG0170. Mobility Discharge Performance

GG0170A. Roll Left and Right

3. Discharge Performance	
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 on the bed.
<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 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 come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.

GG0170A. Roll Left and Right (cont. 1)

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.
	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 at least 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.

GG0170A. Roll Left and Right (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S was able to roll side-to-side and on her back without any assistance at discharge.

GG0170B. Sit to Lying

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<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 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 come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.

GG0170B. Sit to Lying (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	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 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 come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.



GG0170B. Sit to Lying (cont. 2)

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



GG0170C. Lying to Sitting on Side of Bed

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	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 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 come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.

GG0170C. Lying to Sitting on Side of Bed (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.

GG0170C. Lying to Sitting on Side of Bed (cont. 2)

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

GG0170D. Sit to Stand

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.



GG0170D. Sit to Stand (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.



GG0170D. Sit to Stand (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - At discharge, Mrs. S stood from a sitting position using her rollator walker without any assistance.



GG0170E. Chair/Bed-to-Chair Transfer

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/> <input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.



GG0170E. Chair/Bed-to-Chair Transfer (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.

GG0170E. Chair/Bed-to-Chair Transfer (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S completed chair/bed-to-chair transfer using her rollator walker without any assistance at discharge.



GG0170F. Toilet Transfer

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.



GG0170F. Toilet Transfer (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.

GG0170F. Toilet Transfer (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S was able to complete toilet transfers with a raised toilet seat at discharge without any type of assistance.

GG0170G. Car Transfer

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	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.
<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. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 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.



GG0170G. Car Transfer (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value=""/> <input type="text" value=""/>	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)
<input type="text" value=""/> <input type="text" value=""/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value=""/> <input type="text" value=""/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170G. Car Transfer (cont. 2)

- **Discharge Performance Coding: 04, Supervision or touching assistance.**
- **Rationale:**
 - At discharge, Mrs. S performed car transfers with contact guard assist using her rollator walker.

GG0170I. Walk 10 Feet

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value=""/> <input type="text" value=""/>	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)
<input type="text" value=""/> <input type="text" value=""/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value=""/> <input type="text" value=""/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170I. Walk 10 Feet (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="4"/>	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)
<input type="text" value=""/> <input type="text" value=""/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value=""/> <input type="text" value=""/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170I. Walk 10 Feet (cont. 2)

- **Discharge Performance Coding: 04, Supervision or touching assistance.**
- **Rationale:**
 - Mrs. S walked 10 feet using a rollator walker with supervision from one helper due to her balance limitations at discharge.

GG0170J. Walk 50 Feet With Two Turns

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="4"/>	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)
<input type="text" value=""/> <input type="text" value=""/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value=""/> <input type="text" value=""/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170J. Walk 50 Feet With Two Turns (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="4"/>	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)
<input type="text" value="0"/> <input type="text" value="4"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value=""/> <input type="text" value=""/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.



GG0170J. Walk 50 Feet With Two Turns (cont. 2)

- **Discharge Performance Coding: 04, Supervision or touching assistance.**
- **Rationale:**
 - Mrs. S walked 50 feet making two turns using her rollator walker and contact guard assistance at discharge.

GG0170K. Walk 150

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="4"/>	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)
<input type="text" value="0"/> <input type="text" value="4"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value=""/> <input type="text" value=""/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170K. Walk 150 Feet (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="6"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text" value="0"/> <input type="text" value="6"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="4"/>	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)
<input type="text" value="0"/> <input type="text" value="4"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text" value="0"/> <input type="text" value="9"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170K. Walk 150 Feet (cont. 2)

- **Discharge Performance Coding: 09, Not applicable.**
- **Rationale:**
 - Mrs. S cannot walk the entire distance required for this activity and was not walking 150 feet prior to her current injury.



GG0170L. Walking 10 Feet on Uneven Surfaces (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/>	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
<input type="text"/>	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
<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<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"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170L. Walking 10 Feet on Uneven Surfaces (cont. 2)

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

GG0170M. 1 Step (curb)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text"/>	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
<input type="text"/>	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
<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<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"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170M. 1 Step (curb) (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170M. 1 Step (curb) (cont. 2)

- **Discharge Performance Coding: 04, Supervision or touching assistance.**
- **Rationale:**
 - Mrs. S went up one step with contact guard assistance of one helper at discharge.

GG0170N. 4 Steps

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text"/> <input type="text"/>	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
<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170N. 4 Steps (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170N3. 4 Steps (cont. 2)

- **Discharge Performance Coding: 04, Supervision or touching assistance.**
- **Rationale:**
 - Mrs. S went up four steps with contact guard assistance of one helper at discharge.

GG01700. 12 Steps

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG01700. 12 Steps (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG01700. 12 Steps (cont. 2)

- **Discharge Performance Coding: 04, Supervision or touching assistance.**
- **Rationale:**
 - Mrs. S walked up 12 steps with contact guard assistance of one helper at discharge.



GG0170P. Picking Up Object

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170P. Picking Up Object (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170P. Picking Up Object (cont. 2)

- **Discharge Performance Coding: 05, Setup or cleanup assistance.**
- **Rationale:**
 - At discharge, Mrs. S was able to retrieve an object from a bending position independently after setup of adaptive equipment.

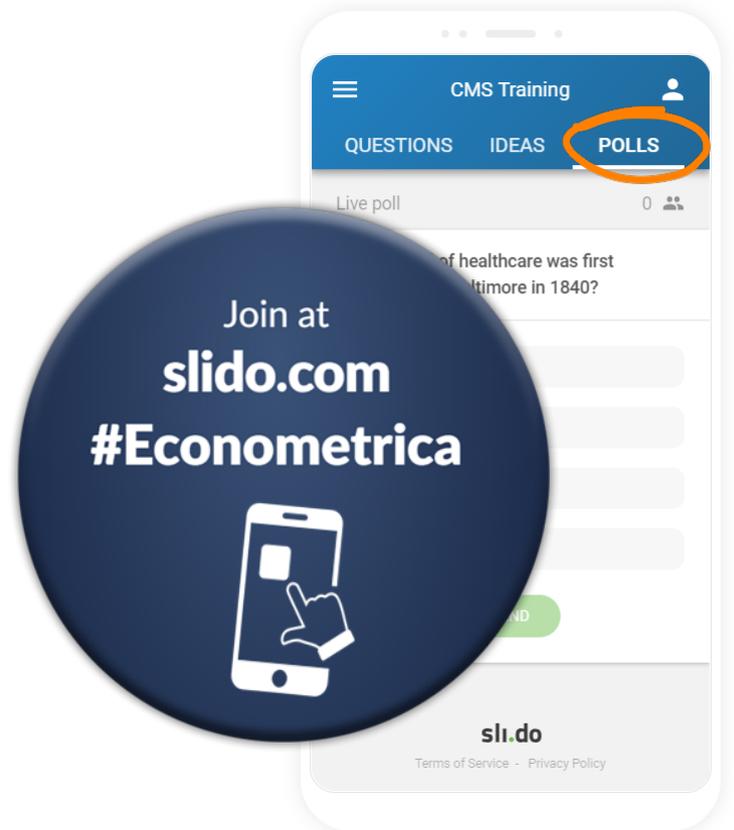
GG0170Q3. Does the Resident Use a Wheelchair and/or Scooter?

