

**Inpatient Rehabilitation Facility  
Patient Assessment Instrument (IRF-PAI)  
Quarterly Q&As**

**June 2022**

**Consolidated June 2020 to June 2022**



## Introduction

The Centers for Medicare & Medicaid Services (CMS) is publishing the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) Quarterly Q&As, so that all IRF providers have the benefit of the clarifications to existing guidance. Through inquiries to the IRF Post-Acute Care (PAC) Quality Reporting Program (QRP) Help Desk, CMS identifies the opportunity to clarify or refine guidance.

CMS has updated the Quarterly Q&A document in light of the release of the CMS IRF-PAI 4.0 Manual on April 1, 2022, effective October 1, 2022. In light of the update, CMS has archived Q&As reflected in the IRF-PAI 4.0 Manual, and where items are not in the IRF PAI 4.0.

The archived Q&As can be found in the IRF Quality Reporting Archives found here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Archives>

## New Q&As Added in June 2022

1. C0600

[Question 2](#)

2. GG0130A

[Question 4](#)

3. GG0170M, GG0170N, GG0170O

[Question 3](#)

4. H0350

[Question 3](#)

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*This document is intended to provide guidance on IRF-PAI questions that were received by CMS help desks.  
Responses contained in this document may be superseded by guidance published by CMS at a later date.*

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## Quality Indicators (QI): General Questions

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

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Responses contained in this document may be superseded by guidance published by CMS at a later date.*

## Section A: Administrative Information

### 25A, 26A

#### Question 1: Archived June 2022

**Question 2: If a patient's height and/or weight was not measured within the 3-day admission assessment period for 25A - Height on admission and 26A - Weight on admission, is it okay to use a height and/or weight that was measured day 5?**

**Answer 2:** In order to be compliant, the admission assessment must be completed by the end of the 3-day assessment period (i.e., midnight of the third calendar day). If a patient's height and/or weight cannot be measured during the 3-day assessment period, enter a dash (-) to indicate "no information" for 25A - Height on admission and/or for 26A - Weight on admission. CMS expects dash use to be a rare occurrence.

Added: June 2021

### 25A

#### Question 1: Archived June 2022

### 44D

#### Question 1: Archived June 2022

**Question 2: A patient who was admitted to IRF was planning on being discharged to a SNF on 2/14/22 however prior to discharge the patient was sent to the emergency department (ED). The ED then discharged the patient home with home care services the following day, on 2/15, rather than sending them to the SNF. How do we code 44D - Discharge Disposition for this scenario?**

**Answer 2:** When a patient is transported from the IRF to an emergency department (ED) or observation status, and they do not return to the IRF within 3 days, complete a discharge assessment and code the discharge destination as the first subsequent provider setting the patient is admitted to immediately following the ED and/or observation stay. If a patient remains in ED and/or observation status for > 3 days, code the discharge destination as Code 99 - Not listed.

A subsequent provider is defined as a short-term general hospital, a SNF, intermediate care, home under care of an organized home health service organization or hospice (home), hospice in an institutional facility, an IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a Critical Access Hospital (CAH).

In the scenario, if the patient was transported from the IRF to an ED and within 3 days is discharged home from the ED to receive home care from a Medicare-certified home health agency, code 06 - Home under care of an organized home health service organization.

Added: March 2022

## Section C: Cognitive Patterns

### Brief Interview for Mental Status (BIMS) C0100, C0200, C0300, C0400, C0500

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

### **C0600**

**[NEW] Question 1: Please clarify how C0600 - Should the Staff Assessment for Mental Status (C0900) be coded when C0100 - Should Brief Interview for Mental Status (C0200-C0500) be Conducted? is coded as 0 - No.**

**Answer 1:** When C0100 - Should Brief Interview for Mental Status (C0200-C0500) be Conducted? is coded as 0 - No, skip C0200 - C0600.

