

SECTION GG: FUNCTIONAL ABILITIES

Intent: This section includes items about functional abilities. It includes items focused on prior functioning, admission performance, and discharge performance. Functional status is assessed based on the need for assistance when performing self-care and mobility activities.

GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.									
Coding: 3. Independent - Patient completed all the activities by themselves, 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 any activities. 1. Dependent - A helper completed all the activities for the patient. 8. Unknown 9. Not Applicable	<div style="text-align: center;">↓ Enter Codes in Boxes</div> <table border="1"> <tr> <td style="width: 50px; text-align: center;">□</td> <td>A. Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.</td> </tr> <tr> <td style="text-align: center;">□</td> <td>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.</td> </tr> <tr> <td style="text-align: center;">□</td> <td>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.</td> </tr> <tr> <td style="text-align: center;">□</td> <td>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.</td> </tr> </table>	□	A. Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.	□	B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	□	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	□	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.
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Item Rationale

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

Steps for Assessment

1. Ask the patient or their family member, or review the patient's medical record, for details describing the patient's prior functioning with everyday activities.

Coding Instructions

Complete during the 3-day admission assessment period.

- Code 3, Independent,** if the patient completed all the activities by themselves with or without an assistive device, with no assistance from a helper.
- Code 2, Needed Some Help,** if the patient needed partial assistance from another person to complete any activities.
- Code 1, Dependent,** if the helper completed all the activities for the patient, or the assistance of two or more helpers was required for the patient to complete the activities.
- Code 8, Unknown,** if the patient's ability prior to the current illness, exacerbation, or injury is unknown.
- Code 9, Not Applicable,** if the activities were not applicable to the patient prior to the current illness, exacerbation, or injury.

Coding Tips

- Record 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.
- If no information about the patient's ability is available after attempts to interview the patient or their family and after reviewing the patient's medical record, code as 8, Unknown.
- Completing the stair activity for GG0100C indicates that a patient went up and down the stairs, by any safe means, with or without handrails or assistive devices or equipment (such as a cane, crutch, walker, or stair lift), and/or with or without some level of assistance.
- For the GG0100C stair activity, "by any safe means" may include a patient scooting up and down stairs on their buttocks.
- Going up and down a ramp is not considered stairs for coding GG0100C.

Examples

1. **Self-Care:** A patient was admitted to an acute care facility after sustaining a right hip fracture and subsequently admitted to the post-acute care facility for intensive rehabilitation. Prior to the hip fracture, the patient was independent in eating, bathing, dressing, and using the toilet. The patient used a raised toilet seat because of arthritis in both knee joints. Both the patient and their family indicated that there were no safety concerns when the patient performed these everyday activities in their home.

Coding: GG0100A, Self-Care would be **coded 3, Independent**.

Rationale: Prior to their hip fracture, the patient completed all the self-care tasks of eating, bathing, dressing, and using the toilet safely without any assistance from a helper. The patient may use an assistive device, such as a raised toilet seat, and still be coded as independent.

2. **Self-Care:** The patient was admitted to an acute care facility after undergoing complex lumbar surgery and subsequently admitted to the post-acute care facility for intensive rehabilitation. Prior to the surgery, the patient was independent in eating and using the toilet; however, they required assistance for bathing and putting on and taking off their shoes and socks. The assistance needed was due to severe arthritic lumbar pain upon bending, which limited the patient's ability to reach their feet.

Coding: GG0100A, Self-Care would be **coded 2, Needed Some Help**.

Rationale: The patient needed partial assistance from a helper to complete the activities of bathing and dressing. While the patient did not need help for all self-care activities, they did need some help. Code 2 is used to indicate that the patient needed some help for self-care.

3. **Self-Care:** The patient sustained a traumatic brain injury 3 years ago. They recently were hospitalized for surgery due to a new medical issue and have now been admitted for intensive rehabilitation. According to the patient's caregiver, prior to the surgery, the patient required

complete assistance with self-care activities that included eating, bathing, dressing, and using the toilet. It is anticipated that the recent surgery and intensive rehabilitation may allow the patient to gain some self-care functioning.

Coding: GG0100A, Self-Care would be **coded 1, Dependent**.

Rationale: The patient's caregiver has reported that the patient was completely dependent in self-care activities that included eating, bathing, dressing, and using the toilet prior to surgery. Code 1, Dependent is appropriate based upon this information.

4. **Self-Care:** The patient was admitted with a diagnosis of stroke and a severe communication disorder. The patient is unable to communicate with staff using alternative communication devices. The patient had been living alone prior to admission. The staff has not been successful in contacting either the patient's family or their friends. The patient's prior self-care abilities are unknown.

Coding: GG0100A, Self-Care would be **coded 8, Unknown**.

Rationale: Attempts to seek information regarding the patient's prior functioning were made; however, no information was available. This item is coded 8, Unknown.

5. **Indoor Mobility (Ambulation):** A patient was admitted to an acute care hospital after experiencing a stroke. Prior to admission, they used a cane to walk from room to room. In the morning, the patient's caregiver would provide steadying assistance to the patient when the patient walked from room to room because of joint stiffness and severe arthritis pain. Occasionally, the patient required steadying assistance during the day when walking from room to room.

Coding: GG0100B, Indoor Mobility (Ambulation) would be **coded 2, Needed Some Help**.

Rationale: The patient needed some assistance (steadying assistance) from their caregiver to complete the activity of walking in the home immediately prior to the patient's stroke.

6. **Stairs:** Prior to admission to the hospital for bilateral knee surgery, followed by their recent admission to the facility for rehabilitation, the patient experienced severe knee pain upon ascending and particularly descending their internal and external stairs at home. The patient required assistance from their caregiver when using the stairs to steady them in the event their left knee would buckle. The patient's caregiver was interviewed about the patient's functioning prior to admission and the therapist noted the patient's prior functional level information in their medical record chart.

Coding: GG0100C, Stairs would be **coded 2, Needed Some Help**.

Rationale: Prior to admission the patient required some help in order to manage internal and external stairs.

7. **Stairs:** The patient, who has multiple sclerosis, lived alone prior to their hospitalization for sepsis. They have now been admitted to a post-acute care facility for intensive rehabilitation as a result of deconditioning. The patient reports that they used a straight cane to ascend and descend their indoor stairs at home and small staircases within their community. The patient

reports that they did not require any human assistance with the activity of using stairs prior to their admission.

Coding: GG0100C, Stairs would be **coded 3, Independent**.

Rationale: The patient reported that prior to admission, they were independent in using their internal stairs and the use of small staircases in their community.

8. **Stairs:** The patient has expressive aphasia and difficulty communicating. Facility staff have not received any response to their phone messages to the patient's family members requesting a return call. The patient has not received any visitors since admission. The medical record from the patient's prior facility does not indicate their prior functioning. There is no information to code item GG0100C, but there have been attempts at seeking this information.

Coding: GG0100C, Stairs would be **coded 8, Unknown**.

Rationale: Attempts to seek information regarding the patient's prior functioning were made; however, no information was available.

9. **Functional Cognition:** The patient has mild dementia and recently sustained a fall resulting in complex multiple fractures requiring multiple surgeries. The patient has been admitted to the facility for rehabilitation. Their caregiver reports that when living at home, the patient needed reminders to take medications on time, manage money, and plan tasks, especially when the patient was fatigued.

Coding: GG0100D, Functional Cognition would be **coded 2, Needed Some Help**.

Rationale: The patient required some help to recall, perform, and plan regular daily activities as a result of cognitive impairment.

10. **Functional Cognition:** The patient recently sustained a traumatic brain injury. Prior to their recent hospitalization, which was followed by their admission to the facility, the patient had been living in an apartment alone. The patient's cognition is currently impaired, and their self-report has been determined to be an unreliable source for the information required to code this item. The patient's cousin, who had visited them frequently prior to their recent hospitalization, indicated that the patient did not require any help with taking prescribed medications, planning daily activities, and managing money when shopping.

Coding: GG0100D, Functional Cognition would be **coded 3, Independent**.

Rationale: The patient's cousin who frequently visited them prior to the patient sustaining a traumatic brain injury reported that the patient was independent in taking prescribed medications, planning daily activities, and managing money when shopping, indicating their independence in using memory and problem-solving skills.

11. **Functional Cognition:** The patient had a stroke. Since their hospitalization and continuing during their rehabilitation stay, the patient has had a severe communication disorder. The patient's family members have not returned phone calls requesting information about the patient's prior functional status. The patient's medical records do not contain information about their functional cognition prior to the stroke.

Coding: GG0100D, Functional Cognition would be **coded 8, Unknown**.

Rationale: Attempts to seek information regarding the patient's prior functioning were made; however, no information was available.

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

Item Rationale

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

Steps for Assessment

1. Ask the patient or family member, or review the patient's medical record, for details describing the patient's use of prior devices and aids.

Coding Instructions

Complete during the 3-day admission assessment period.

- Check all devices that apply.**
- Check Z, None of the above,** if the patient did not use any of the listed devices or aids immediately prior to the current illness, exacerbation, or injury.

Coding Tips

- Report the devices used by the patient prior to the onset of the current illness, exacerbation of a chronic condition, or injury, whichever is more recent, that initiated this episode of care.
- For the response categories in GG0110 (e.g., Mechanical lift, Orthotics/Prosthetics), CMS does not provide an exhaustive list of assistive devices that may be used when coding prior device use.
- For GG0110C, Prior Device Use, Mechanical lift: "Mechanical lift" includes any device a patient or caregiver requires for lifting or supporting the patient's bodyweight. Examples include, but are not limited to: stair lift, Hoyer lift, bathtub lift, sit-to-stand lift, stand assist, electric recliner, and full-body-style lifts. Clinical judgment may be used to determine whether other devices meet the definition provided.
- For GG0110D, Prior Device Use, Walker: "Walker" refers to all types of walkers (for example, pick-up walkers, hemi-walkers, rolling walkers, and platform walkers).
- Devices may have been used indoors and/or outdoors.

Example

1. **Prior Device Use:** The patient has a diagnosis of tetraplegia complete. They are unable to walk and did not walk prior to the current episode of care, which started because of a pressure ulcer and respiratory infection. They used a motorized wheelchair to mobilize.

Coding: GG0110B, Motorized wheelchair and/or scooter **would be checked.**

Rationale: The patient used a motorized wheelchair prior to the current illness/injury.

GG0130. Self-Care and GG0170. Mobility

Item Rationale

- Patients in IRFs may have self-care and mobility limitations on admission. In addition, patients may be at risk of further functional decline during their stay in the IRF.