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="checkbox"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized



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

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



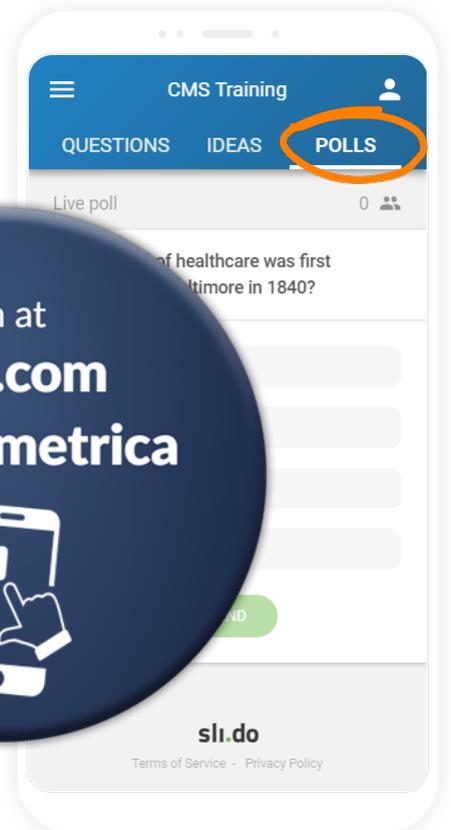
GG0170Q3. Does the resident use a wheelchair and/or scooter? (cont.)



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

Rationale: Mrs. S used a manual wheelchair.

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GG0170Q3. Does the Resident Use a Wheelchair and/or Scooter? (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170R. Wheel 50 Feet With Two Turns

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170R. Wheel 50 Feet With Two Turns (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="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.
<input type="checkbox"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170R. Wheel 50 Feet With Two Turns (cont. 2)

- **Discharge Performance Coding: 06, Independent.**
- **Rationale:**
 - Mrs. S wheeled herself approximately 60 feet and completed two turns without any type of assistance at discharge.



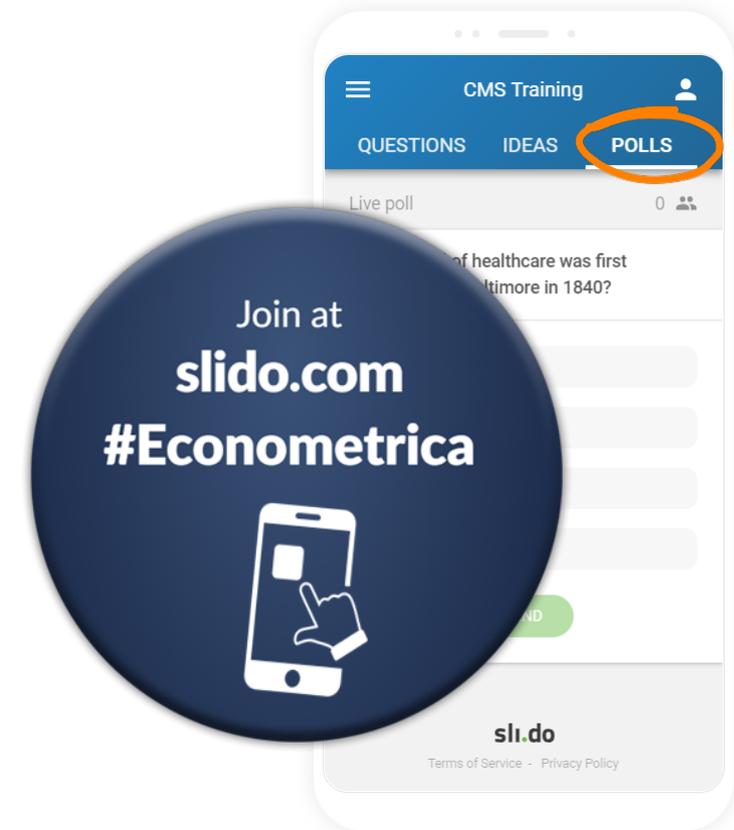
GG0170RR3. Indicate the Type of Wheelchair or Scooter Used.

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="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.
<input type="checkbox"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text" value=""/> <input type="text" value=""/>	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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Q₆

GG0170RR3. Indicate the type of wheelchair or scooter used.

- A. 1, Manual.
- B. 2, Motorized.

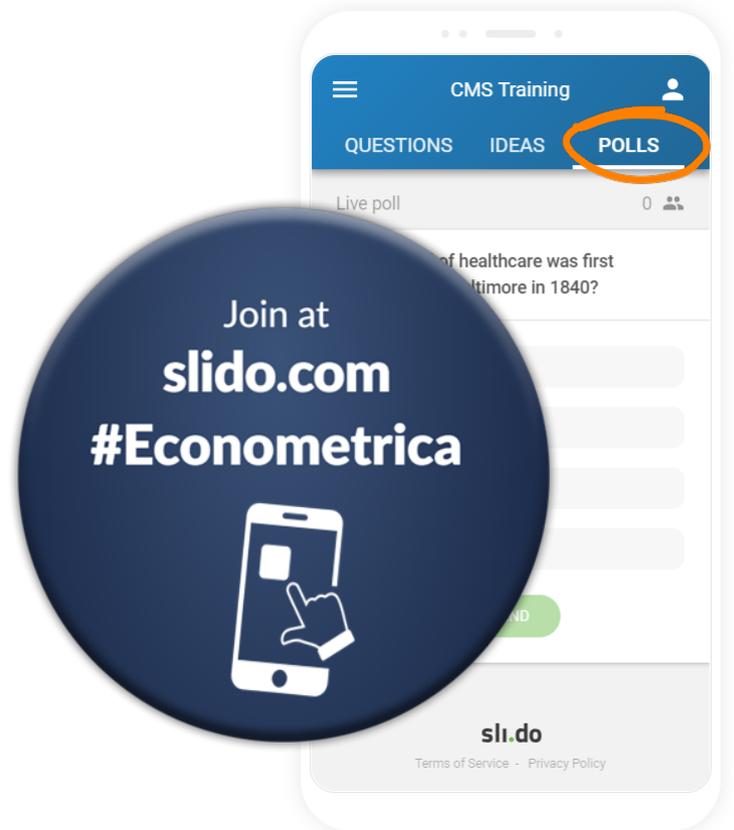


GG0170RR3. Indicate the type of wheelchair or scooter used. (cont.)



- A. 1, Manual.
- B. 2, Motorized.

Rationale: Mrs. S used a manual wheelchair during the wheel 50 feet with two turns activity.



GG0170RR3. Indicate the Type of Wheelchair or Scooter Used. (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text" value=""/> <input type="text" value=""/>	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" value=""/> <input type="text" value=""/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170S. Wheel 150 Feet

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	RR3. Indicate the type of wheelchair or 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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170S. Wheel 150 Feet (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text" value="0"/> <input type="text" value="2"/>	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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0170S. Wheel 150 Feet (cont. 2)

- **Discharge Performance Coding: 02, Substantial/maximal assistance.**
- **Rationale:**
 - At discharge, Mrs. S wheeled herself approximately 60 feet, but a helper was needed to propel her wheelchair the remaining distance of 90 feet.

GG0170SS3. Indicate the Type of Wheelchair or Scooter Used.