**Added: June 2022**

## Section GG: Functional Abilities and Goals

### GG0100C

**Question 1: Archived June 2022**

### GG0100C, GG0170M, GG0170N, GG0170O

**Question 1: Archived June 2022**

### GG0100, GG0110

**Question 1: We have questions regarding prior level of functioning and prior device use. A patient is admitted to our facility for rehab, has a medical issue, and is discharged to an acute care hospital for a week. When the patient returns to our facility, would the prior level of functioning reported in GG0100B - Prior Functioning: Indoor Mobility reflect the patient's ambulation status prior to the original admission (which is the reason we are still treating the patient) or is the prior level of functioning based on what the patient was doing during the hospital stay? Would this also apply to GG0110 - Prior Device Use?**

**Answer 1:** The intent of GG0100B - Prior Functioning: Indoor Mobility is to report the patient's need for assistance with walking from room to room, with or without a device such as a cane, crutch, or walker, prior to the current illness, exacerbation, or injury. The intent of GG0110 - Prior Device Use is to indicate which devices and aids were used by the patient prior to the current illness, exacerbation, or injury. The assessing clinician must consider each patient's unique circumstances and use clinical judgment to determine how prior functioning and prior device use apply for each individual patient.

In responding to GG0100 - Prior Functioning: Everyday Activities, the activities should be reported based on the patient's usual ability prior to the current illness, exacerbation, or injury. This is the patient's functional ability prior to the onset of the current illness, exacerbation of a chronic condition, or injury, whichever is most recent, that initiated this episode of care. Clinicians should use clinical judgment within these parameters in determining the timeframe that is considered "prior to the current illness, exacerbation, or injury."

The same approach should be used in determining Prior Device Use for GG0110.

Added: September 2020

### GG0110

**Question 1: Archived June 2022**



## GG0130, GG0170

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

**Question 3: I am seeking clarification on how to accurately code the admission assessments for Section GG0130 Self-care and GG0170 Mobility when a patient leaves AMA before the admission assessment is completed.**

**Would it be appropriate to use Code 07 - Patient refused if an assessment was not done because of the patient leaving AMA?**

**Answer 3:** Patients who meet the criteria for incomplete stays include patients who are discharged to an acute care setting (such as short-stay acute hospital, critical access hospital, inpatient psychiatric facility, or long-term care hospital), patients who die while in the IRF, patients who leave the IRF against medical advice (AMA), and patients with a length of stay less than 3 days.

If the patient's IRF stay is less than 3 days, and ends before the admission assessment was completed, code GG0130 and GG0170 performance to the best of your abilities. If the patient refused rehab at the IRF and left AMA before the admission assessment was completed, use Code 07 - Patient refused.

Added: June 2020

**Question 4: Archived June 2022**

**Question 5: Archived June 2022**

**Question 6: We understand that if a patient initially refuses to attempt an activity during the assessment period, but later agrees to perform the activity, the code that represents the patient's actual performance supersedes the refusal code (07). What if on day 1 or day 2 a safety or medical issue prevents the patient from attempting an activity, but on day 3, after benefiting from therapeutic intervention, the patient can now perform the activity? Which code should be reported on the IRF-PAI: Code 88 - Not attempted due to medical condition or safety concerns, or one of the performance codes, 01-06?**

**Answer 6:** At Admission, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity, prior to the benefit of services provided by your facility staff. "*Prior to the benefit of services*" means prior to provision of any care by your facility staff that would result in more independent coding.

Use of an "activity not attempted" code should occur only after determining that the activity is not completed prior to the benefit of services, and the performance code cannot be determined based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities.

If this is the case in your scenario, code 88 - Not attempted due to medical condition or safety concerns even if the patient's status changes and the patient is able to complete the activity on a later day during the assessment period.