Steps for Assessment

1. Assess the patient's self-care and mobility performance based on direct observation, incorporating the patient's self-report and reports from clinicians, care staff, or family documented in the patient's medical record during the 3-day assessment period. CMS anticipates that an interdisciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period.
2. Allow the patient to complete each activity as independently as possible, as long as they are safe, regardless of how the patient performed the activity prior to the current illness, exacerbation, or injury. Activities may be completed with or without an assistive device. This includes the use of any new or previously utilized assistive device(s) or equipment. Use of a device or equipment may result in the patient needing less assistance from a helper.
3. If helper assistance is required because the patient's performance is unsafe or of poor quality, score according to the type and amount of assistance provided.
4. Refer to facility, Federal, and State policies and procedures to determine which staff members may complete an assessment. Patient assessments are to be done in compliance with facility, Federal, and State requirements.

Assessment period: The 3-day assessment period for the admission assessment includes the day of admission and the 2 days following the day of admission, ending at 11:59 pm.

At the admission assessment, the self-care or mobility performance code is to be based on a functional assessment that occurs soon after the patient's admission and reflects the patient's baseline ability to complete the activity. This functional assessment must be completed within the first 3 days (3 calendar days). The assessment should occur, when possible, prior to the patient benefiting from services. Treatment should not be withheld in order to conduct the functional assessment.

DEFINITIONS

USUAL PERFORMANCE

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

PRIOR TO THE BENEFIT OF SERVICES

Prior to provision of any care by your facility staff that would result in more independent coding.

QUALIFIED CLINICIANS

Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations.

The patient may be assessed based on the first use of an assistive device or equipment that has not been previously used. The clinician would provide assistance, as needed, in order for the patient to complete the activity safely, and code based on the type and amount of assistance required, 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. Introducing a new device should not automatically be considered as “providing a service.” Whether a device used during the clinical assessment is new to the patient or not, use clinical judgment to code based on the type and amount of assistance that is required for the patient to complete the activity prior to the benefit of services provided by your facility.

If the patient was not able to complete an activity (e.g., go up and down the stairs) 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, use the appropriate “activity not attempted” code.

Assessment of the GG self-care and mobility items is based on the patient’s ability to complete the activity with or without assistance and/or a device. This is true regardless of whether or not the activity is being/will be routinely performed (e.g., walking may be assessed for a patient who did/does/will use a wheelchair as their primary mode of mobility, stair activities may be assessed for a patient not routinely accessing stairs).

Communicating an activity request to the patient (e.g., “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 Section GG Decision Tree.

The discharge assessment period includes the day of discharge and the 2 calendar days prior to the day of discharge. Code the patient’s discharge functional status based on a functional assessment that occurs close to the time of discharge.

Coding Instructions

If admission assessment, complete as close to the time of admission as possible. If discharge assessment, complete as close to the time of discharge as possible.

- **Code 06, Independent**, if the patient completes the activity by themselves with no assistance from a helper.
- **Code 05, Setup or clean-up assistance**, if the helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity, but not during the activity. For example, the patient requires assistance cutting up food or opening container, or requires setup of hygiene item(s), or other assistive device(s).
- **Code 04, Supervision or touching assistance**, if the helper provides verbal cues and/or touching/steadying and/or contact guard assistance as the patient completes the activity. Assistance may be provided throughout the activity or

intermittently. For example, the patient requires verbal cueing, coaxing, or general supervision for safety to complete the activity; or the patient may require only contact guard or steadying assistance during the activity. Code 04, Supervision or touching assistance if the patient requires only verbal cueing to complete the activity safely.

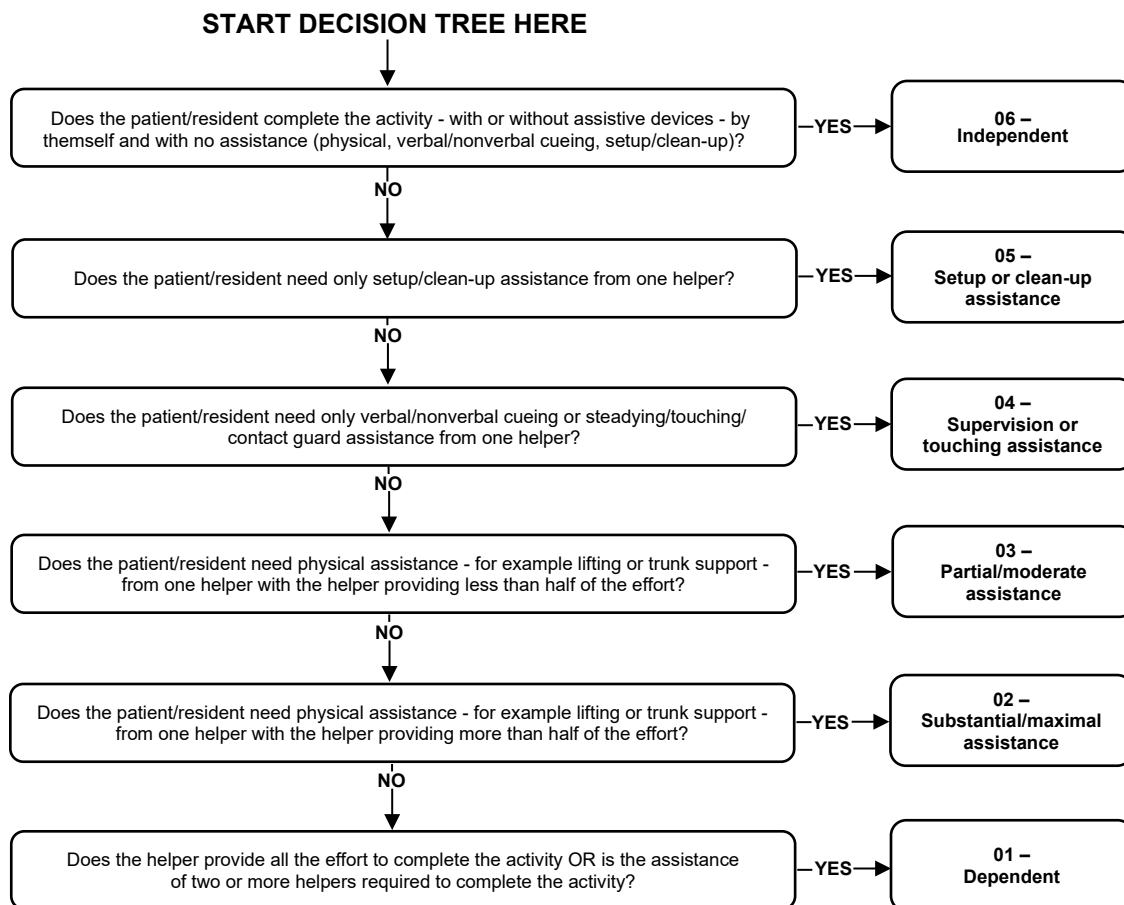
- **Code 03, Partial/moderate assistance**, if the helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. For example, the patient requires minimal assistance from a helper to support partial weight-bearing during sit-to-stand.
 - Code 03, Partial/moderate assistance: if the patient performs exactly half of the effort required to complete an activity.
- **Code 02, Substantial/maximal assistance**, if the helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. For example, the patient is only able to wash their left arm and chest and requires a helper to complete all the remaining bath.
- **Code 01, Dependent**, if the helper does ALL of the effort. Patient does none of the effort to complete the activity; or the assistance of two or more helpers is required for the patient to complete the activity.
 - Code 01, Dependent: if two helpers are required for the safe completion of an activity, even if the second helper provides supervision/stand-by assist only and does not end up needing to provide hands-on assistance.
 - Code 01, Dependent: 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 activity to be completed).

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

- **Code 07, Patient refused**, if the patient refused to complete the activity.
- **Code 09, Not applicable**, if the patient did not attempt to perform the activity and did not perform this activity prior to the current illness, exacerbation, or injury.
- **Code 10, Not attempted due to environmental limitations**, if the patient did not attempt this activity due to environmental limitations. Examples include lack of equipment, and weather constraints.
- **Code 88, Not attempted due to medical condition or safety concerns**, if the activity was not attempted due to medical condition or safety concerns, but the patient could perform the activity prior to the current illness, exacerbation, or injury.

Decision Tree

Use this decision tree to code the patient's performance. If helper assistance is required because the patient's performance is unsafe or of poor quality, score according to the type and amount of assistance provided. Use of an "activity not attempted" code should occur only after determining that the activity is not completed, and the performance code cannot be determined based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities.



Admission and Discharge Performance Coding Tips

General coding tips

- The assessment timeframe is 3 calendar days. During the assessment timeframe, some activities may be performed by the patient multiple times, whereas other activities may only occur once.
- When observing the patient, reviewing the patient's medical record, and interviewing staff, be familiar with the definition for each activity. For example, when assessing Roll left and right (item GG0170A), determine the type and amount of assistance required to roll from lying on the back to the left side and right side and then return to lying on the back.
- When an activity is not completed entirely during one clinical observation (e.g., a patient transfers bed-to-chair in the morning, and transfers chair-to-bed at night), code based on the type and amount of assistance required to complete the ENTIRE activity.
- If the patient only completes a portion of the activity (e.g., performs a partial bath or transfers into but not out of a vehicle) and does not complete the entire activity during the assessment time period, use clinical judgment to determine if the situation allows the clinician to adequately assess the patient's ability to complete the activity. If the clinician determines that this observation is adequate, code based on the type and amount of assistance the patient requires to complete the ENTIRE activity. If the clinician determines the partial activity does not provide adequate information to support determination of a performance code, select an appropriate "activity not attempted" code.
- 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.
- Patients with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the patient's need for assistance to perform the activity safely (for example, choking risk due to rate of eating, amount of food placed into mouth, fall risk due to increased mobility activities).
- For GG0130 and GG0170, the assessing clinician would code each activity based on the type and amount of assistance required to complete the activity safely, not based on the availability of such assistance.
- To clarify your own understanding of the patient's performance of an activity, ask probing questions to the care staff about the patient, beginning with the general and proceeding to the more specific. See examples of using probes when talking to staff through the examples in this section.

- A dash (-) indicates “*No information.*” CMS expects dash use to be a rare occurrence.
- Documentation in the medical record is used to support assessment coding of Section GG and should be consistent with the clinical assessment documentation in the patient’s medical record. This assessment can be conducted by appropriate healthcare personnel as defined by facility policy and in accordance with State and Federal regulations.
- CMS does not provide an exhaustive list of assistive devices that may be used when coding self-care and mobility performance. Clinical assessments may include any device or equipment that the patient can use to allow them to safely complete the activity as independently as possible.
 - Do 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).