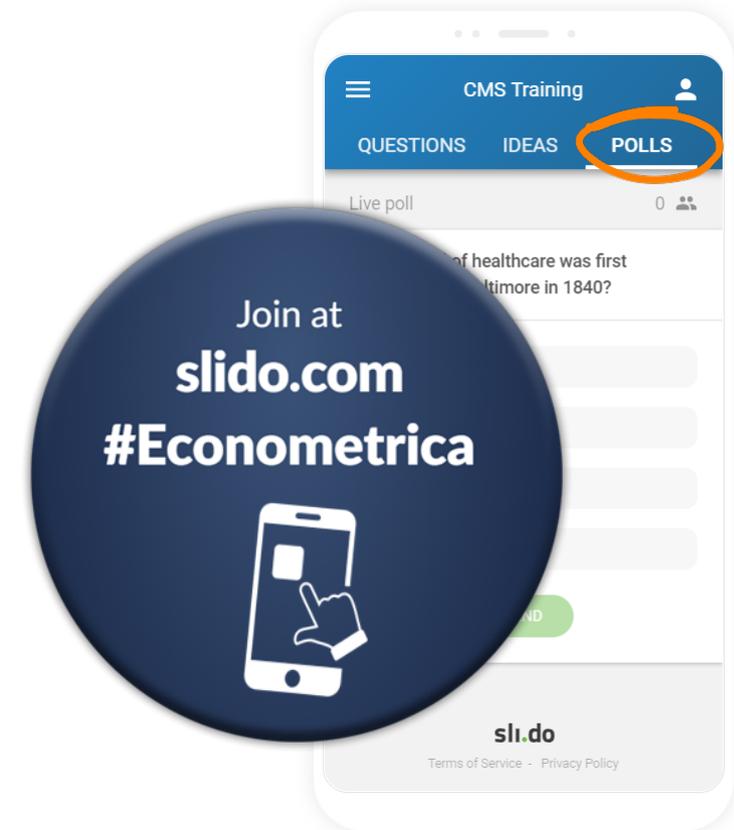
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text" value="0"/> <input type="text" value="4"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="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
<input type="text" value="0"/> <input type="text" value="4"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text" value="0"/> <input type="text" value="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.
<input type="text" value="1"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text" value="0"/> <input type="text" value="2"/>	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"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Q7

GG0170SS3. Indicate the type of wheelchair or scooter used.

A. 1, Manual.

B. 2, Motorized.



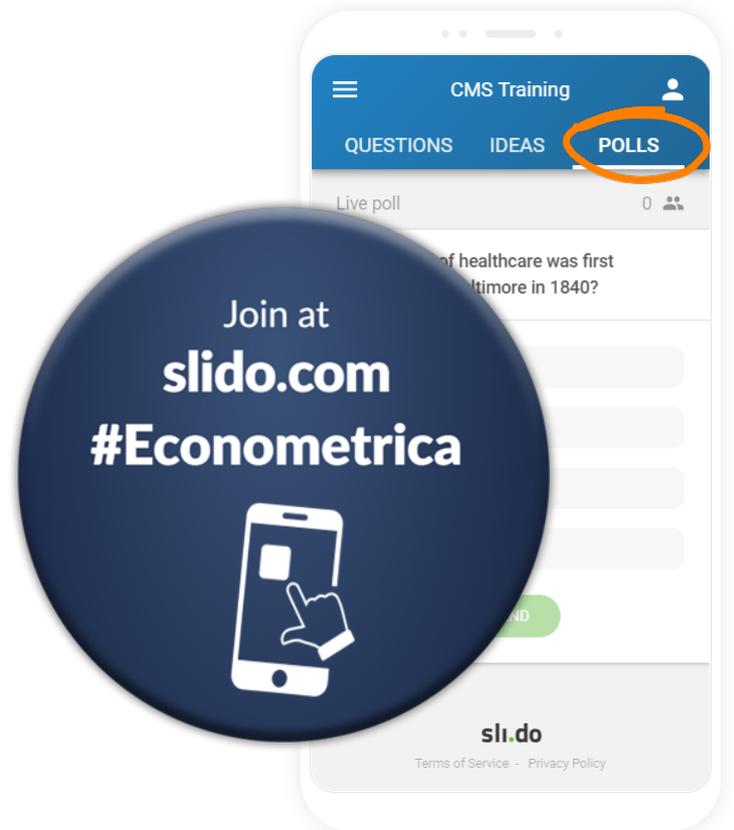
GG0170SS3. Indicate the type of wheelchair or scooter used. (cont.)



A. 1, Manual.

B. 2, Motorized.

Rationale: Mrs. S used a manual wheelchair during the wheel 150 feet activity.



GG0170SS3. Indicate the Type of Wheelchair or Scooter Used. (cont. 1)

3. Discharge Performance	
Enter Codes in Boxes	
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.
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	Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 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.
1	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.
1	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Discharge Assessment

00425. Part A Therapies

O0425. Part A Therapies

O0425. Part A Therapies	
Complete only if A0310H = 1	
A. Speech-Language Pathology and Audiology Services	
Enter Number of Minutes [][][][]	<ol style="list-style-type: none"> Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B) Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B) Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy</p> <ol style="list-style-type: none"> Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes [][][][]	
Enter Number of Minutes [][][][]	
Enter Number of Minutes [][][][]	
Enter Number of Days [][][]	
B. Occupational Therapy	
Enter Number of Minutes [][][][]	<ol style="list-style-type: none"> Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B) Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B) Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy</p> <ol style="list-style-type: none"> Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes [][][][]	
Enter Number of Minutes [][][][]	
Enter Number of Minutes [][][][]	
Enter Number of Days [][][]	
C. Physical Therapy	
Enter Number of Minutes [][][][]	<ol style="list-style-type: none"> Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B) Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B) Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy</p> <ol style="list-style-type: none"> Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes [][][][]	
Enter Number of Minutes [][][][]	
Enter Number of Minutes [][][][]	
Enter Number of Days [][][]	



O0425A. Speech-Language Pathology (SLP) and Audiology Services

Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A. Speech-Language Pathology and Audiology Services
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<ol style="list-style-type: none">1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy</p>
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<ol style="list-style-type: none">4. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Days <input type="text"/> <input type="text"/> <input type="text"/>	<ol style="list-style-type: none">5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)



O0425A. Speech-Language Pathology (SLP) and Audiology Services (cont.)

A. Speech-Language Pathology and Audiology Services	
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Days <input type="text"/> <input type="text"/> <input type="text"/>	5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

- **Rationale:** Since Mrs. S did not receive SLP, O0425A1, 2 and 3 are coded with “0” minutes and the assessor would skip to O0425B. Occupational Therapy.

O0425B. Occupational Therapy

Enter Number of Minutes <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="2"/>	B. Occupational Therapy <ol style="list-style-type: none">Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy</p> <ol style="list-style-type: none">Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text" value="7"/> <input type="text" value="0"/>	
Enter Number of Minutes <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="6"/>	
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text" value="4"/> <input type="text" value="7"/>	
Enter Number of Days <input type="text"/> <input type="text" value="1"/> <input type="text" value="6"/>	

O0425C. Physical Therapy

Enter Number of Minutes <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="5"/>	C. Physical Therapy <ol style="list-style-type: none">1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy</p> <ol style="list-style-type: none">4. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text" value="9"/> <input type="text" value="0"/>	
Enter Number of Minutes <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>	
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text" value="6"/> <input type="text" value="3"/>	
Enter Number of Days <input type="text"/> <input type="text" value="1"/> <input type="text" value="5"/>	



00430. Distinct Calendar Days of Part A Therapy

00430. Distinct Calendar Days of Part A Therapy

Complete only if A0310H = 1

Enter Number of Days

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Record the number of **calendar days** that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