Added: September 2020

#### **Question 7: Archived June 2022**

**Question 8: How should the following situation be coded for the GG0130 - Self-Care and GG0170 - Mobility items? On discharge a patient was nonadherent with spinal precautions. The patient was able to demonstrate completing functional tasks independently with good balance and strength, and was cognitively intact. By the patient's report, they were choosing not to routinely adhere to spinal precautions in their day-to-day activities, although they were aware of the precautions and risks. Should the GG activities be coded based on the patient's ability, which is independent, or based on the fact that they knowingly break their precautions?**

**Answer 8:** The GG activities focus on the patient's ability to complete the activities as independently as possible as long as they are safe; willingness and nonadherence are not the focus of the coding.

If, in your scenario, you have assessed the patient being able to independently complete the GG activities safely, code 06 - Independent.

Added: June 2021

**Question 9: For GG0130 - Self-Care and GG0170 - Mobility, it is our facility's policy that a patient always have a staff member present during walking or toileting activities. Is it possible for the GG activity to be assessed and coded 06 - Independent, for situations where a staff member is required to be present per facility policy, but is not required to assist or supervise the patient in any way?**

**Answer 9:** When assessing self-care and mobility activities, allow the patient to complete each activity as independently as possible, as long as he/she is safe.

If a helper is present (only due to facility policy) code the activity based on the type and amount of assistance the patient requires to complete the activity as independently as possible, as long as they are safe. If no assistance/supervision/set-up is required, then code 06 - Independent.

Added: September 2021

**Question 10: When determining the appropriate performance code at admission for the GG self-care and mobility activities there are times when the score on day 1 differs from the scores on days 2 and 3. For example:**

- **On Day 1 when attempting to perform a sit to stand transfer, even with assist from the therapist the patient is unable to complete the transfer due to pain. The therapist scores GG0170D - Sit to stand as a Code 88 - Not attempted due to medical condition or safety concerns in day 1 notes. On day 2, per therapy notes the patient was able to complete the sit to stand transfer with assistance of two people. Which code would I use? Code 88 - Not attempted due to medical condition or safety concerns or Code 01 - Dependent?**
- **On Day 1 there is no mention of sit to stand noted in documentation. On day 2 documentation reports that the patient requires partial/moderate assistance of 1 (Code 03) and later that day the therapy note shows that the patient required the assistance of two people to stand. How would this scenario be coded? Does any source take priority? Do I look at all three days and select usual performance from all sources?**

**Answer 10:** At Admission, the self-care or mobility performance code is to be based on a functional assessment that occurs at or soon after the patient's admission, and reflects the patient's baseline ability to complete the activity prior to the benefit of services provided by your facility staff.

“Prior to the benefit of services” means prior to provision of any care by your facility staff that would result in more independent coding.

When the baseline function code differs from the usual performance during the assessment period, report the baseline function code.

If in your first scenario, the patient being unable to complete the sit to stand activity due to medical conditions or safety concerns represents their baseline ability, then code 88 - Not attempted due to medical condition or safety concerns.

In your second scenario, as in all admission scenarios, select the code that represents the patient's baseline ability to complete the activity as independently as possible as long as they are safe, prior to the benefit of services provided by your facility staff.

Added: December 2021

## GG0130A

### Question 1: Archived June 2022

**Question 2: A patient is admitted to an Inpatient Rehabilitation Facility (IRF) with quadriparesis from a previous spinal cord injury. Once an occupational therapist applies a universal cuff to the patient's hand, the patient is able to eat the entire meal without further assistance. What is the performance code for GG0130A - Eating?**

**Answer 2:** The intent of GG0130A - Eating is to assess the patient's ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.

In the scenario provided, if the patient only requires assistance to apply a universal cuff and no further assistance is required during the eating activity, then code 05 - Setup or clean-up assistance. This is because assistance is only required prior to or following the activity, but not during the activity.

Added: December 2020

### Question 3: Archived June 2022

**[NEW] Question 4: A patient is independent with self-feeding, but requires encouragement for adequate intake. Would the encouragement to increase food and/or fluid intake be considered when scoring GG0130A - Eating?**

**Answer 4:** The intent of GG0130A - Eating is to assess the patient's ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. The adequacy of the patient's nutrition or hydration is not considered for GG0130A - Eating.