Coding tips for coding the patient’s usual performance

- When coding the patient’s usual performance, use the 6-point scale or one of the four “activity not attempted” codes (07, 09, 10, and 88) to specify the reason why an activity was not attempted.
- Do not record the patient’s best performance and do not record the patient’s worst performance, but rather record the patient’s usual performance during the assessment period.
- An activity can be completed independently with or without devices. If the patient uses adaptive equipment and uses the device independently when performing an activity, enter code 06, Independent.
- Code based on patient’s performance. Do not record the staff’s assessment of the patient’s potential capability to perform the activity.
- If the patient performs the activity more than once during the assessment period and the patient’s performance varies, coding in Section GG should be based on the patient’s “usual performance,” which is identified as the patient’s usual activity/performance for any of the Self-Care or Mobility activities – not the most independent or dependent performance over the assessment period.

Coding tips for patients with incomplete stays

- Patients who meet the criteria for incomplete stays are:
 - Patients who are discharged to an acute care setting, such as a short-stay acute care hospital, critical access hospital, inpatient psychiatric facility, or long-term care hospital, that results in the patient’s absence from the IRF for longer than 3 calendar days (including the day of transfer);
 - Patients who die;
 - Patients who leave an IRF against medical advice; and
 - Patients with a length of stay 3 days or less.

- If a patient's IRF stay is 3 days or less, and the patient is discharged before an admission assessment is completed, code GG0130 and GG0170 **admission** performance to the best of your abilities. If you are unable to assess the patient because of medical issues, enter code 88, Not attempted due to medical condition or safety concerns.
- If a patient's IRF stay is 3 or more days, and the patient meets the criteria for an incomplete stay, skip the GG0130 and GG0170 **discharge** performance items.

GG0130. Self-Care

Admission

G0130. Self-Care	
Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason.	
Coding: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Patient completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. If activity was not attempted, code reason: 07. Patient refused 09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
Admission Performance	
↓ Enter Codes in Boxes	
<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 patient.
<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"/>	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"/>	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"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<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"/>	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.

Discharge

GG0130. Self-Care	
Code the patient's usual performance at discharge for each activity using the 6-point scale. If activity was not attempted at discharge, code the reason. If the patient has an incomplete stay, skip discharge GG0130 items.	
Coding: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Patient completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. If activity was not attempted, code reason: 07. Patient refused 09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
3. Discharge Performance	
Enter Codes in Boxes ↓	
<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 patient.
<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"/>	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"/>	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"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<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"/>	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.

Definitions, Coding Tips, and Examples for Admission Performance or Discharge Performance

Note: The following are coding examples for each Self-Care item. Some examples describe a single observation of the patient completing the activity; other examples describe a summary of several observations of the patient completing an activity across different times of the day and different days.

GG0130A, Eating

Coding Tips

- 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.
- The administration of tube feedings and parenteral nutrition is not considered when coding this activity.
- The following is guidance for some situations in which a patient receives tube feedings or parenteral nutrition:
 - If the patient does not eat or drink by mouth and relies solely on nutrition and liquids through tube feedings or total parenteral nutrition (TPN) due to a new (recent onset) medical condition, code GG0130A, Eating as 88, Not attempted due to medical condition or safety concerns.
 - If the patient does not eat or drink by mouth at the time of the assessment, and the patient did not eat or drink by mouth prior to the current illness, exacerbation, or injury, code GG0130A, Eating as 09, Not applicable.
 - If the patient eats and drinks by mouth and relies partially on obtaining nutrition and liquids via tube feedings or parenteral nutrition, code eating based on the type and amount of assistance the patient requires to eat and drink by mouth.
 - Assistance with tube feedings or parenteral nutrition is not considered when coding the item.
- If a patient requires assistance (e.g., supervision or cueing) to swallow safely, code based on the type and amount of assistance required for feeding and safe swallowing.
- If a patient swallows safely without assistance, exclude swallowing from consideration when coding GG0130A, Eating.
- If the patient eats finger foods using their hands, then code GG0130A, Eating based on the type and amount of assistance required. If the patient eats finger foods with their hands independently, for example, the patient would be coded as 06, Independent.
- For a patient taking only fluids by mouth, the item may be coded based on ability to bring liquid to mouth and swallow liquid, once the drink is placed in front of the patient.

Examples

1. **Eating:** The patient has multiple sclerosis, affecting their endurance and strength. The patient prefers to feed themselves as much as they are capable. During all meals, after eating three-fourths of their meal by themselves, the patient becomes extremely fatigued and requests assistance from the certified nursing assistant to feed the patient the remainder of the meal.

Coding: GG0130A, Eating would be **coded 03, Partial/moderate assistance**.

Rationale: The certified nursing assistant provides less than half the effort for the patient to complete the activity of eating for all meals.

2. **Eating:** The patient has upper extremity weakness and fine motor impairments. The occupational therapist places an adaptive device onto the patient's hand that supports the eating utensil within their hand. At the start of each meal, the patient can bring food and liquids to their mouth. The patient then tires, and a certified nursing assistant feeds the patient more than half of each meal.

Coding: GG0130A, Eating would be **coded 02, Substantial/maximal assistance**.

Rationale: The helper provides more than half the effort for the patient to complete the activity of eating at each meal.

3. **Eating:** The patient eats meals without any physical assistance or supervision from a helper. The patient has a gastrostomy tube (G-tube), but it is no longer used, and it will be removed later today.

Coding: GG0130A, Eating would be **coded 06, Independent**.

Rationale: The patient can independently complete the activity without any assistance from a helper for this activity. In this scenario, the presence of a G-tube does not affect the eating score.

4. **Eating:** The nurse opens all of the patient's cartons and containers on their food tray before leaving the room. There are no safety concerns regarding the patient's ability to eat. The patient eats the food themselves, bringing the food to their mouth using appropriate utensils and swallowing the food safely.

Coding: GG0130A, Eating would be **coded 05, Setup or clean-up assistance**.

Rationale: The helper provides setup assistance only prior to the activity.

5. **Eating:** The patient does not have any food consistency restrictions, but often needs to swallow two or three times so that the food clears their throat due to difficulty with pharyngeal peristalsis. The patient requires verbal cues to use the compensatory strategy of extra swallows to clear the food.

Coding: GG0130A, Eating would be **coded 04, Supervision or touching assistance**.

Rationale: The patient swallows all types of food consistencies and requires verbal cueing (supervision) from the helper. Coding is based on the type and amount of assistance required from the helper. The coding is not based on whether the patient had restrictions related to food consistency.

6. **Eating:** The patient has had difficulty seeing on their left side since their stroke. During meals, a helper must remind the patient to view their entire meal tray to ensure the patient has seen all the food.

Coding: GG0130A, Eating would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides verbal cueing assistance during meals as the patient completes the activity of eating. Supervision or cueing, such as reminders, may be provided throughout the activity or intermittently.

7. **Eating:** The patient is impulsive. While the patient eats, a helper provides verbal and tactile cueing so that the patient does not lift their fork to their mouth until they have swallowed the food in their mouth.

Coding: GG0130A, Eating would be coded **04, Supervision or touching assistance**.

Rationale: The patient requires supervision and touching assistance to eat safely.

8. **Eating:** The patient is unable to eat or drink by mouth since they had a stroke 1 week ago. The patient receives nutrition and fluids through a G-tube, which is administered by nurses.

Coding: GG0130A, Eating would be coded **88, Not attempted due to medical condition or safety concerns**.

Rationale: The patient does not eat or drink by mouth at this time due to a recent-onset medical condition (their recent-onset stroke). This item includes eating and drinking by mouth only. If eating and drinking do not occur due to a recent-onset medical condition, then the activity is coded as 88, Not attempted due to medical condition or safety concerns. Assistance with G-tube feedings is not considered when coding this item.

9. **Eating:** The patient has no difficulty swallowing and is fed all meals by a helper, because the patient has severe arm weakness and is unable to assist.

Coding: GG0130A, Eating would be coded **01, Dependent**.

Rationale: GG0130A, Eating would be coded 01, Dependent, because the patient does not have a swallowing problem, and the helper does all of the effort related to bringing food/liquids to the mouth.

10. **Eating:** Example of a probing conversation between a nurse and a certified nursing assistant regarding the patient's eating abilities:

Nurse: "Please describe to me how the patient eats their meals. Once the food and liquid are presented to them, do they use utensils to bring food to their mouth and swallow?"

Certified nursing assistant: "No, I have to feed them."

Nurse: "Do you always have to physically feed them, or can they sometimes do some aspect of the eating activity with encouragement or cues to feed themselves?"

Certified nursing assistant: "No, they can't do anything by themselves. I scoop up each portion of the food and bring the fork or spoon to their mouth. I try to encourage them to feed themselves or to help guide the spoon to their mouth, but they can't hold the fork. I even tried encouraging them to eat food they could pick up with their fingers, but they will not eat unless they are completely assisted with food and liquid."

In this example, the nurse inquired specifically how the patient requires assistance to eat their meals. The nurse asked about instructions and physical assistance. If this nurse had not asked probing questions, they may not have received enough information to make an accurate assessment of the assistance the patient received. Accurate coding is important for reporting on the type and amount of assistance provided.

Coding: GG0130A, Eating would be **coded 01, Dependent**.

Rationale: The patient requires complete assistance from the certified nursing assistant to eat their meals.

GG0130B, Oral hygiene

Coding Tips

- For a patient who is edentulous (without teeth), code GG0130B, Oral hygiene based on the type and amount of assistance required from a helper to clean the patient's gums.
- If a patient does not perform oral hygiene during therapy, determine the patient's abilities based on performance on the care unit.

Examples

1. **Oral hygiene:** In the morning and at night, the patient brushes their teeth while sitting on the side of the bed. Each time, the certified nursing assistant gathers the patient's toothbrush, toothpaste, water, and an empty cup and puts them on the bedside table for the patient before leaving the room. Once the patient is finished brushing their teeth, which they do without any help, the certified nursing assistant returns to gather the patient's items and dispose of the waste.

Coding: GG0130B, Oral hygiene would be **coded 05, Setup or clean-up assistance**.

Rationale: The helper provides setup and clean-up assistance. The patient brushes their teeth without any help.

2. **Oral hygiene:** Before bedtime, the nurse provides steadying assistance to the patient as the patient walks to the bathroom. The nurse applies toothpaste onto the patient's toothbrush. The patient then brushes their teeth at the sink in the bathroom without physical assistance or supervision. Once the patient is done brushing their teeth and washing their hands and face, the nurse returns and provides steadying assistance as the patient walks back to the bed.

Coding: GG0130B, Oral hygiene would be **coded 05, Setup or clean-up assistance**.

Rationale: The helper provides setup assistance (putting toothpaste on the toothbrush) before the patient brushes their teeth. *Do not consider assistance provided to get to or from the bathroom to score GG0130B, Oral hygiene.*

3. **Oral hygiene:** Before bedtime, the certified nursing assistant provides the patient water and toothpaste to clean their dentures. The patient cleans their upper denture plate. The patient then cleans half of their lower denture plate, but states they are tired and unable to finish cleaning the lower denture plate. The certified nursing assistant finishes cleaning the lower denture plate and the patient inserts the dentures in their mouth.