00430. Distinct Calendar Days of Part A Therapy

00430. Distinct Calendar Days of Part A Therapy

Complete only if A0310H = 1

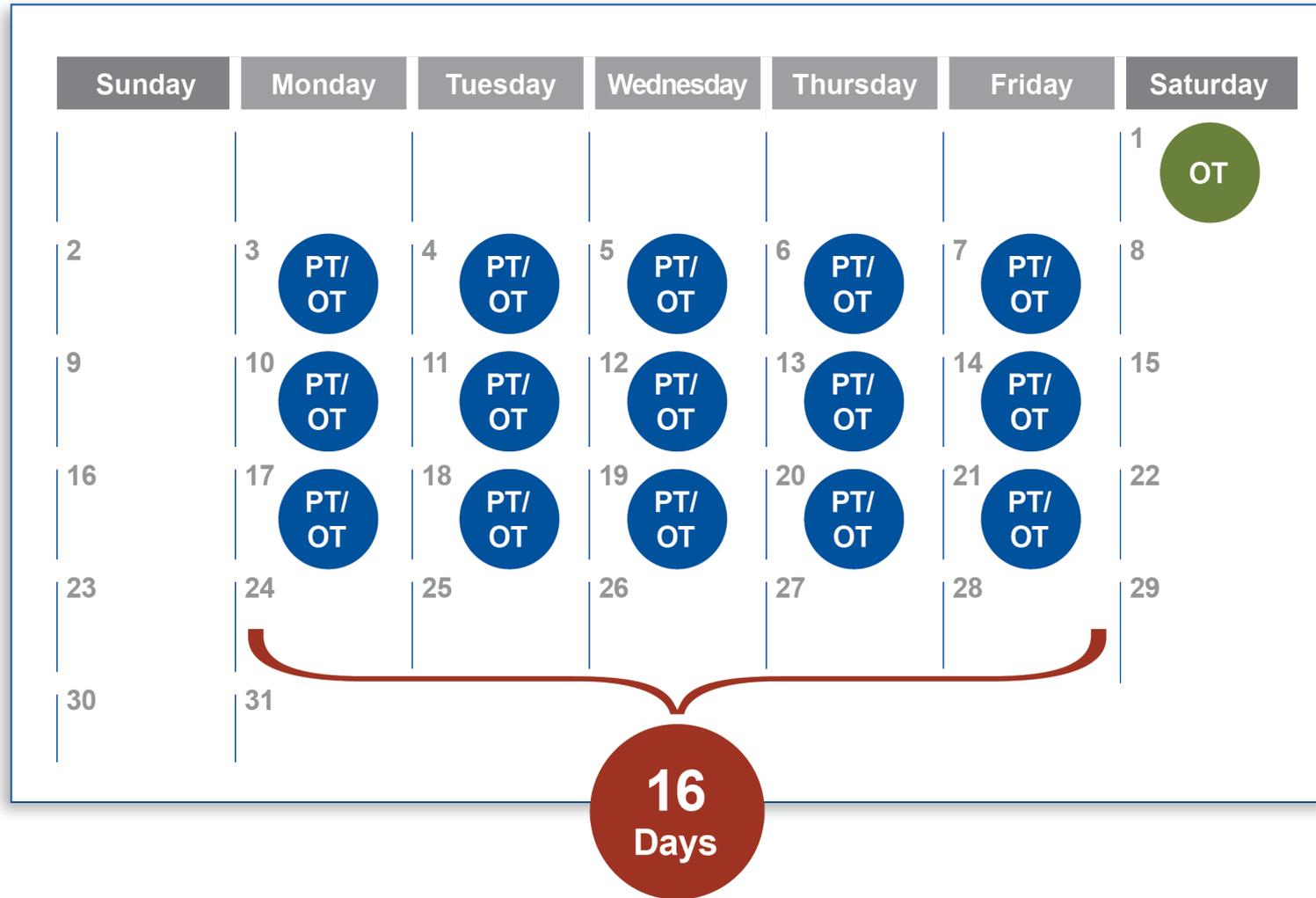
Enter Number of Days

	1	6
--	---	---

Record the number of **calendar days** that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

- **Coding: 16 Days.**
- **Rationale:** Mrs. S had a total of 16 calendar days where she received therapy services for at least 15 minutes since the start of her stay.

00430. Distinct Calendar Days of Part A Therapy (cont.)



Patient Driven Payment Model (PDPM) Calculation Worksheets for Mrs. S

Calculation of PDPM Cognitive Level

- The PDPM cognitive level is utilized in the SLP payment component of PDPM. One of four PDPM cognitive performance levels is assigned based on the Brief Interview for Mental Status (BIMS) or the Staff Assessment for Mental Status for the PDPM cognitive level.
- If neither the BIMS nor the staff assessment for the PDPM cognitive level is complete, then the PDPM cognitive level cannot be assigned and the PDPM case mix group cannot be determined.

Step 1. Determine BIMS Summary Score

- **Step 1:**
 - Determine the BIMS Summary Score for Mrs. S using the score recorded in MDS item **C0500. BIMS Summary Score.**
 - Mrs. S' BIMS Summary Score:

C0500. BIMS Summary Score

Enter Score

1	4
---	---

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview

Determine PDPM Cognitive Level

- Determine the resident’s PDPM cognitive level using the BIMS Summary Score and the mapping provided:

PDPM Cognitive Level	BIMS Summary Score
Cognitively Intact	13–15
Mildly Impaired	8–12
Moderately Impaired	0–7
Severely Impaired	–



Determine PDPM Cognitive Level (cont. 2)

- **Step 2:**
 - If BIMS Summary Score is **blank** or has a **dash** value, complete Staff Assessment for Mental Status to obtain PDPM cognitive level.
 - This step is not necessary since the BIMS Summary Score in C0500 for Mrs. S was 14.
 - Therefore, Mrs. S' PDPM Cognitive Level = **14, Cognitively Intact.**

Calculation of PT Payment Component

- **Step 1:**
 - Determine the Mrs. S' primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B.

I0020. Indicate the resident's primary medical condition category									
Complete only if A0310B = 01 or 08									
Enter Code	Indicate the resident's primary medical condition category that best describes the primary reason for admission								
<table border="1"><tr><td>1</td><td>0</td></tr></table>	1	0	<ul style="list-style-type: none">01. Stroke02. Non-Traumatic Brain Dysfunction03. Traumatic Brain Dysfunction04. Non-Traumatic Spinal Cord Dysfunction05. Traumatic Spinal Cord Dysfunction06. Progressive Neurological Conditions07. Other Neurological Conditions08. Amputation09. Hip and Knee Replacement10. Fractures and Other Multiple Trauma11. Other Orthopedic Conditions12. Debility, Cardiorespiratory Conditions13. Medically Complex Conditions						
1	0								
	I0020B. ICD Code								
	<table border="1"><tr><td>S</td><td>7</td><td>2</td><td>.</td><td>0</td><td>0</td><td>1</td><td>D</td></tr></table>	S	7	2	.	0	0	1	D
S	7	2	.	0	0	1	D		
	I0020B. ICD Code								
	<table border="1"><tr><td>S</td><td>7</td><td>2</td><td>.</td><td>0</td><td>0</td><td>1</td><td>D</td></tr></table>	S	7	2	.	0	0	1	D
S	7	2	.	0	0	1	D		



Step 1: Determine Resident's Primary Diagnosis Clinical Category

- Mapping is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-payment/SNFPPS/PDPM.html>.

Mapping: PDPM Clinical Categories to ICD-10 Diagnosis Codes for FY2019

Overview

ICD-10-CM Code	Description	Default Clinical Category
Z409	Encounter for fitting and adjustment of unspecified device	Return to Provider
S72001D	Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with r	Major Joint Replacement or Spinal Surgery

Step 1: Determine Resident's Primary Diagnosis Clinical Category (cont. 1)

- Item I0020B diagnosis: S72.001D, Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing.
- Default primary diagnosis clinical category: **Major joint replacement or spinal surgery.**



Step 1: Determine Resident's Primary Diagnosis Clinical Category (cont. 2)

- **Step 1A:**

- Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using the information recorded in MDS item **J2100. Recent Surgery Requiring Active SNF Care.**

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08	
Enter Code	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?
<input type="text" value="1"/>	0. No 1. Yes 8. Unknown

Step 1: Determine Resident's Primary Diagnosis Clinical Category (cont. 3)

- Steps 1B asks if the resident is eligible for the Surgical Clinical Category and received orthopedic surgery except major joint replacement or spinal surgery.
- Step 1C asks if the resident is eligible for the Surgical Clinical Category and received a significant non-orthopedic surgical procedure.
- Since Mrs. S did not receive an orthopedic surgery except major joint replacement or spinal surgery, and did not receive a significant non-orthopedic surgical procedure, both of the responses to these steps should be, **No**.

Step 1: Determine Resident's Primary Diagnosis Clinical Category (cont. 3)

- If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, the resident is categorized into the major joint replacement or spinal surgery clinical category.