When coding activities in Section GG, clinicians should code based on the type and amount of assistance required allowing the patient to perform the activity as independently as possible, as long as they are safe. If the patient is able to meet the intent of the activity with no assistance (physical, verbal/nonverbal cueing, setup/clean-up) then code 06 - Independent.

Added: June 2022

## GG0130B

### Question 1: Archived June 2022

## GG0130C

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

**Question 3: Archived June 2022**

**Question 4: I understand that if a helper provides setup before toileting hygiene or clean-up after, and the patient completes the activity of toileting hygiene without additional assistance, the correct code is 05 - Setup or clean-up assistance.**

**What would the correct code be if a helper provided assistance (contact guard or touching assistance) to the patient as the patient gathered their incontinence products but then the patient completed the toileting hygiene activity without further assistance?**

**Answer 4:** The intent of GG0130C - Toileting hygiene is to assess the patient's ability to maintain perineal hygiene and adjust clothes (including undergarments and incontinence briefs) before and after voiding or having a bowel movement.

It is not the type of assistance that is provided that determines the 05 - Setup or clean-up assistance code but rather when (related to the completion of the activity) the needed assistance is provided.

If the assistance provided is necessary only before or after the activity is completed, and no assistance is needed during the completion of the activity, select Code 05 - Setup or clean-up assistance.

Added: December 2021

## GG0130E

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

**Question 3: For a patient who stood while showering prior to this illness, should we now be assessing and scoring showering/bathing based on the patient's status standing?**

**Answer 3:** The intent of GG0130E - Shower/bathe self, is to assess the patient's ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). The activity does not include transferring in/out of tub/shower.

When coding any of the self-care or mobility activities in Section GG, clinicians should code what occurs at the time of the assessment and allow the patient to perform the activity as independently as possible, as long as the patient is safe, regardless of how the patient performed the activity prior to the current illness, exacerbation, or injury.

Added: June 2020

**Question 4 and 5: Archived June 2022**

**GG0130F, GG0130G, GG0130H**

**Question 1: Archived June 2022**

**GG0130G, GG0130H**

**Question 1: Archived June 2022**

**GG0130G**

**Question 1: Archived June 2022**

**GG0130H**

**Question 1: Archived June 2022**

**Question 2: We have a question regarding the following scenario. On day 2 of the patient's stay, the occupational therapist (OT) evaluates and assesses all the GG self-care activities. During that evaluation, for footwear, the patient only dons hospital socks (regular shoes and socks are not available) and requires only cueing. Toward the end of the session (after the assessment), the OT initiates the intervention of ADL re-training. On day 3, after the initiation of ADL re-training, the patient's spouse brings in socks and tennis shoes with laces, which are the patient's preferred footwear. The patient now requires greater than 50% assistance of one helper for donning footwear. Even though it is post intervention, can the "greater than 50% assistance" score be reported since it is still within the assessment timeframe?**

**Answer 2:** The intent of GG0130H - Footwear is to assess the patient's ability to put on and take off socks and shoes or other footwear that is appropriate for safe transfer and/or ambulation (mobility), including fasteners (if applicable).

When assessing self-care and mobility activities, allow the patient to complete each activity as independently as possible, as long as they are safe.

At Admission, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity, prior to the benefit of services provided by your facility staff.

Clinicians should use clinical judgment to determine if observing the patient putting on and taking off the footwear (i.e., hospital socks) worn during the first assessment allows the clinician to adequately assess the patient's baseline ability to complete the activity of putting on/taking off footwear (GG0130H). If the clinician determines that this observation is adequate, code based on the type and amount of assistance required to complete the activity.