Coding: GG0130B, Oral hygiene would be **coded 03, Partial/moderate assistance**.

Rationale: The helper provides less than half the effort to complete oral hygiene.

4. **Oral hygiene:** The patient is edentulous, and their dentures no longer fit their gums. The patient begins to brush their upper gums after the helper applies toothpaste onto the toothbrush. The patient brushes their upper gums but cannot finish due to fatigue. The helper completes the activity of oral hygiene by brushing the patient's back upper gums and lower gums.

Coding: GG0130B, Oral hygiene would be coded **02, Substantial/maximal assistance**.

Rationale: The patient begins the activity. The helper completes the activity by performing more than half the effort.

5. **Oral hygiene:** The patient has Parkinson's disease, resulting in tremors and incoordination. The certified nursing assistant retrieves all oral hygiene items for the patient and applies toothpaste to the patient's toothbrush. The patient requires assistance to guide the toothbrush into their mouth and to steady their elbow while the patient brushes their teeth. The patient starts by brushing their upper and lower front teeth and the certified nursing assistant completes the activity by brushing the rest of the patient's teeth.

Coding: GG0130B, Oral hygiene would be coded **02, Substantial/maximal assistance**.

Rationale: The helper provides more than half the effort for the patient to complete the activity of oral hygiene.

6. **Oral hygiene:** The patient is recovering from a severe traumatic brain injury and multiple bone fractures. The patient does not understand how to use oral hygiene items, nor do they understand the process of completing oral hygiene. The certified nursing assistant brushes the patient's teeth and explains each step of the activity to engage cooperation from the patient; however, the patient requires full assistance for the activity of oral hygiene.

Coding: GG0130B, Oral hygiene would be coded **01, Dependent**.

Rationale: The helper provides all the effort for the activity to be completed.

GG0130C, Toileting hygiene

Coding Tips

- Toileting hygiene (managing clothing and perineal cleansing) takes place before and after use of the toilet, commode, bedpan, or urinal. If the patient completes a bowel toileting program in bed, code the item Toileting hygiene based on the patient's need for assistance for managing clothing and perineal cleansing. Includes:
 - Performing perineal hygiene.
 - Managing clothing (including undergarments and incontinence briefs) before and after voiding or having a bowel movement.
 - Adjusting clothing relevant to the individual patient.

- For some patients, this may include assessing the type and amount of assistance needed to complete clothing management and hygiene tasks after episodes of incontinence.
- The toileting hygiene activity can be assessed and coded regardless of the patient's need to void or have a bowel movement at the time of the assessment.
- When the patient requires different levels of assistance to perform toileting hygiene after voiding vs. after a bowel movement, code based on the type and amount of assistance required to complete the ENTIRE activity.
- If a patient manages an ostomy, toileting hygiene includes wiping the opening of the ostomy or colostomy bag, but not management of the equipment.
- If a patient has an indwelling catheter, toileting hygiene includes perineal hygiene to the indwelling catheter site, but not management of the equipment.
 - For example: if the patient has an indwelling urinary catheter and has bowel movements, code GG0130C, Toileting hygiene based on the type and amount of assistance needed by the patient before and after moving their bowels. This may include the need to perform perineal hygiene to the indwelling urinary catheter site after the bowel movement.

Examples

1. **Toileting hygiene:** The patient uses a bedside commode. The certified nursing assistant provides steadying (touching) assistance as the patient pulls down their pants and underwear before sitting down on the toilet. When the patient is finished voiding or having a bowel movement, the certified nursing assistant provides steadying assistance as the patient wipes their perineal area and pulls up their pants and underwear without assistance.

Coding: GG0130C, Toileting hygiene would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides steadying (touching) assistance to the patient to complete toileting hygiene.

2. **Toileting hygiene:** The patient uses the toilet to void and have bowel movements. The patient is unsteady, so the certified nursing assistant walks into the bathroom with the patient in case the patient needs help. During the assessment period, a staff member has been present in the bathroom, but has not needed to provide any physical assistance with managing clothes or cleansing.

Coding: GG0130C, Toileting hygiene would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides supervision as the patient performs the toileting hygiene activity. The patient is unsteady, and the staff provide supervision for safety reasons.

3. **Toileting hygiene:** The patient has urinary urgency. As soon as the patient gets in the bathroom, they ask the certified nursing assistant to lift the patient's gown and pull down the patient's underwear due to the patient's balance problems. After voiding, the patient wipes themselves, pulls their underwear back up and adjusts their gown.

Coding: GG0130C, Toileting hygiene would be **coded 03, Partial/moderate assistance**.

Rationale: The helper provides more than touching assistance. The patient performs more than half the effort; the helper does less than half the effort.

4. **Toileting hygiene:** The patient is morbidly obese and has a diagnosis of debility. The patient requests the use of a bedpan when voiding or having bowel movements and requires two certified nursing assistants to pull down the patient's pants and underwear and to mobilize the patient onto and off the bedpan. The patient is unable to complete any of their perineal/perianal hygiene. Both certified nursing assistants help the patient pull up the patient's underwear and pants.

Coding: GG0130C, Toileting hygiene would be **coded 01, Dependent**.

Rationale: The assistance of two helpers was needed to complete the activity of toileting hygiene.

GG0130E, Shower/bathe self

Coding Tips

- Shower/bathe self includes the ability to wash, rinse, and dry the face, upper and lower body, perineal area, and feet. Do not include washing, rinsing, and drying the patient's back or hair.
- Shower/bathe self does not include transferring in/out of a tub/shower, or onto or off a tub bench.
- Assessment of Shower/bathe self can take place in any location, including a shower or bathtub, at a sink, or in bed (i.e., full-body sponge bath). Bathing can be assessed with the patient seated on a tub bench.
- Code 05, Setup or clean-up assistance, if the patient can complete bathing tasks only after a helper retrieves or sets up supplies necessary to perform the included tasks.
- Code 05, Setup or clean-up assistance, if the only help a patient requires is assistance before the bathing activity to cover wounds or devices for water-protection during bathing.
- If the patient cannot bathe their entire body because of a medical condition (e.g., cast or a non-removable dressing), then code GG0130E, Shower/bathe self, based on the type and amount of assistance required to complete the activity.
- Use clinical judgment to determine if completing a partial bath or simulating the shower/bath allows the clinician to adequately assess the patient's ability to complete the activity of Shower/bathe self (GG0130E). If the clinician determines that this observation is adequate, code based on the type and amount of assistance required to complete the shower/bathing activity.

Examples

1. **Shower/bathe self:** The patient sits on a tub bench as they wash, rinse, and dry themselves. A certified nursing assistant stays with the patient to ensure the patient's safety, as the patient

has had instances of losing their sitting balance. The certified nursing assistant also provides lifting assistance as the patient gets onto and off of the tub bench.

Coding: GG0130E, Shower/bathe self would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides supervision as the patient washes, rinses, and dries themselves. The transfer onto or off of the tub bench is *not* considered when coding Shower/bathe self.

2. **Shower/bathe self:** The patient has a severe and progressive neurological condition that has affected their endurance as well as their fine and gross motor skills. The patient is transferred to the shower bench with partial/moderate assistance. When showering, the patient uses a wash mitt that was provided by the acute care facility prior to their admission to the post-acute care facility. The patient showers while sitting on a shower bench and washes their arms and chest using a wash mitt. A certified nursing assistant must then help wash the remaining parts of the patient's body, as a result of the patient's fatigue, to complete the activity. The patient uses a hand-held showerhead to rinse themselves but tires halfway through the task. The certified nursing assistant dries the patient's entire body.

Coding: GG0130E, Shower/bathe self would be coded **02, Substantial/maximal assistance**.

Rationale: The helper assists the patient with more than half of the task of showering, which includes bathing, rinsing, and drying the patient's body. The transfer onto the shower bench is not considered in coding this activity.

3. **Shower/bathe self:** The patient has limited mobility resulting from their multiple and complex medical conditions. The patient prefers to wash their body while sitting in front of their sink in the bathroom. The patient washes, rinses, and dries their face, chest, and abdomen. A helper assists with washing, rinsing, and drying the patient's arms/hands, upper legs, lower legs, buttocks, and back.

Coding: GG0130E, Shower/bathe self would be coded **02, Substantial/maximal assistance**.

Rationale: The helper completes more than half the activity. Bathing may occur at the sink. When coding this activity, do not include assistance provided with washing, rinsing, or drying the patient's back.

GG0130F, Upper body dressing, GG0130G, Lower body dressing, and GG0130H, Putting on/taking off footwear

Coding Tips

- For upper body dressing, lower body dressing, and putting on/taking off footwear, if the patient dresses themselves and a helper retrieves or puts away the patient's clothing, then code 05, Setup or clean-up assistance.
- Upper body dressing items used for coding include but are not limited to: bra, undershirt, T-shirt, button-down shirt, pullover shirt, dresses, sweatshirt, sweater, and pajama top.

- If a patient requires assistance with dressing including assistance with buttons, fasteners, and/or fastening a bra, code based on the type and amount of assistance required to complete the entire dressing activity.
- Lower body dressing items used for coding include but are not limited to: underwear, incontinence brief, slacks, shorts, capri pants, pajama bottoms, and skirts.
- Footwear dressing items used for coding include but are not limited to: socks, shoes, boots, and running shoes.
- Consider an item that covers all or part of the foot as footwear, even if it extends up the leg, and do not also consider it as a lower body dressing item.
- If the patient wears just shoes or just socks (e.g., grip socks) that are safe for mobility, then GG0130H, Putting on/taking off footwear, may be coded.
- The following items are considered a piece of clothing if it is related to tasks associated with dressing or undressing:
 - Upper body dressing examples: thoracic-lumbar-sacrum-orthosis (TLSO), abdominal binder, back brace, stump sock/shrinker, upper body support device, neck support, hand or arm prosthetic/orthotic.
 - Lower body dressing examples: knee brace, elastic bandage, stump sock/shrinker, lower-limb prosthesis.
 - Footwear examples: ankle foot orthosis (AFO), elastic bandages, foot orthotic, orthopedic walking boots, compression stockings (considered footwear because of dressing don/doff over foot).
- For patients with bilateral lower extremity amputations with or without use of prostheses, the activity of putting on/taking off footwear may not occur. For example, the socks and shoes may be attached to the prosthesis associated with the upper or lower leg:
 - If the patient performed the activity of putting on/taking off footwear immediately prior to the current illness, exacerbation, or injury, code as 88, Not attempted due to medical condition or safety concerns.
 - If the patient did not perform the activity of putting on/taking off footwear immediately prior to the current illness, exacerbation, or injury because the patient had bilateral lower-extremity amputations and the activity of putting on/taking off footwear was not completed during the assessment period, code as 09, Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.
- For patients with a single lower-extremity amputation with or without use of a prosthesis, the activity of putting on/taking off footwear could apply to the intact limb or both the limb with the prosthesis and the intact limb:
 - If the patient performed the activity of putting on/taking off footwear for the intact limb only, then code based upon the amount of assistance needed to complete the activity.