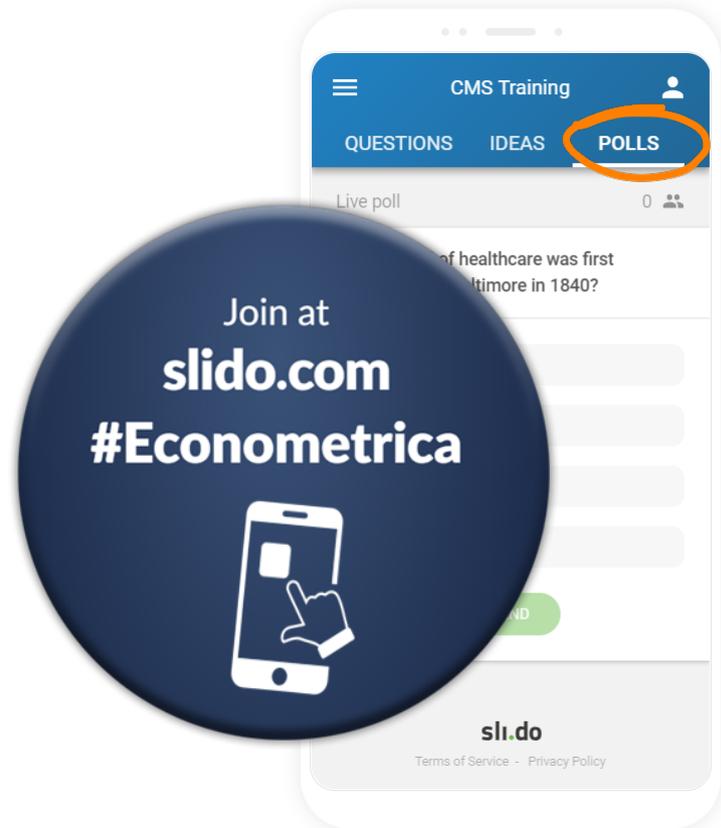
Surgical Procedures - Complete only if J2100 = 1	
↓ Check all that apply	
Major Joint Replacement	
<input type="checkbox"/>	J2300. Knee Replacement - partial or total
<input checked="" type="checkbox"/>	J2310. Hip Replacement - partial or total
<input type="checkbox"/>	J2320. Ankle Replacement - partial or total
<input type="checkbox"/>	J2330. Shoulder Replacement - partial or total
Spinal Surgery	
<input type="checkbox"/>	J2400. Involving the spinal cord or major spinal nerves
<input type="checkbox"/>	J2410. Involving fusion of spinal bones
<input type="checkbox"/>	J2420. Involving lamina, discs, or facets

Q₈

Based on the responses in J2100 and J2310, is Mrs. S eligible for the surgical clinical category and received major joint replacement or spinal surgery?

A. Yes.

B. No.



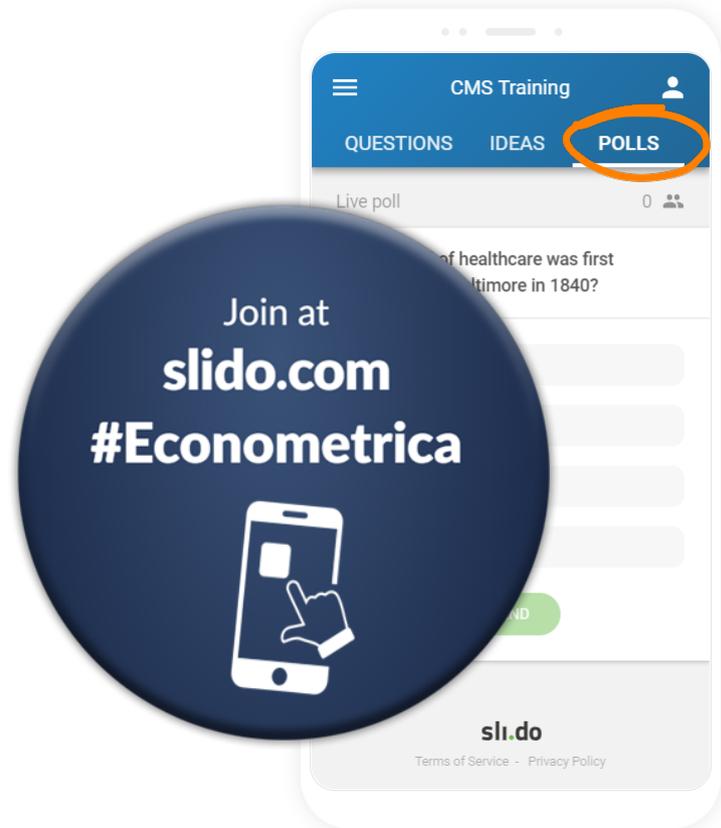
Based on the responses in J2100 and J2310, is Mrs. S eligible for the surgical clinical category and received major joint replacement or spinal surgery? (cont.)



A. Yes.

B. No.

- **Rationale:** Mrs. S had a major surgical procedure (J2100 coded **1, Yes**) during the prior inpatient stay. The procedure was a hip replacement (J2310, **Hip Replacement** was checked).



Step 1: Determine Resident's Primary Diagnosis Clinical Category (cont. 4)

- Instructions for PT Payment further state that if the resident received major joint replacement or spinal surgery, then the primary diagnosis clinical category is **Major Joint Replacement or Spinal Surgery**.
 - Since Mrs. S was assigned the Major Joint Replacement or Spinal Surgery clinical category, proceed to **Step 1D** to finalize the primary diagnosis clinical category assignment.

Step 1: Determine Resident's Primary Diagnosis Clinical Category (cont. 5)

- **Step 1D:**
 - To finalize the primary diagnosis clinical category assignment, if the resident is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item **I0020B in Step 1**.
 - For Mrs. S the default clinical category assigned was **Major Joint Replacement or Spinal Surgery**. Therefore, this is her Primary Diagnosis Clinical Category.

Step 2: Determine Resident's PT Clinical Category

- **Step 2:**
 - Determine the resident's PT Clinical Category based on the mapping shown.

Primary Diagnosis Clinical Category	PT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic
Non-Orthopedic Surgery	Non-Orthopedic Surgery
Acute Infections	Medical Management
Cardiovascular and Coagulations	Medical Management
Pulmonary	Medical Management
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Acute Neurologic	Acute Neurologic
Cancer	Medical Management
Medical Management	Medical Management

Step 2: Determine Resident's PT Clinical Category (cont.)

Primary Diagnosis Clinical Category	PT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic
Non-Orthopedic Surgery	Non-Orthopedic Surgery
Acute Infections	Medical Management
Cardiovascular and Coagulations	Medical Management
Pulmonary	Medical Management
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Acute Neurologic	Acute Neurologic
Cancer	Medical Management
Medical Management	Medical Management



Step 3: Calculate Resident's Function Score for PT Payment

- **Step 3:** Calculate the resident's Function Score for PT payment and record the Function Score for each of the Section GG items identified using the following table:

Admission or Interim Performance (Column 1 or 5) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0



GG0130. Self-Care Admission Performance Items for PT Payment Component – Mrs. S

1. Admission Performance	2. Discharge Goal		Admission or Interim Performance (Column 1 or 5) =	Function Score =
↓ Enter Codes in Boxes ↓				
05	06	A. Eating: The ability to use suitable utensils to bring food and/or liquid once the meal is placed before the resident.	05, 06	4
05	06	B. Oral hygiene: The ability to use suitable items to clean teeth. Denture remove dentures into and from the mouth, and manage denture so		
04	06	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust c bowel movement. If managing an ostomy, include wiping the openi		
02	06	E. Shower/bathe self: The ability to bathe self, including washing, rinsi and hair). Does not include transferring in/out of tub/shower.		
05	06	F. Upper body dressing: The ability to dress and undress above the wa		
03	06	G. Lower body dressing: The ability to dress and undress below the wa footwear.		
01	06	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.		