Added: September 2020

## GG0170

### Question 1: Archived June 2022

**Question 2: If a patient is dependent for all GG bed mobility activities would it be acceptable to code the patient as dependent for all other GG mobility activities even if those activities were not specifically assessed?**

**Answer 2:** At Admission, the mobility performance code is to reflect the patient's baseline ability to complete the activity, and is based on observation of activities, to the extent possible. Clinicians may assess the patient's performance based on direct observation (preferred) as well as reports from the patient and/or family, assessment of similar activities, collaboration with other facility staff, and other relevant strategies to complete all GG items.

Each IRF-PAI item should be considered individually and coded based on the guidance provided for that item.

It is important to determine whether the appropriate code for each GG activity is a performance code (including 01 - Dependent) vs. an "activity not attempted" code.

It is also important to note that a helper cannot complete the walking activities for a patient. A walking activity cannot be considered completed without some level of patient participation that allows patient ambulation to occur the entire stated distance. For instance, if even with assistance a patient was not able to participate in walking a distance of 10 feet, an "activity not attempted" code (rather than 01 - Dependent) would be selected.

Added: December 2020

## GG0170C

### Question 1: Archived June 2022

## GG0170E

**Question 1: We have a patient who at discharge requires max assistance to perform a transfer, so is coded as 02 - Substantial/maximal assistance for GG0170E - Chair/bed-to-chair transfer. This maximal assist transfer will not be safe for the patient and elderly family to attempt once at home, so two family members will be using a Hoyer lift to transfer the patient from bed to chair. At discharge, would the correct code for GG0170E be 02 - Substantial/maximal assistance, based on the patient's performance in the facility; or would the correct code be 01 - Dependent, because that is what the patient's "usual" status will be at home?**

**Answer 1:** The intent of GG0170E - Chair/bed-to-chair transfer is to assess the patient's ability to transfer to and from a bed to a chair (or wheelchair).

When assessing self-care and mobility activities, allow the patient to complete each activity as independently as possible, as long as they are safe.

If the patient performed the activity during the discharge assessment period, code based on that assessment. Use the GG 6-point scale codes to identify the patient's usual performance on the discharge assessment.

If in your scenario, at discharge, when allowed to complete the activity as independently as possible, the patient was able to safely complete the transfer activity with max assist, then code 02 - Substantial/maximal assistance.

Added: December 2020

## **GG0170F**

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

**Question 3: Please provide clarification on if the following scenarios would be acceptable simulations for the GG0170F - Toilet transfer activity in situations where a patient does not need to use the toilet during an assessment:**

- 1. An Occupational Therapist (OT) takes the patient to the toilet and simulates a toileting experience, with patient pulling down pants and transferring onto the toilet and then back to the chair.**
- 2. Using the functional performance of the patient's chair/bed-to-chair transfer performance code to code toilet transfer.**
- 3. Using the functional performance of the patient's ability to transfer on and off a bedside commode in the therapy gym to code toilet transfer.**

**Answer 3:** The intent of GG0170F - Toilet transfer is to assess the patient's ability to get on and off a toilet or commode. Do not consider or include GG0130C - Toileting hygiene item tasks (managing clothing, undergarments, or perineal hygiene) when coding the toilet transfer item. The toilet transfer activity can be assessed and coded regardless of the patient's need to void or have a bowel movement in conjunction with the toilet transfer assessment.

Use clinical judgment to determine if each situation described adequately represents the patient's ability to transfer on and off the toilet or commode. If the clinician determines that simulating the toilet transfer adequately represents the patient's ability to complete the GG0170F activity, code based on the type and amount of assistance the patient requires to complete the activity.

In each scenario, if the patient was not able to transfer on/off the toilet or commode and the performance code cannot be determined based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities, use the appropriate "activity not attempted" code.

Added: December 2020



## GG0170G

**Question 1: In the assessment of a patient’s ability to perform a car transfer, does adjusting the car seat constitute 05-Setup or clean-up assistance? For example, after the helper reclined the seat to accommodate the patient’s total hip precautions, the patient did not need any additional help to get into or out of the car.**

**Answer 1:** The intent of GG0170G - Car transfer is to assess the patient’s ability to transfer in and out of a car or van on the passenger side. This does not include the ability to open/close door or fasten seat belt.