- If the patient performed the activity of putting on/taking off footwear for both the intact limb and the prosthetic limb, then code based upon the amount of assistance needed to complete the activity.

GG0130F, Upper body dressing

Examples

1. **Upper body dressing:** The patient has right-side upper extremity weakness as a result of a stroke and has worked in therapy to re-learn how to dress their upper body. During the day, the patient requires a certified nursing assistant only to place the patient's clothing next to their bedside. The patient can now use compensatory strategies to put on their top without any assistance. At night the patient removes the top independently and puts the clothes on the nightstand, and the certified nursing assistant puts them away in the patient's dresser.

Coding: GG0130F, Upper body dressing would be coded **05, Setup or clean-up assistance**.

Rationale: The patient dresses and undresses their upper body and requires a helper only to retrieve and put away the patient's clothing, that is, setting up the clothing for the patient's use. The description refers to the patient as "independent" (when removing clothes), but they need setup assistance, so they are not independent with regard to the activity of upper body dressing.

2. **Upper body dressing:** The patient wears a bra and a sweatshirt most days while in the rehabilitation program. The patient requires assistance from a certified nursing assistant to initiate the threading of their arms into their bra. The patient completes the placement of the bra over their chest. The helper hooks the bra clasps. The patient pulls the sweatshirt over their arms, head, and trunk. When undressing, the patient removes the sweatshirt with the helper assisting them with one sleeve. The patient slides the bra off once it has been unclasped by the helper.

Coding: GG0130F, Upper body dressing would be coded **03, Partial/moderate assistance**.

Rationale: The helper provides assistance with threading the patient's arms into their bra, hooking and unhooking the bra clasps, and assistance with removing one sleeve of the sweatshirt. The patient performs more than half of the effort.

3. **Upper body dressing:** The patient sustained a spinal cord injury that has affected both movement and strength in both upper extremities. The patient places their left hand into one-third of the left sleeve of their shirt with much time and effort and is unable to continue with the activity. A certified nursing assistant then completes the remaining upper body dressing for the patient.

Coding: GG0130F, Upper body dressing would be coded **02, Substantial/maximal assistance**.

Rationale: The patient can perform a small portion of the activity of upper body dressing and requires assistance by a helper for more than half of the effort of upper body dressing.

GG0130G, Lower body dressing

Examples

1. **Lower body dressing:** The patient is required to follow hip precautions as a result of recent hip surgery. The occupational therapist in the acute care hospital instructed the patient in the use of adaptive equipment to facilitate lower extremity dressing. The patient requires a helper to retrieve the patient's clothing from the closet. The patient uses their adaptive equipment to assist in threading their legs into the pants. Because of balance issues, the patient needs the helper to steady the patient when standing to manage pulling on or pulling down the patient's pants/undergarments. The patient also needs some assistance to put on and take off their ankle foot orthosis (AFO), socks, and shoes.

Coding: GG0130G, Lower body dressing would be coded **04, Supervision or touching assistance**.

Rationale: A helper steadies the patient when the patient is standing and performing the activity of lower body dressing, which is supervision or touching assistance. Putting on and taking off socks and shoes is not considered when coding lower body dressing nor is putting on and taking off orthotic(s) associated with the foot, for example an AFO. These are considered when coding Putting on/taking off footwear.

2. **Lower body dressing:** The patient has severe rheumatoid arthritis and multiple fractures and sprains due to a fall. The patient has been issued a knee brace, to be worn during the day. The patient threads their legs into their garments and pulls up and down their clothing to and from just below the hips. Only a little assistance from a helper is needed to pull up the patient's garments over the hips. The patient requires the helper to fasten their knee brace because of grasp and fine motor weakness.

Coding: GG0130G, Lower body dressing would be coded **03, Partial/moderate assistance**.

Rationale: A helper provides only a little assistance when the patient is putting on their lower extremity garments and fastening the knee brace. The helper provides less than half of the effort. Assistance putting on and removing the knee brace the patient wears is considered when determining the type and amount of assistance required when coding Lower body dressing.

3. **Lower body dressing:** The patient has peripheral neuropathy in their upper and lower extremities. Each morning, the patient needs assistance from a helper to place the patient's lower limb into, or to take it out of (don/doff), their lower limb prosthesis. The patient needs no assistance to put on and remove their underwear or slacks.

Coding: GG0130G, Lower body dressing would be coded **03, Partial/moderate assistance**.

Rationale: A helper performs less than half the effort of lower body dressing (with a prosthesis considered a piece of clothing). The helper lifts, holds, or supports the patient's trunk or limbs, but provides less than half the effort for the task of lower body dressing.

GG0130H, Putting on/taking off footwear

Examples

1. **Putting on/taking off footwear:** The patient is undergoing rehabilitation for right-side upper and lower body weakness following a stroke. The patient has made significant progress toward independence and will be discharged to home tomorrow. The patient wears an ankle-foot orthosis that they put on their foot and ankle after they put on their socks but before they put on their shoes. The patient always places their AFO, socks, and shoes within easy reach of the bed. While sitting on the bed, the patient needs to bend over to put on and take off their AFO, socks, and shoes, and the patient occasionally loses sitting balance, requiring staff to place their hands on the patient to maintain the patient's balance while performing this task.

Coding: GG0130H, Putting on/taking off footwear would be coded **04, Supervision or touching assistance**.

Rationale: The patient puts on and takes off their AFO, socks, and shoes by themselves; however, because of occasional loss of balance, needs a helper to provide touching assistance when the patient is bending over.

2. **Putting on/taking off footwear:** The patient was admitted to rehabilitation for a neurologic condition and experiences visual impairment and fine motor coordination and endurance issues. The patient requires setup for retrieving their socks and shoes, which they prefer to keep in the closet. The patient often drops their shoes and socks as they attempt to put them onto their feet or as they take them off. Often a certified nursing assistant must first thread the patient's socks or shoes over the patient's toes, and then the patient can complete the task. The patient needs the certified nursing assistant to initiate taking off the patient's socks and unstrapping the Velcro used for fastening their shoes.

Coding: GG0130H, Putting on/taking off footwear would be coded **02, Substantial/maximal assistance**.

Rationale: A helper provides the patient with assistance in initiating putting on and taking off the patient's footwear because of their limitations regarding fine motor coordination. The helper completes more than half of the effort with this activity.

GG0170. Mobility

Admission

GG0170. Mobility	
Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason.	
Coding: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>	
06. Independent - Patient completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.	
If activity was not attempted, code reason:	
07. Patient refused 09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
Admission Performance	
↓ Enter Codes in Boxes	
<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"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<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 no back support.
<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"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<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"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

(continued)

GG0170. Mobility - Continued	
Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason.	
Coding: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Patient completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. If activity was not attempted, code reason: 07. Patient refused 09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
Admission Performance	
↓ Enter Codes in Boxes	
<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"/>	M. 1 step (curb): The ability to go up and down a curb or up and down one step. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object</i>
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object</i>
<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="text"/>	Q1. Does the patient use a wheelchair and/or scooter? 0. No → Skip to H0350, Bladder Continence 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="text"/>	RR1. 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="text"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Discharge

GG0170. Mobility	
Code the patient's usual performance at discharge for each activity using the 6-point scale. If activity was not attempted at discharge, code the reason. If the patient has an incomplete stay, skip discharge GG0170 items.	
Coding: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>	
06. Independent - Patient completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.	
If activity was not attempted, code reason: 07. Patient refused 09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
3. Discharge Performance	
Enter Codes in Boxes ↓	
<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"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<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 no back support.
<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"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<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"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 Skip to GG0170M, 1 step (curb)</i>
<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"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

(continued)

GG0170. Mobility - Continued	
Code the patient's usual performance at discharge for each activity using the 6-point scale. If activity was not attempted at discharge, code the reason. If the patient has an incomplete stay, skip discharge GG0170 items.	
Coding: Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>	
06. Independent - Patient completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.	
If activity was not attempted, code reason: 07. Patient refused 09. Not applicable - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
3. Discharge Performance	
Enter Codes in Boxes ↓	
<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"/>	M. 1 step (curb): The ability to go up and down a curb or up and down one step. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object</i>
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object</i>
<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="text"/>	Q3. Does the patient use a wheelchair and/or scooter? 0. No → Skip to J0510, Pain Effect on Sleep 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="text"/>	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="text"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Definitions, Coding Tips, and Examples for Admission or Discharge Performance

Note: The following are coding examples and coding tips for mobility items. Some examples describe a single observation of the person completing the activity; other examples describe a summary of several observations of the patient completing an activity across different times of the day and different days.

GG0170A, Roll left and right, GG0170B, Sit to lying, and GG0170C, Lying to sitting on side of bed

Coding Tips

- For GG0170A, Roll left and right, GG0170B, Sit to lying, and GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a “lying” position for the patient. For example, a clinician could determine that a patient’s preferred slightly elevated resting position is “lying” for a patient.
- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, but could perform this activity prior to the current illness, exacerbation, or injury, code 88, Not attempted due to medical condition or safety concerns. For example, if a clinician determines that a patient’s new medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170A, Roll left and right as 88, Not attempted due to medical condition or safety concerns.
- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions and could not perform the activity prior to the current illness, exacerbation, or injury, then code 09, Not applicable.
- If the patient does not sleep in a bed, assess bed mobility activities using the preferred or necessary sleeping surface used by the patient.

GG0170A, Roll left and right

Coding Tips

- The activity includes the patient rolling to both the left and to the right while in a lying position, on their preferred or necessary sleeping surface.
- If the clinician determines that bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated due to the patient’s medical condition, code GG0170A, Roll left and right using the appropriate “activity not attempted” code.
- If the patient does not sleep in a bed, assess the patient rolling to both the left and to the right while in a lying position, and returning to lying on their back on the preferred or necessary sleeping surface.

Examples

1. **Roll left and right:** The patient has a history of skin breakdown. A nurse instructs the patient to turn onto their right side, providing step-by-step instructions to use the bedrail, bend their left leg, and then roll onto their right side. The patient attempts to roll with the use of the

bedrail, but indicates they cannot do the task. The nurse then rolls the patient onto their right side. Next, the patient is instructed to return to lying on their back, which they successfully complete. The patient then requires physical assistance from the nurse to roll onto their left side and to return to lying on their back to complete the activity.

Coding: GG0170A, Roll left and right would be **coded 02, Substantial/maximal assistance**.