GG0170. Mobility Admission Performance Items for PT Payment Component – Mrs. S

1. Admission Performance	2. Discharge Goal		Admission or Interim Performance (Column 1 or 5) =	Function Score =
0 2	0 6	A. Roll left and right: The ability to roll from lying on back to left and right bed.		
0 2	0 6	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on back.		
0 2	0 6	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on side of bed, 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 or on a bed.	05, 06	4
0 2	0 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair or vice versa.	04	3
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.	03	2
8 8	0 4	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side, open/close door or fasten seat belt.	02	1
0 3	0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0171.	01, 07, 09, 10, 88, missing	0
8 8	0 4	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet in a room with 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.		



Step 3: Calculate Resident's Function Score for PT Payment (cont. 1)

Admission Self-Care Activity	Mrs. S' Self-Care Performance	Self-Care Function Score
Eating	05	4
Oral Hygiene	05	4
Toileting Hygiene	04	3

Admission Mobility Activity	Mrs. S' Mobility Performance	Mobility Function Score
Sit to Lying	02	1
Lying to Sitting	02	1
Sit to Stand	02	1
Chair/Bed to Chair	02	1
Toilet Transfer	03	2
Walking – 50 Feet With Two Turns	88	0
Walking – 150 Feet	09	0



Step 3: Calculate Resident's Function Score for PT Payment (cont. 2)

- Next, average the function scores for the two bed mobility items, the three transfer items, and the two walking items as follows:
 - **Average Bed Mobility:**
 - Take the sum of the function scores for Sit to Lying (1) and Lying to Sitting on the Side of the Bed (1) and divide this sum by 2.
 - The sum of these two activities for Mrs. S = **2** ($1 + 1 = 2$).
 - The average Bed Mobility Function Score is = **1** ($2/2 = 1$).

Step 3: Calculate Resident's Function Score for PT Payment (cont. 3)

– Average Transfer:

- Take the sum of the function scores of Sit to Stand (1), Chair/Bed-to-Chair (1), and Toilet Transfer (2) and divide this sum by 3.
- The sum of these three activities for Mrs. S is = **4** ($1 + 1 + 2 = 4$).
- The average Transfer Function Score is = **1.3** ($4/3 = 1.3$).

Step 3: Calculate Resident's Function Score for PT Payment (cont. 4)

– Average Walking:

- Take the sum of the walking scores of Walk 50 Feet With Two Turns (0) and Walk 150 Feet (0) and divide this sum by 2.
- The sum of these two activities for Mrs. S is = **0** ($0 + 0 = 0$).
- The average Walking Function Score is = **0** ($0/2 = 0$).

Step 3: Calculate Resident's Function Score for PT Payment (cont. 4)

- Next, calculate the sum of Eating (4), Oral Hygiene (4), Toileting Hygiene (3), and the averages that were calculated for Bed Mobility (1), Transfer (1.3), and Walking (0).
 - The sum of the three activities listed above, and the averages for bed mobility, transfer and walking for Mrs. S is = **13.3** ($4 + 4 + 3 + 1 + 1.3 + 0 = 13.3$).
 - This sum is rounded to the nearest whole number which is = **13**.
 - **PDPM PT Function Score is 13.**

Step 4: Determine Resident's PT Case-Mix Group

- **Step 4:** Using the responses from Steps 2 and 3, determine the resident's PT Case Mix Group using the table provided.
 - Step 2 – PT Clinical Category: **Major Joint Replacement or Spinal Surgery**
 - Step 3 – PT Function Score: **13**

Clinical Category	Section GG Function Score	PT Case-Mix Group
Major Joint Replacement or Spinal Surgery	0-5	TA
Major Joint Replacement or Spinal Surgery	6-9	TB
Major Joint Replacement or Spinal Surgery	10-23	TC
Major Joint Replacement or Spinal Surgery	24	TD
Other Orthopedic	0-5	TE

Step 4: Determine Resident's PT Case-Mix Group (cont.)

- Based on the responses in Step 1 and Step 2, and applying that information to the table, Mrs. S's PDPM PT Classification is **TC**:

Clinical Category	Section GG Function Score	PT Case-Mix Group
Major Joint Replacement or Spinal Surgery	0-5	TA
Major Joint Replacement or Spinal Surgery	6-9	TB
Major Joint Replacement or Spinal Surgery	10-23	TC
Major Joint Replacement or Spinal Surgery	24	TD
Other Orthopedic	0-5	TE

Calculation of OT Payment Component

- The steps for calculating the resident's PDPM classification for the OT component follows the same logic as was used for the resident's PDPM classification for the PT component.
- Therefore, the PDPM OT Classification is also **TC**.

Clinical Category	Section GG Function Score	PT Case-Mix Group
Major Joint Replacement or Spinal Surgery	0-5	TA
Major Joint Replacement or Spinal Surgery	6-9	TB
Major Joint Replacement or Spinal Surgery	10-23	TC
Major Joint Replacement or Spinal Surgery	24	TD
Other Orthopedic	0-5	TE



Calculation of SLP Payment Component

- The Primary Diagnosis Clinical Category determined in **Step 1** for PT and OT components is also used for the SLP component.
- Mrs. S' Primary Diagnosis Clinical Category as determined for PT and OT components is: **Major Joint Replacement or Spinal Surgery.**



Step 2: Determine the SLP Clinical Category

- **Step 2:** Using the table provided, and the Primary Diagnosis Clinical Category assigned to Mrs. S, determine the SLP Clinical Category.
 - Mrs. S' SLP Clinical Category is **Non-Neurologic**.

Primary Diagnosis Clinical Category	SLP Clinical Category
Major Joint Replacement or Spinal Surgery	Non-Neurologic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Non-Neurologic
Non-Orthopedic Surgery	Non-Neurologic

Step 3: Determine if Resident has SLP-Related Comorbidities

- **Step 3:** Determine whether the resident has one or more SLP-related comorbidities.
- Mrs. S **does not** have any of these SLP-related comorbidities coded in Section I of the 5-Day.

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Patient
O0100F2	Ventilator or Respirator While a Patient

Step 4: Determine Presence of Cognitive Impairment

- **Step 4:**
 - Determine whether the resident has a cognitive impairment based on the PDPM Cognitive Level score.
 - Mrs. S had a BIMS score of 14, which indicates that she is not cognitively impaired.
 - Therefore, there is **no** presence of cognitive impairment.

C0500. BIMS Summary Score

Enter Score

1	4
---	---

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview

Step 5: Determine Presence of Neurological, SLP-Related or Cognitive Conditions

- **Step 5:**
 - Determine how many of the following conditions are present:
 - Based on Step 2, the resident classified in the Acute Neurological category.
 - Based on Step 3, the resident has one or more SLP-related comorbidities.
 - Based on Step 4, the resident has cognitive impairment.
 - Mrs. S **did not** have any of the above conditions present on her 5-Day.
 - Number of conditions present = **0**.

Step 6: Determine Presence of Swallowing Disorder

- **Step 6:**
 - Using item K0100, determine if any of the conditions indicated in items K0100A through K0100D is present.
 - Mrs. S **did not** have any signs and symptoms of a possible swallowing disorder.

K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder	
↓ Check all that apply	
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above

Step 7: Determine if Resident had a Mechanically Altered Diet

- **Step 7:**
 - Using item K0510C2, determine if the resident had a mechanically altered diet.
 - Mrs. S **did** have a mechanically altered diet as indicated in item K0510C2.