Code 05-Setup or clean-up assistance is selected when a patient requires a helper to set up or clean up; patient completes the activity and the helper is required to assist only prior to or following the activity. In the scenario described, assuming the seat adjustment was required for safe completion of the activity, and no assistance was required during the safe transfer in and out of the car, then the seat adjustment would be coded as 05-Setup or clean-up assistance.

Added: June 2020

**Question 2: Archived June 2022**

**Question 3: Archived June 2022**

**Question 4: Archived June 2022**

**Question 5: Archived June 2022**

**Question 6: When coding GG0170G - Car transfer based on a simulation, what equipment or environmental setup would we need to have in order to make the activity similar enough to the car transfer?**

**Answer 6:** The intent of GG0170G - Car transfer is to assess the patient’s ability to transfer in and out of a car or van seat on the passenger side.

The performance code is to reflect the patient’s baseline ability to complete the activity, and is based on observation of activities, to the extent possible. The assessing clinician may, as needed, combine general observation, assessment of similar activities, patient/caregiver report, collaboration with other facility staff, and other relevant strategies to complete all GG items.

In situations where specific equipment may not be available (e.g., 12 steps, a vehicle), the assessing clinician may determine that assessment of a similar activity adequately represents the patient's ability to complete the activity. This practice will serve to minimize the use of an “activity not attempted” code in favor of a performance code determined to represent the patient’s status in the given self-care or mobility activity. While CMS does not provide specific parameters or a complete list of what is and is not an acceptable proxy activity, providers are expected to use clinical judgment in determining if the “similar activity” meets the intent of the target activity to make it a reasonable substitute when making a coding determination.

If, using clinical judgment, simulating the car transfer adequately represents the patient's ability to transfer in and out of a car, code GG0170G - Car transfer based on the type and amount of assistance required to complete the activity.

Use of an "activity not attempted" code should occur only after determining that the activity is not completed, and that the performance code cannot be determined based on patient/caregiver report, collaboration with other staff, or assessment of similar activities, in conjunction with all current assessment findings.

Note that this is a refinement to instructions that was in the V3.0 guidance manual that stated if an indoor car simulator or outdoor car is not available during the entire 3-day assessment period, then report Code 10 - Not attempted due to environmental limitations.

Added: March 2021

**Question 7: Archived June 2022**

**Question 8: Archived June 2022**

### **GG0170I, GG0170J, GG0170K, GG0170L**

**Question 1: Many of our patients with a stroke ambulate with PT along a railing mounted in the hall. We understand that walking/transferring in the parallel bars would not be used to code the GG activities. Could coding be based on the patient walking in the hallway if using a railing as a support?**

**Answer 1:** The intent of the walking items (GG0170I, GG0170J, GG0170K, and GG0170L) is to assess the patient's ability to ambulate the stated distances, once in a standing position.

As noted in your question, you would not code self-care and mobility activities with use of a device that is restricted to patient use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems). Note that while a patient may use a hallway railing during therapy sessions, its use would not be restricted to therapy sessions only and therefore does not meet the definition described above.

CMS does not provide an exhaustive list of assistive devices that may be used when coding self-care and mobility performance. Other than the exceptions listed above, clinical assessments may include any device or equipment (including a hallway railing) that the patient can use to allow them to safely complete the activity as independently as possible.

Added: June 2020

**Question 2: Can you give some clarification regarding scoring a performance with the help of a second person (if this second person is helping push an oxygen tank, IV pole, or wheelchair following the patient) because the first helper is physically assisting the patient during the walking activity? Both helpers are needed to complete the activity safely. The IRF-PAI manual says “Code 01, Dependent - if the assistance of two or more helpers is required for the patient to complete the activity.”**

**Answer 2:** The intent of the GG0170 walking items is to assess the patient’s ability once standing to safely walk the stated distances and circumstances in each item.