Rationale: The nurse provides more than half of the effort needed for the patient to complete the activity of rolling left and right. This is because the nurse provides physical assistance to move the patient's body weight to turn onto their right side. The nurse provides the same assistance when the patient turns to their left side and when they return to their back. The patient is able to return to lying on their back from their right side by themselves.

2. **Roll left and right:** A physical therapist helps the patient turn onto their right side by instructing them to bend their left leg and roll onto their right side. The therapist then instructs the patient on how to position their limbs to return to lying on their back and then to repeat a similar process for rolling onto their left side and then return to lying on their back. The patient completes the activity without physical assistance from the physical therapist.

Coding: GG0170A, Roll left and right would be **coded 04, Supervision or touching assistance**.

Rationale: The physical therapist provides verbal cues (i.e., instructions) to the patient as the patient rolls from their back to their right side and returns to lying on their back, and then again as the patient performs the same activities with respect to their left side. The physical therapist does not provide any physical assistance.

3. **Roll left and right:** The patient had a stroke that resulted in paralysis on their right side and is recovering from cardiac surgery. The patient requires the assistance of two certified nursing assistants when rolling onto the patient's right side and returning to lying on their back and also when rolling onto their left side and returning to lying on their back.

Coding: GG0170A, Roll left and right would be **coded 01, Dependent**.

Rationale: Two certified nursing assistants are needed to help the patient roll onto their left and right side and return to lying on their back while in bed.

4. **Roll left and right:** The patient fell and sustained left shoulder contusions and a fractured left hip and underwent an open reduction internal fixation of the left hip. A physician's order allows the patient to roll onto their left hip as tolerated. A certified nursing assistant assists the patient in rolling onto their right side by instructing them to bend their left leg while rolling to their right side. The patient needs physical assistance from the certified nursing assistant to initiate their rolling right because of their left arm weakness when grasping the right bedrail to assist in rolling. The patient returns to lying on their back without assistance and uses their right arm to grasp the left bedrail to slowly roll onto their left hip and then return to lying on their back.

Coding: GG0170A, Roll left and right would be **coded 03, Partial/moderate assistance**.

Rationale: The helper provides less than half the effort needed for the patient to complete the activity of rolling left and right.

5. **Roll left and right:** Example of a probing conversation between a nurse determining a patient's score for roll left and right and a certified nursing assistant regarding the patient's bed mobility:

Nurse: "Describe to me how the patient moves themselves in bed. Once they are in bed, how do they turn from lying on their back to lying on their left and right sides and then return to lying on their back?"

Certified nursing assistant: "The patient can roll to their sides by themselves."

Nurse: "The patient rolls from side to side and returns to lying on their back without any instructions or physical help?"

Certified nursing assistant: "No, I have to remind the patient to bend their left leg and roll to their right side, and then to roll to their back and then to do the same on their left side and back to their back, but once I remind them they can do it themselves."

In this example, the nurse inquired specifically about how the patient moves from lying on their back to lying on their sides and then returns to lying on their back. The nurse asked about instructions and physical assistance. If this nurse did not ask probing questions, the nurse would not have received enough information to make an accurate assessment of the actual assistance the patient received.

Coding: GG0170A, Roll left and right would be coded **04, Supervision or touching assistance**.

Rationale: The certified nursing assistant provides verbal instructions as the patient moves from lying on their back to lying on their sides and then returns to lying on their back.

GG0170B, Sit to lying

Coding Tips

- The activity includes the ability to move from sitting on the side of the bed to lying flat on the bed, or on their preferred or necessary sleeping surface.
- If the patient does not sleep in a bed, assess the patient's ability to move from sitting on the side of the patient's preferred or necessary sleeping surface to lying flat on the patient's preferred or necessary sleeping surface.
- If the clinician determines that bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, then code the activity GG0170B, Sit to lying using the appropriate "activity not attempted" code.

Examples

1. **Sit to lying:** The patient requires assistance from a nurse to transfer from sitting at the edge of the bed to lying flat on the bed. The helper lifts and positions the patient's right leg. The patient uses their arms to position their upper body and lowers themselves to a lying position flat on their back.

Coding: GG0170B, Sit to lying would be **coded 03, Partial/moderate assistance.**

Rationale: A helper lifts the patient's right leg and helps the patient position it as they move from a seated to a lying position; the helper performs less than half of the effort.

2. **Sit to lying:** The patient requires assistance from a certified nursing assistant to get from a sitting position to lying flat on the bed because of postsurgical open reduction internal fixation healing fractures of their right hip and left and right wrists. The certified nursing assistant cradles and supports the patient's trunk and right leg to transition the patient from sitting at the side of the bed to lying flat on the bed. The patient assists themselves a small amount by bending their elbows and left leg while pushing their elbows and left foot into the mattress only to straighten their trunk while transitioning into a lying position.

Coding: GG0170B, Sit to lying would be **coded 02, Substantial/maximal assistance.**

Rationale: The helper provides more than half the effort for the patient to complete the activity of sit to lying.

3. **Sit to lying:** The patient requires assistance from two certified nursing assistants to transfer from sitting at the edge of the bed to lying flat on the bed due to paralysis on their right side, obesity, and cognitive limitations. The patient is fully assisted by the two certified nursing assistants to get from sitting to a lying position on the bed. The patient makes no attempt to assist when asked to perform the incremental steps of the activity.

Coding: GG0170B, Sit to lying would be **coded 01, Dependent.**

Rationale: The assistance of two certified nursing assistants is needed to complete the activity of sit to lying. If two or more helpers are required to assist the patient to complete an activity, code as 01, Dependent.

4. **Sit to lying:** The patient has multiple sclerosis and a swallowing disorder. A medical order requires the head of their bed to be slightly elevated at all times and serves as their lying position. The patient needs help to transition from sitting to lying. The patient begins the activity by balancing themselves while sitting at the edge of the bed with their feet on the floor. The certified nursing assistant lifts and swivels the patient's legs from the side of the bed to the middle of the bed while simultaneously supporting and lifting the patient's trunk. The patient assists by scooting themselves toward the middle of the bed.

Coding: GG0170B, Sit to lying would be **coded 02, Substantial/maximal assistance.**

Rationale: The helper completes more than half the effort in transitioning the patient from sitting to lying.

5. **Sit to lying:** Example of a probing conversation between a nurse determining a patient's score for sit to lying and a certified nursing assistant regarding the patient's bed mobility:

Nurse: "Please describe how the patient moves themselves from sitting on the side of the bed to lying flat on the bed. When they are sitting on the side of the bed, how do they move to lying on their back?"

Certified nursing assistant: "They can lie down with some help."

Nurse: "Please describe how much help they need and how exactly you help them."

Certified nursing assistant: "I have to lift a bit and position their right leg, but once I do that, they can use their arms to position their upper body."

In this example, the nurse inquired specifically about how the patient moves from a sitting position to a lying position. The nurse asked about physical assistance.

Coding: GG0170B, Sit to lying would be **coded 03, Partial/moderate assistance**.

Rationale: The certified nursing assistant lifts the patient's right leg and helps them position it as the patient moves from a sitting position to a lying position. The helper does less than half the effort.

GG0170C, Lying to sitting on side of bed

Coding Tips

- The activity includes the patient transitioning from lying on their back to sitting on the side of the bed and sitting upright on the bed, or alternative sleeping surface, without back support.
- Back support refers to an object or person providing support for the patient's back.
- For item GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a "lying" position for a particular patient.
- If the clinician determines that bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, code the activity GG0170C, Lying to sitting on side of bed using the appropriate "activity not attempted" code.

Examples

1. **Lying to sitting on side of bed:** The patient pushes up from the bed to get themselves from a lying to a seated position. The certified nursing assistant provides steadying (touching) assistance as the patient scoots themselves to the edge of the bed and lowers their feet onto the floor.

Coding: GG0170C, Lying to sitting on side of bed would be **coded 04, Supervision or touching assistance**.

Rationale: The helper provides touching assistance as the patient moves from a lying to sitting position.

2. **Lying to sitting on side of bed:** The patient pushes up on the bed to attempt to get themselves from a lying to a seated position as the occupational therapist provides much of the lifting assistance necessary for the patient to sit upright. The occupational therapist provides assistance as the patient scoots themselves to the edge of the bed and lowers their feet to the floor. Overall, the occupational therapist performs more than half of the effort.

Coding: GG0170C, Lying to sitting on side of bed would be **coded 02, Substantial/maximal assistance**.

Rationale: The helper provides lifting assistance (more than half the effort) as the patient moves from a lying to sitting position.

3. **Lying to sitting on side of bed:** The patient is obese and recovering from surgery for spinal stenosis with lower extremity weakness. The certified nursing assistant partially lifts the patient's trunk to a fully upright sitting position on the bed and minimally lifts each leg

toward the edge of the bed. The patient then scoots toward the edge of the bed, placing both feet flat on the floor. The patient completes most of the activity themselves.

Coding: GG0170C, Lying to sitting on side of bed would be **coded 03, Partial/moderate assistance**.

Rationale: The helper provides less than half the effort for the patient to complete the activity of lying to sitting on side of bed.

4. **Lying to sitting on side of bed:** The patient is being treated for sepsis and has multiple infected wounds on their lower extremities. Full assistance from the certified nursing assistant is needed to move the patient from a lying position to sitting on the side of the bed because the patient has pain in their lower extremities upon movement.

Coding: GG0170C, Lying to sitting on side of bed would be **coded 01, Dependent**.

Rationale: The helper fully completed the activity of lying to sitting on the side of bed for the patient.

5. **Lying to sitting on side of bed:** Example of a probing conversation between a nurse determining a patient's score for lying to sitting on side of bed, and a certified nursing assistant regarding the patient's bed mobility:

Nurse: "Please describe how the patient moves themselves in bed. When they are in bed, how do they move from lying on their back to sitting up on the side of the bed?"

Certified nursing assistant: "They can sit up by themselves."

Nurse: "They sit up without any instructions or physical help?"

Certified nursing assistant: "No, I have to remind them to check on the position of their arm that has limited movement and sensation as they move in the bed, but once I remind them to check their arm, they can do it themselves".

In this example, the nurse inquired specifically about how the patient moves from a lying position to a sitting position. The nurse asked about instructions and physical assistance.

Coding: GG0170C, Lying to sitting on side of bed would be **coded 04, Supervision or touching assistance**.

Rationale: The certified nursing assistant provides verbal instructions as the patient moves from a lying to sitting position.

GG0170D, Sit to stand

Coding Tips

- The activity includes the patient coming to a standing position from any sitting surface.
- If a mechanical lift is used to assist in transferring a patient for a chair/bed-to-chair transfer, and even with assistance the patient is not able to complete the sit to stand activity, code GG0170D, Sit to stand with the appropriate "activity not attempted" code.
- Code 05, Setup or clean-up assistance, if the only help a patient requires to complete the sit to stand activity is for a helper to retrieve an assistive device or adaptive equipment, such as a walker or ankle foot orthosis.