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS . If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input checked="" type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input checked="" type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

Step 8: Determine Presence of Mechanically Altered Diet With/Without Swallowing Disorder

- **Step 8:**
 - Determine how many of the following conditions are present based on Steps 6 (Swallowing Disorder) and 7 (Mechanically Altered Diet):
 - The resident has:
 - Neither a swallowing disorder nor a mechanically altered diet.
 - Either a swallowing disorder or a mechanically altered diet.
 - Both a swallowing disorder and a mechanically altered diet.
 - Mrs. S does not have a swallowing disorder but **does** have a mechanically altered diet noted on her 5-Day; therefore, the correct response is “**Either.**”

Step 9: Determine Resident's SLP Case-Mix Group

- **Step 9:**
 - Determine the resident's SLP group using the responses from Steps 8 and 9, and the excerpt from the SLP Case-Mix Groups table below:

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group
None	Neither	SA
None	Either	SB
None	Both	SC

Step 9: Determine Resident's SLP Case-Mix Group (cont.)

- Mrs. S **does not** have the presence of acute neurologic, SLP-related comorbidities, or cognitive impairment (None).
- Mrs. S **does not** have a swallowing problem but does have a mechanically altered diet (Either).

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group
None	Neither	SA
None	Either	SB
None	Both	SC

PDPM SLP Classification = SB.

Calculation of the Non-Therapy Ancillary (NTA) Payment Component

- **Step 1:**
 - Determine whether the resident has one or more NTA-related comorbidities listed in the NTA Comorbidity table (Table 16).
- **Step 2:**
 - Calculate the resident's total NTA score by taking the sum of the points corresponding to each condition/service present.
 - Mrs. S has only one of the conditions listed in the NTA Comorbidity table:
 - Stage 4 pressure ulcer present (**M0300D1**) = 1 point.
 - **NTA Score = 1.**

Calculation of the NTA Payment Component (cont.)

- **Step 3:**
 - Determine the resident's NTA group using the table provided.
 - **PDPM NTA Classification is NE.**

NTA Score Range	NTA Case-Mix Group
12+	NA
9-11	NB
6-8	NC
3-5	ND
1-2	NE
0	NF

Calculation of the PDPM Nursing Function Score

- **Step 1:** Calculate the resident's function score for nursing payment based on the responses in Section GG0130.

Admission or Interim Performance (Column 1 or 5) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0

GG0130. Self-Care Admission Performance Items for Nursing Payment Component – Mrs. S

1. Admission Performance	2. Discharge Goal		Admission or Interim Performance (Column 1 or 5) =	Function Score =
05	06	A. Eating: The ability to use suitable utensils to bring food and/or liquid once the meal is placed before the resident.	05, 06	4
05	06	B. Oral hygiene: The ability to use suitable items to clean teeth. Denture remove dentures into and from the mouth, and manage denture so	04	3
04	06	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust c bowel movement. If managing an ostomy, include wiping the openi	03	2
02	06	E. Shower/bathe self: The ability to bathe self, including washing, rinsi and hair). Does not include transferring in/out of tub/shower.	02	1
05	06	F. Upper body dressing: The ability to dress and undress above the wa	01, 07, 09, 10, 88, missing	0
03	06	G. Lower body dressing: The ability to dress and undress below the wa footwear.		
01	06	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.		



GG0170. Mobility Admission Performance Items for Nursing Payment Component – Mrs. S

1. Admission Performance	2. Discharge Goal		Admission or Interim Performance (Column 1 or 5) =	Function Score =
0 2	0 6	A. Roll left and right: The ability to roll from lying on back to left and right side of bed.		
0 2	0 6	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on back.		
0 2	0 6	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on side of bed, 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 on side of bed.	05, 06	4
0 2	0 6	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair or wheelchair.	04	3
0 3	0 6	F. Toilet transfer: The ability to get on and off a toilet or commode.	03	2
8 8	0 4	G. Car transfer: The ability to transfer in and out of a car or van on the street, including open/close door or fasten seat belt.	02	1
0 3	0 4	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room or hallway. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170.	01, 07, 09, 10, 88, missing	0
8 8	0 4	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet in a room or hallway with 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.		



Step 1: Calculation of the PDPM Nursing Function Score (cont. 1)

Admission Self-Care and Mobility Performance	Mrs. S' Admission Self-Care and Mobility Performance	Function Score
Eating	05	4
Toileting Hygiene	04	3
Bed Mobility – Sit to Lying	02	1
Bed Mobility – Lying to Sitting	02	1
Transfer – Sit to Stand	02	1
Transfer – Chair/Bed to Chair	02	1
Transfer – Toilet	03	2



Step 1: Calculation of the PDPM Nursing Function Score (cont. 2)

- Next, average the function scores for the two bed mobility items, and the three transfer items as follows:
 - **Average Bed Mobility:**
 - Take the sum of the function scores for Sit to Lying (1) and Lying to Sitting on the Side of the Bed (1) and divide this sum by 2.
 - The sum of these two activities for Mrs. S = **2** ($1 + 1 = 2$).
 - The average Bed Mobility Function Score is = **1** ($2/2 = 1$).

Step 1: Calculation of the PDPM Nursing Function Score (cont. 3)

– Average Transfer:

- Take the sum of the function scores of Sit to Stand (1), Chair/Bed-to-Chair (1), and Toilet Transfer (2) and divide this sum by 3.
- The sum of these three activities for Mrs. S is = **4** ($1 + 1 + 2 = 4$).
- The average Transfer Function Score is = **1.3** ($4/3 = 1.3$).

Step 1: Calculation of the PDPM Nursing Function Score (cont. 4)

- Next calculate the sum of Eating (4), Toileting Hygiene (3), and the averages that were calculated for Bed Mobility (1) and Transfer (1.3).
 - The sum of the two activities listed above and the averages for bed mobility and transfer for Mrs. S is = **9.3** ($4 + 3 + 1 + 1.3 = 9.3$).
 - This sum is rounded to the nearest whole number which is = **9**.
 - **PDPM Nursing Function Score is 9.**

Step 2: Determine Resident's Nursing Case-Mix Group

- **Step 2:**
 - Determine the resident's nursing case-mix group using the hierarchical classification category worksheets starting with Extensive Services.
 - The assigned classification is the first group for which the resident is qualified.
- There are six categories:
 - Extensive Services.
 - Special Care High.
 - Special Care Low.
 - Clinically Complex.
 - Behavioral Symptoms and Cognitive Performance.
 - Reduced Physical Function.

Step 2: Determine Resident's Nursing Case-Mix Group (cont. 1)

- **Extensive Services:**
 - Determine whether the resident is coded for one of the following treatments or services, **while a resident**. If none were received, skip to Special Care High.
 - O0100E2 Tracheostomy care.
 - O0100F2 Ventilator or respirator.
 - O0100M2 Isolation or quarantine for active infectious disease.
 - Mrs. S **does not** receive any of these treatments or services.

Step 2: Determine Resident's Nursing Case-Mix Group (cont. 2)

- **Special Care High:**
 - Determine whether the resident is coded for one of the treatments or services listed. If none were received, skip to Special Care Low.
 - Mrs. S **does not** receive any of these treatments or services nor does she have any of the conditions listed.

Step 2: Determine Resident's Nursing Case-Mix Group (cont. 3)

- **Special Care Low:**
 - Determine whether the resident is coded for one of the conditions or services listed. If none are coded skip to Clinically Complex.
 - Mrs. S has one of the listed conditions with two of the selected treatments:
 - Any stage 3 (M0300C1) or 4 (**M0300D1**) pressure ulcer with two or more selected skin treatments.
 - Turning/repositioning (**M1200C**).
 - Pressure ulcer/injury care (**M1200E**).

Calculation of the Nursing Payment Component

- **Step 2:**
 - If at least one of the special care conditions is coded and the resident has a total PDPM Nursing Function Score of 14 or less, he or she classifies as Special Care Low.
- Mrs. S had at least **one** of the special care conditions and her PDPM Nursing Function Score was **9**. Therefore, she is classified in the **Special Care Low Category**.