You are correct that if a patient requires the assistance of two helpers to complete an activity (one to provide support to the patient and a second to manage the necessary equipment to allow the safe walk), Code 01 - Dependent is the appropriate code.

If a single helper only manages the oxygen tank or the IV pole and otherwise the patient needs no assistance to safely complete the walking activity, code the walking activity as 04 - Supervision or touching assistance. This is because the helper is required to be present during the activity for the patient to complete the activity safely.

Added: September 2020

**Question 3: If a patient requires a therapist to provide steadying assistance/contact guard assist and manage an oxygen tank while the patient is ambulating how would the walking activities be coded?**

**Answer 3:** The intent of the GG0170 walking items is to assess the patient’s ability once standing to safely walk the stated distances and circumstances in each item.

If the helper is required to manage the oxygen tank and/or oxygen tubing and/or provide steadying assistance/contact guard, to allow the patient to complete an activity safely, then code 04 - Supervision or touching assistance.

Added: March 2021

**Question 4: Archived June 2022**

## **GG0170I**

**Question 1: Archived June 2022**

## GG0170M, GG0170N, GG0170O

**Question 1: When we initiate the assessment of GG0170M - 1 step (curb), we determine that the patient is not able to go up/down the curb due to medical/safety reasons. Are we then required to assess using a single step (i.e. the bottom step of a set of practice steps)?**

**Answer 1:** There is no requirement to assess a patient going up and down both a curb AND a step. However, since coding GG0170M - 1 step (curb) with a 07, 09, 10 or 88 results in skipping GG0170N - 4 Steps and GG0170O - 12 Steps, when a patient is unable to go up and down a curb, you may want to consider assessing the patient's ability to go up and down 1 step in order to possibly capture performance codes of 06 through 01 for one or more of the stair items, if that patient can complete them with assist and/or a railing.

Added: June 2020

**Question 2: Archived June 2022**

**[NEW] Question 3: What is specifically assessed when a patient uses a stair lift to ascend/descend stairs? Should the GG activities be coded based on the type and amount of assistance required to get on and off the stair lift? Or is it the type and amount of assistance required to use the stair lift itself?**

**Answer 3:** The intent of Section GG stair activities is to assess the patient's ability to go up and down 1 step/curb, 4 steps, and 12 steps. Clinicians should code based on the type and amount of assistance required for the patient to complete the stair activities as independently and safely as possible.

Completing the stair activities indicates that a patient goes up and down the stairs, by any safe means, with or without any assistive devices (including cane, walker, railing, or stair lift) and with or without some level of assistance. Going up and down stairs by any safe means includes the patient walking up and down stairs on their feet or bumping/scooting up and down stairs on their buttocks.

When using a stair lift to ascend/descend stairs code based on the type and amount of assistance the patient requires to ascend/descend stairs once seated.

**Added: June 2022**

## GG0170M

**Question 1: Archived June 2022**

## GG0170N, GG0170O

**Question 1: When assessing the GG activities for 4 and 12 steps, the patient is able to navigate 4 and 12 steps by bumping up and down them with supervision. However, he needs assist getting seated on the step, and again to come to standing once completed with the steps. Is the assist required to sit on the step or to come to standing considered when coding these two stair items?**

**Answer 1:** The intent of Section GG stair activities is to assess the patient’s ability to go up and down 1 step/curb, 4 steps, and 12 steps. Clinicians should code based on the type and amount of assistance required for the patient to complete the stair activities as independently and safely as possible. Do not consider the stand-to-sit or sit-to-stand transfer when coding any of the step activities.

Added: June 2020

### **Question 2: Archived June 2022**

**Question 3: The Guidance Manual discusses how a patient is permitted to take a seated rest break between ascending and descending 4 or 12 steps. Can a patient take a seated rest break at any time while completing the activity? For example, they start ascending 12 steps but after 5 steps need to stop and rest before completing the remaining 7 steps?**

**Answer 3:** Ascending and descending stairs does not have to occur sequentially or during one session. If the assessment of going up and down stairs, by any safe means, occurs sequentially, the patient may take a rest break between ascending and descending the 4 steps or 12 steps.