- If a sit to stand lift is used and the patient requires the assistance of two helpers to get from a sitting to standing position, code as 01, Dependent.

Examples

1. **Sit to stand:** The patient has osteoarthritis and is recovering from sepsis. The patient transitions from a sitting to a standing position with the steadying (touching) assistance of the nurse's hand on the patient's trunk.

Coding: GG0170D, Sit to stand would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides touching assistance only.

2. **Sit to stand:** The patient has multiple healing fractures and multiple sclerosis, requiring the assistance of two certified nursing assistants to assist the patient to stand up from sitting in a chair.

Coding: GG0170D, Sit to stand would be coded **01, Dependent**.

Rationale: The patient requires the assistance of two helpers to complete the activity.

3. **Sit to stand:** The patient has complete tetraplegia and is currently unable to stand when getting out of bed. The patient transfers from their bed into a wheelchair with assistance. The activity of sit to stand is not attempted due to the patient's medical condition. The patient did complete the activity of sit to stand prior to the recent injury.

Coding: GG0170D, Sit to stand would be coded **88, Not attempted due to medical condition or safety concerns**.

Rationale: The activity is not attempted due to the patient's diagnosis of complete tetraplegia.

4. **Sit to stand:** Example of a probing conversation between a nurse determining a patient's sit to stand score and a certified nursing assistant regarding the patient's sit to stand ability:

Nurse: "Please describe how the patient moves from sitting on the side of the bed or chair to a standing position. Once they are sitting, how do they get to a standing position?"

Certified nursing assistant: "They need help to get to sitting up and then standing."

Nurse: "I'd like to know how much help they need for safely rising up from sitting in a chair or sitting on the bed to get to standing position."

Certified nursing assistant: "They need two people to assist them to stand up from sitting on the side of the bed or when they are sitting in a chair."

In this example, the nurse inquired specifically about how the patient moves from a sitting position to a standing position and clarified that this did not include any other positioning to be included in the answer. The nurse specifically asked about physical assistance.

Coding: GG0170D, Sit to stand would be coded **01, Dependent**.

Rationale: The patient requires the assistance of two helpers to complete the activity.

GG0170E, Chair/bed-to-chair transfer

Coding Tips

- Depending on the patient's abilities, the transfer may be a stand-pivot, squat-pivot, or a slide board transfer.
- For item GG0170E, Chair/bed-to-chair transfer:
 - If the patient uses a recliner as the patient's "bed" (preferred or necessary sleeping surface), assess the patient's need for assistance using that sleeping surface when coding GG0170E, Chair/bed-to-chair transfer.
 - When assessing the patient getting out of bed, the assessment begins with the patient sitting at the edge of the bed (or alternative sleeping surface) and ends with the patient sitting in a chair or wheelchair.
 - When assessing the patient getting from the chair to the bed, the assessment begins with the patient sitting in a chair or wheelchair and ends with the patient returning to sitting at the edge of the bed (or alternative sleeping surface).
 - The activities of GG0170B, Sit to lying and GG0170C, Lying to sitting on side of bed are two separate activities that are not assessed as part of GG0170E.
- If a mechanical lift is used to assist in transferring a patient for a chair/bed-to-chair transfer and the patient requires the assistance of two helpers with the mechanical lift transfer, then code as 01, Dependent, even if the patient assists with any part of the chair/bed-to-chair transfer.
- When possible, the transfer should be assessed in an environmental situation where taking more than a few steps would not be necessary to complete the transfer.

Examples

1. **Chair/bed-to-chair transfer:** The patient had a stroke and is not currently able to walk. They use a wheelchair for mobility. When the patient gets out of bed, the certified nursing assistant moves the wheelchair into the correct position and locks the brakes so that the patient can transfer into the wheelchair safely. The patient had been observed several other times to determine any safety concerns, and it was documented that they transfer safely without the need for supervision. The patient transfers into the wheelchair by themselves (no helper) after the certified nursing assistant leaves the room.

Coding: GG0170E, Chair/bed-to-chair transfer would be coded **05, Setup or clean-up assistance**.

Rationale: The patient is not able to walk, so they transfer from their bed to a wheelchair when getting out of bed. The helper provides setup assistance only. The patient transfers safely and does not need supervision or physical assistance during the transfer.

2. **Chair/bed-to-chair transfer:** The patient is sitting on the side of the bed. The patient stands and pivots into the chair as the nurse provides contact guard (touching) assistance. The nurse reports the patient requires touching assistance.

Coding: GG0170E, Chair/bed-to-chair transfer would be **coded 04, Supervision or touching assistance.**

Rationale: The helper provides touching assistance during the transfers.

3. **Chair/bed-to-chair transfer:** The patient's medical conditions include morbid obesity, diabetes mellitus, and sepsis, and they recently underwent bilateral above-the-knee amputations. The patient requires full assistance with transfers from the bed to the wheelchair using a lift device. Two certified nursing assistants are required for safety when using the device to transfer the patient from the bed to a wheelchair. The patient is unable to assist in the transfer from the bed to the wheelchair.

Coding: GG0170E, Chair/bed-to-chair transfer would be **coded 01, Dependent.**

Rationale: The two helpers completed all the effort for the activity of chair/bed-to-chair transfer. If two or more helpers are required to assist the patient to complete an activity, code as 01, Dependent.

4. **Chair/bed-to-chair transfer:** The patient has metastatic bone cancer, severely affecting their ability to use their lower and upper extremities during daily activities. The patient is motivated to assist with their transfers from the side of their bed to the wheelchair. The patient pushes themselves up from the bed to begin the transfer while the therapist provides trunk support with weight-bearing assistance. Once standing, the patient shuffles their feet, turns, and slowly sits down into the wheelchair with the therapist providing steadying support. Overall, the therapist provides less than half of the effort.

Coding: GG0170E, Chair/bed-to-chair transfer would be **coded 03, Partial/moderate assistance.**

Rationale: The helper provides less than half of the effort for the patient to complete the activity of chair/bed-to-chair transfer.

5. **Chair/bed-to-chair transfer:** Example of a probing conversation between a nurse determining a patient's score for chair/bed-to-chair transfer and a certified nursing assistant regarding the patient's chair/bed-to-chair transfer ability:

Nurse: "Please describe how the patient moves into the chair from the bed. When they are sitting at the side of the bed, how much help do they need to move from the bed to the chair?"

Certified nursing assistant: "They need me to help them move from the bed to the chair."

Nurse: "Do they help with these transfers when you give them any instructions, setup, or physical help?"

Certified nursing assistant: "Yes, they will follow some of my instructions to get ready to transfer, such as moving their feet from being spread out to placing them under their knees. I have to place the chair close to the bed and then I lift them because they are very weak. I then tell them to reach for the armrest of the chair. The patient follows these directions and that helps a little in transferring them from the bed to the chair. They do help with the transfer."

In this example, the nurse inquired specifically about how the patient moves from sitting on the side of the bed to sitting in a chair. The nurse asked about instructions, physical

assistance, and cueing instructions. If this nurse did not ask probing questions, the nurse would not have received enough information to make an accurate assessment of the actual assistance the patient received.

Coding: GG0170E, Chair/bed-to-chair transfer **would be coded 02, Substantial/maximal assistance.**

Rationale: The helper provides more than half of the effort to complete the activity of Chair/bed-to-chair transfer.

GG0170F, Toilet transfer

Coding Tips

- Toilet transfer includes the patient's ability to get on and off a toilet (with or without a raised toilet seat), or bedside commode.
- Toileting hygiene, clothing management, and transferring on and off a bedpan are not considered part of the toilet transfer activity.
- The toilet transfer activity can be assessed and coded regardless of the patient's need to use a toilet or commode to void or have a bowel movement in conjunction with the toilet transfer assessment.
- Code 05, Setup or clean-up assistance if the patient requires a helper to position/set up the bedside commode before and/or after the patient's bed to commode transfers (place at an accessible angle/location next to the bed) and the patient does not require helper assistance during toilet transfers.
- Code 01, Dependent if the patient requires assistance from two or more helpers to get on and off the toilet or commode.

Examples

1. **Toilet transfer:** The certified nursing assistant moves the wheelchair footrests up so that the patient can transfer from the wheelchair onto the toilet by themselves safely. The certified nursing assistant is not present during the transfer because supervision is not required. Once the patient completes the transfer from the toilet back to the wheelchair, they flip the footrests back down themselves.

Coding: GG0170F, Toilet transfer would be **coded 05, Setup or clean-up assistance.**

Rationale: The helper provides setup assistance (moving the footrest out of the way) before the patient can transfer safely onto the toilet.

2. **Toilet transfer:** The patient transfers on and off the elevated toilet seat with the certified nursing assistant supervising due to the patient's unsteadiness.

Coding: GG0170F, Toilet transfer would be **coded 04, Supervision or touching assistance.**

Rationale: The helper provides supervision as the patient transfers on and off the toilet. The patient may use an assistive device.

3. **Toilet transfer:** The patient is anxious about getting up to use the bathroom. They ask the certified nursing assistant to stay with them in the bathroom as they get on and off the toilet. The certified nursing assistant stays with the patient, as requested, and provides verbal encouragement and instructions (cues) to the patient.

Coding: GG0170F, Toilet transfer would be **coded 04, Supervision or touching assistance**.

Rationale: The helper provides supervision/verbal cues as the patient transfers onto and off the toilet.

4. **Toilet transfer:** The certified nursing assistant provides steadying (touching) assistance as the patient lowers their underwear and then transfers onto the toilet. After voiding, the patient cleanses themselves. The patient then stands up from the toilet as the helper steadies them. The patient pulls up their underwear as the helper steadies them to ensure the patient does not lose their balance.

Coding: GG0170F, Toilet transfer would be **coded 04, Supervision or touching assistance**.

Rationale: The helper provides steadying assistance as the patient transfers on and off the toilet. Assistance with managing clothing and cleansing is coded under item GG0130C, Toileting hygiene, and is not considered when coding GG0170F, Toilet transfer.

5. **Toilet transfer:** The therapist supports the patient's trunk with a gait belt providing weight-bearing assistance as the patient pivots and lowers themselves onto the toilet. The therapist provides less than half the effort during the toilet transfer.

Coding: GG0170F, Toilet transfer would be **coded 03, Partial/moderate assistance**.

Rationale: The helper provides less than half the effort to complete the activity. The assistance provided to the patient was physical support or weight-bearing assistance.

6. **Toilet transfer:** The patient has peripheral vascular disease and sepsis, resulting in lower extremity pain and severe weakness. The patient uses a bedside commode when having a bowel movement. The certified nursing assistant raises the bed to a height that facilitates the transfer activity. The patient initiates lifting their buttocks from the bed and in addition requires some of their weight to be lifted by the certified nursing assistant to stand upright. The patient then reaches and grabs onto the armrest of the bedside commode to further steady themselves. The certified nursing assistant provides substantial weight-bearing assistance as the assistant slowly rotates and lowers the patient onto the bedside commode.