Calculation of the Nursing Payment Component (cont. 1)

- **Step 3:**
 - Evaluate for depression. If the Total Severity Score for the resident at Item D0300 is greater than or equal to 10, but not 99, or the D0600 Total Severity Score is greater than or equal to 10, the resident qualifies as “Depressed” for PDPM classification.
- Mrs. S’ Total Severity Score was 2. Therefore, she **does not** qualify as “Depressed” for the purposes of PDPM classification.

D0300. Total Severity Score	
Enter Score	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).
0 2	

Calculation of the Nursing Payment Component (cont. 2)

- **Step 4:**
 - Select the Special Care Low classification based on the PDPM Nursing Function Score and the presence or absence of depressive symptoms according to the table provided.
 - Mrs. S' Function Score was **9**, and she **does not** have the presence of depressive symptoms, therefore her **PDPM Nursing Classification is LBC1.**

Nursing Function Score	Depressed?	PDPM Nursing Classification
0-5	Yes	LDE2
0-5	No	LDE1
6-14	Yes	LBC2
6-14	No	LBC1

HIPPS Code for Mrs. S: PT/OT Component

- First character is the PT/OT Component:
 - Mrs. S' clinical category is **Major Joint Replacement or Spinal Surgery** and has a Function Score of 13 = **TC**.
 - Therefore, the first HIPPS character is **C**.

Table 1. First Character: PT/OT Component

Clinical Category	Section GG Function Score	PT/OT Case-Mix Group	HIPPS Character
Major Joint Replacement or Spinal Surgery	0-5	TA	A
Major Joint Replacement or Spinal Surgery	6-9	TB	B
Major Joint Replacement or Spinal Surgery	10-23	TC	C

HIPPS Code for Mrs. S: SLP Component

- Second character is the SLP Component:
 - Mrs. S has **no** SLP-related comorbidities or cognitive impairment but **does** have a mechanically altered diet.
 - Therefore the second HIPPS character is **B**.

Table 2. Second Character: SLP Component

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	HIPPS Character
None	Neither	SA	A
None	Either	SB	B
None	Both	SC	C

HIPPS Code for Mrs. S: Nursing Component

- Third character is the Nursing Component:
 - Mrs. S has a **Stage 4** pressure ulcer with **two** selected treatments, **no** depressive symptoms, and has a Function Score of **9 = LBC1**.
 - Therefore the third HIPPS character is **K**.

Table 3. Third Character: Nursing Component

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	# of Restorative Nursing Services	GG-based Function Score	PDPM Nursing Case- Mix Group	HIPPS Character
LC1/LB1	-	Serious medical conditions e.g., radiation therapy or dialysis	No	-	6-14	LBC1	K



HIPPS Code for Mrs. S: NTA Component

- Fourth character is NTA Component:
 - Mrs. S has an NTA Score of **1**, and her NTA Case-Mix Group = **NE**.
 - Therefore the fourth HIPPS character is **E**.

Table 4. Fourth Character: NTA Component

NTA Score Range	NTA Case-Mix Group	HIPPS Character
12+	NA	A
9-11	NB	B
6-8	NC	C
3-5	ND	D
1-2	NE	E
0	NF	F

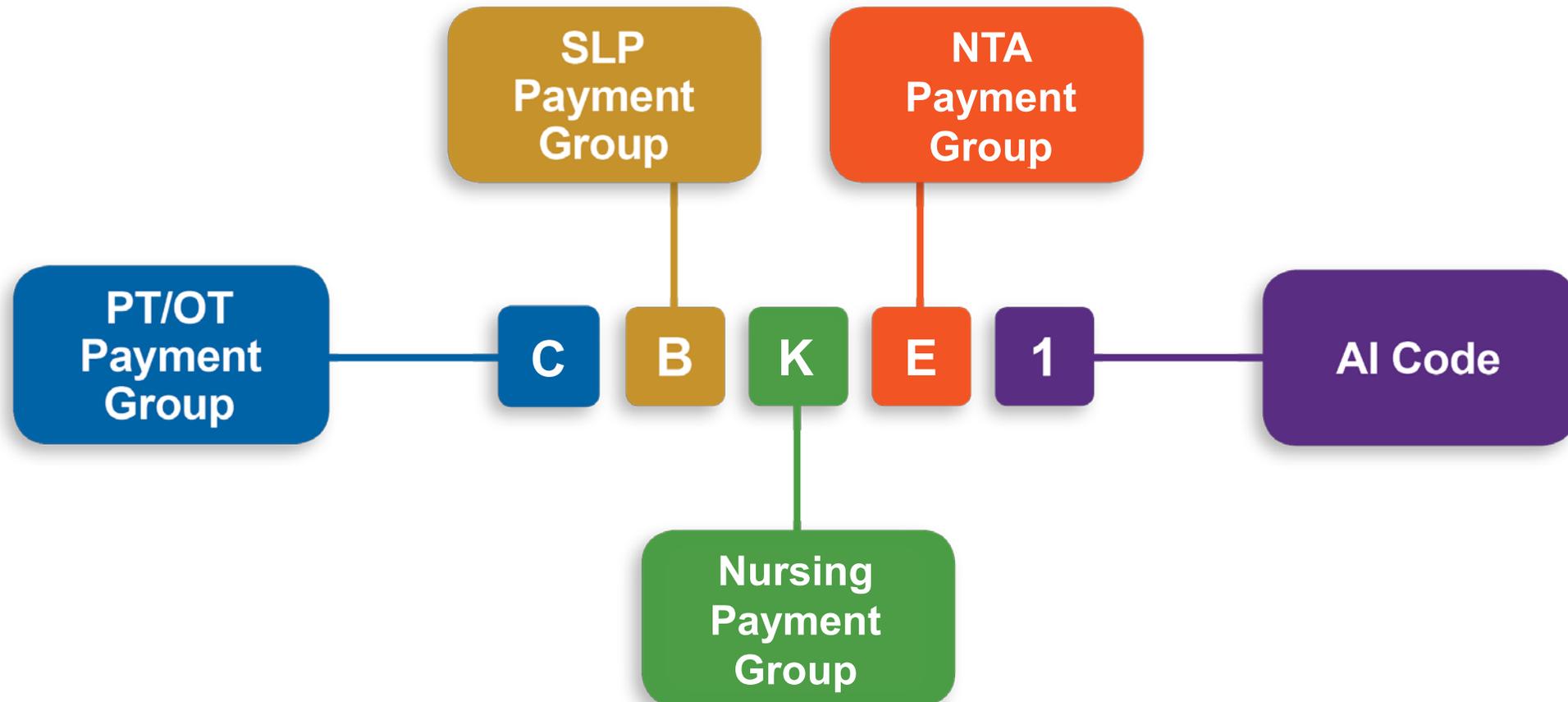
HIPPS Code for Mrs. S: Assessment Identifier Code

- Fifth character is the Assessment Identifier (AI) Code, which identifies the assessment type used to establish the per diem payment rate for the standard PPS payment period.
- The assessment types for PPS include the Interim Payment Assessment and the 5-Day.
- The PPS assessment completed for Mrs. S was a **5-Day PPS**. Therefore, the AI Code and the fifth HIPPS character is **1**.

AI Code	Assessment Type (abbreviation)	Standard Payment Period
0	Interim Payment Assessment	See Chapter 2, Section 2.9
1	5-Day	Entire Part A Stay

HIPPS Code for Mrs. S

- The HIPPS code that will be recorded on the 5-Day in Z0100A is: **CBKE1**



Summary



- In this case study, you learned:
 - How to apply knowledge acquired during the 2-day training to accurately code a clinical resident scenario.
 - How to calculate the appropriate HIPPS code under PDPM.

Record Your Action Plan Ideas



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Questions?