While a patient may take a break between ascending or descending the 4 steps or 12 steps, once they start the activity, they must be able to ascend (or descend) all the steps, by any safe means without taking more than a brief rest break in order to consider the stair activity completed.

Added: March 2022

## GG0170P

**Question 1: We understand that verbal cueing during a task should fall under the score of 04-Supervision or touching assistance. Our question is can a verbal cue provided prior to the task be considered set up as long as no further cues were provided during the actual task?**

**A specific example we just encountered was during the “Picking up an item from the floor” activity. The therapist cued the patient prior to the activity where to place their hand for stability (in a novel environment), and then the patient completed all of the activity safely and without further cues or assistance. Is this Code 05-Setup or clean-up assistance or Code 04-Supervision or touching assistance?**

**Answer 1:** When assessing self-care and mobility activities, allow the patient to complete each activity as independently as possible, as long as they are safe. At Admission, the self-care or

mobility performance code is to reflect the patient’s baseline ability to complete the activity prior to benefit of services provided by your facility staff. This may be achieved by having the patient attempt the activity prior to providing any instruction that could result in a more independent code, and coding based on the type and amount of assistance required.

Communicating the activity request (i.e., “Can you stand up from the toilet?”) would not be considered verbal cueing. If additional prompts are required in order for the patient to safely complete the activity (“Push down on the grab bar”, etc.), the assessing clinician may need to use clinical judgment to determine the most appropriate code, utilizing the Coding Section GG Activities Decision Tree.

In the scenarios described, assuming the verbal cues were only provided prior to the benefit of services and were required, and no other assistance was needed in order for the patient to complete the activity safely, then the verbal cues would be considered 05 – Setup or clean-up assistance.

Added: June 2020

### **GG0170Q**

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

### **GG0170R, GG0170S**

**Question 1: Archived June 2022**

### **GG0170S**

**Question 1: Archived June 2022**

## Section H: Bladder and Bowel

### H0350

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

**[New] Question 3: Please provide clarification on how the following scenario would be coded for H0350 – Bladder Continence on Admission?**

**Day One: Admitted with Indwelling catheter**

**Day Two: Indwelling removed, 1 incontinent episode, 2 Continent**

**Day Three: 1 incontinent episode, 2 Continent**

**Answer 3:** The intent of H0350 - Bladder Continence is to gather information on bladder continence. If the use of a catheter is intermittent (e.g., the indwelling catheter is in use during part of the 3-day assessment period, but not used for the entire 3-day assessment period), code continence level based on when catheter is not in use during the 3-day assessment period.

If the incontinent episodes during the 3 days occur only with stress, then code 1 - Stress Incontinence Only. If a patient is incontinent 1 or 2 times or incontinent any number of times on one or two days, but at least one full day with no incontinent episodes, then code 2 - Incontinent Less than Daily.

**Added: June 2022**

### H0400

**Question 1: Archived June 2022**

## Section M: Skin Conditions

### **M0210, M0300**

**Question 1: Archived June 2022**

### **M0300**

**Question 1: Archived June 2022**

**Question 2: Archived June 2022**

**Question 3: Archived June 2022**

**Question 4: Archived June 2022**

**Question 5: Archived June 2022**



## Section N: Medications

### N2005

**Question 1: Can the response for N2005 - Medication Intervention be determined at any time during the discharge window (day of discharge and 2 calendar days preceding the day of discharge) or does this item need to be completed on the day of discharge?**

**Answer 1:** The intent of N2005 - Medication Intervention is to indicate if the facility contacted and completed physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission.

In order to report on all potential clinically significant medication issues, N2005 should be completed at the time of discharge.

Added: September 2021