Coding: GG0170F, Toilet transfer would be **coded 02, Substantial/maximal assistance**.

Rationale: The helper provides more than half of the effort for the patient to complete the activity of toilet transfer.

7. **Toilet transfer:** The patient has paraplegia incomplete, pneumonia, and COPD. The patient prefers to use the bedside commode when having a bowel movement. Due to the patient's severe weakness, history of falls, and dependent transfer status, two certified nursing assistants assist during the toilet transfer.

Coding: GG0170F, Toilet transfer would be **coded 01, Dependent**.

Rationale: The activity requires the assistance of two or more helpers for the patient to complete the activity.

8. **Toilet transfer:** The patient is on bedrest due to a medical complication. The patient uses a bedpan for bladder and bowel management during the entire 3-day assessment period.

Coding: GG0170F, Toilet transfer would be **coded 88, Not attempted due to medical condition or safety concerns**.

Rationale: The patient does not transfer onto or off a toilet due to being on bedrest because of a newly acquired medical condition.

9. **Toilet transfer:** Example of a probing conversation between a nurse determining the patient's score and a certified nursing assistant regarding a patient's toilet transfer assessment:

Nurse: "I understand that the patient uses a wheelchair to get to the toilet. How do they move from sitting in a wheelchair to sitting on the toilet?"

Certified nursing assistant: "It is hard for them, but they do it with my help."

Nurse: "Can you describe the amount of help in more detail?"

Certified nursing assistant: "I have to give them a bit of a lift using a gait belt to get them to stand and then remind them to reach for the toilet grab bar while they pivot to the toilet. Sometimes, I have to remind them to take a step while they pivot to or from the toilet, but they do most of the effort themselves."

In this example, the nurse inquired specifically about how the patient moves from sitting in a wheelchair to sitting on the toilet. The nurse specifically asked about instructions and physical assistance. If this nurse did not ask probing questions, the nurse would not have received enough information to make an accurate assessment of the actual assistance the patient received.

Coding: GG0170F, Toilet transfer would be **coded 03, Partial/moderate assistance**.

Rationale: The certified nursing assistant provides less than half the effort to complete this activity.

GG0170G, Car transfer

Coding Tips

- The activity includes the patient's ability to transfer in and out of a car or van seat on the passenger side. Any vehicle model available may be used for the assessment of GG0170G, Car transfer.
- When assessing GG0170G, Car transfer, an indoor car can be used to simulate outdoor car transfers.
- The Car transfer item does not include getting to or from the vehicle, opening/closing the car door, or fastening/unfastening the seat belt.
- If the patient remains in a wheelchair and does not transfer in and out of a car or van seat, then the activity is not considered completed and the appropriate "activity not attempted" code would be used.

- The setup and/or clean-up of an assistive device that is used for walking to and from the car, but not used for the transfer in and out of the car seat, would not be considered when coding the car transfer activity.
- Clinicians may use clinical judgment to determine if observing a patient performing a portion of the car transfer activity (e.g., getting into the car) allows the clinician to adequately assess the patient's ability to complete the entire GG0170G, Car transfer activity (transferring in and out of a car). If the clinician determines that this observation is adequate, code based on the type and amount of assistance required to complete the activity.
- If using clinical judgment, simulating the car transfer using a mat 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.
- Assessment of a car transfer can still be completed while accommodating medical restrictions such as long sitting.
- Use of an "activity not attempted" code should only occur after determining that the car transfer is not completed, and the performance code cannot be determined based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities.

Examples

1. **Car transfer:** The patient uses a wheelchair and ambulates for only short distances. They require lifting assistance from a physical therapist to get from a seated position in the wheelchair to a standing position. The therapist provides trunk support when the patient takes several steps to turn and transfer into the car. The patient lowers themselves into the car seat with steady assistance from the therapist. The patient lifts their legs into the car with support from the therapist.

Coding: GG0170G, Car transfer would be coded **02, Substantial/maximal assistance**.

Rationale: Although the patient also contributes effort to complete the activity, the helper contributes more than half the effort needed to transfer the patient into the car by providing lifting assistance and trunk support.

2. **Car transfer:** During their rehabilitation stay, the patient works with an occupational therapist on transfers in and out of the passenger side of a car. On the day before discharge, when performing car transfers, the patient requires verbal reminders for safety and light touching assistance. The therapist instructs the patient on strategic hand placement while the patient transitions to sitting in the car's passenger seat. The therapist opens and closes the door.

Coding: GG0170G, Car transfer would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides touching assistance as the patient transfers into the passenger seat of the car. Assistance with opening and closing the car door is not included in the definition of this item and is not considered when coding this item.

GG0170I, Walk 10 feet, GG0170J, Walk 50 feet with two turns, GG0170K, Walk 150 feet, GG0170L, Walking 10 feet on uneven surfaces

Coding Tips

- Assessment of the walking activities starts with the patient in a standing position.
- A walking activity cannot be completed without some level of patient participation that allows patient ambulation to occur for the entire stated distance. A helper cannot complete a walking activity for a patient.
- During a walking activity, a patient may take a brief standing rest break. If the patient needs to sit to rest during a GG walking activity, consider the patient unable to complete that walking activity.
- Clinicians can use clinical judgment to determine how the actual patient assessment of walking is conducted. If a clinician chooses to combine the assessment of multiple walking activities, use clinical judgment to determine the type and amount of assistance needed for each individual activity.
- Use clinical judgment when assessing activities that overlap or occur sequentially to determine the type and amount of assistance needed for each individual activity.
- All of the GG walking activities do not need to occur during a single session.
- Do not code walking activities with the use of a device that is restricted to patient use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems).
- If the patient who participates in walking requires the assistance of two helpers to complete the activity, code 01, Dependent.
- If the only help a patient requires to complete the walking activity is for a helper to retrieve and place the walker and/or put it away after patient use, then enter code 05, Setup or clean-up assistance.

GG0170I, Walk 10 feet

Coding Tips

- Starting from standing, the activity includes the patient's ability to walk 10 feet.

Examples

1. **Walk 10 feet:** The patient has Parkinson's disease and walks with a walker. A physical therapist must advance the walker for the patient with each step. The physical therapist assists the patient by physically initiating the stepping movement forward, advancing the patient's foot, during the activity of walking 10 feet. The helper assists the patient by providing more than half of the effort for the patient to walk the 10-foot distance.

Coding: GG0170I, Walk 10 feet would be coded **02, Substantial/maximal assistance**.

Rationale: A helper provides more than half the effort as the patient completes the activity.

2. **Walk 10 feet:** The patient had bilateral amputations 3 years ago, and prior to the current admission used a wheelchair and did not walk. Currently the patient does not use prosthetic devices and uses only a wheelchair for mobility.

Coding: GG0170I, Walk 10 feet would be **coded 09, Not applicable** - not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.

Rationale: When assessing a patient for GG0170I, Walk 10 feet, consider the patient's status prior to the current episode of care and current 3-day assessment status. Use code 09, Not applicable, because the patient did not walk prior to the current episode of care and did not walk during the 3-day assessment period. Because GG0170I, Walk 10 feet is coded 09, follow the skip pattern to GG0170M, 1 step (curb).

3. **Walk 10 feet:** The patient has bilateral upper extremity tremors, lower extremity weakness, and Parkinson's disease. The physical therapist assistant guides and steadies the shaking, rolling the walker forward while cueing the patient to take larger steps. The patient requires steadying at the beginning of the walk and progressively requires some of their weight to be supported for the last two steps of the 10-foot walk. Overall, the assistant provides less than half of the effort.

Coding: GG0170I, Walk 10 feet would be **coded 03, Partial/moderate assistance**.

Rationale: The helper provides less than half the effort required for the patient to complete the activity of Walk 10 feet.

4. **Walk 10 feet:** The patient has an above-the-knee amputation and severe rheumatoid arthritis. Once a nurse has helped the patient don their stump sock and prosthesis, the patient is assisted to stand and uses their rolling walker while walking. The nurse places their hand on the patient's back to steady the patient toward the last half of their 10-foot walk.

Coding: GG0170I, Walk 10 feet would be **coded 04, Supervision or touching assistance**.

Rationale: A helper provides touching assistance in order for the patient to complete the activity of walk 10 feet. Assistance in donning the stump stock and prosthesis and getting from a sitting to standing position is not coded as part of the Walk 10 feet item.

5. **Walk 10 feet:** Example of a probing conversation between a nurse determining a patient's score for walk 10 feet and a certified nursing assistant regarding the patient's walking ability:

Nurse: "Please describe how the patient walks in their room. Once standing, how do they walk 10 feet in their room or the corridor?"

Certified nursing assistant: "They walk with a walker."

Nurse: "They walk with a walker without any instructions or physical help?"

Certified nursing assistant: "No, I have to remind them to stand up straight so that they are positioned correctly over the walker, and help them intermittently by providing touching assistance and reminding them to advance the walker forward so they don't bump into the front of the walker."

In this example, the nurse inquired specifically about what assistance is needed when the patient walks 10 feet. The nurse asked about instructions and physical assistance. If this nurse did not ask probing questions, the nurse would not have received enough information to make an accurate assessment of the actual assistance the patient received.

Coding: GG0170I, Walk 10 feet would be coded **04, Supervision or touching assistance**.

Rationale: The certified nursing assistant provides cueing, supervision, and touching assistance during the activity.

GG0170J, Walk 50 feet with two turns

Coding Tips

- Starting from standing, the activity includes the patient's ability to walk 50 feet, making two turns.
- The turns included in the item GG0170J, Walk 50 feet with two turns are 90-degree turns. The turns may occur at any time during the 50-foot distance. The turns may be in the same direction (two 90-degree turns to the right or two 90-degree turns to the left) or may be in different directions (one 90-degree turn to the left and one 90-degree turn to the right). The 90-degree turn should occur at the person's ability level and can include use of an assistive device (for example, cane).

Examples

1. **Walk 50 feet with two turns:** A therapist provides contact guard (steady) assistance as the patient gets up from a sitting position to a standing position. After the therapist places the patient's walker within reach, the patient walks 60 feet down the hall with two turns without any assistance from the therapist. No supervision is required while the patient walks.

Coding: GG0170J, Walk 50 feet with two turns would be coded **05, Setup or clean-up assistance**.

Rationale: The patient walks more than 50 feet and makes two turns once the helper places the walker within reach. Assistance with getting from a sitting to a standing position is coded separately under the item GG0170D, Sit to stand.

2. **Walk 50 feet with two turns:** The patient walks 70 feet with a quad cane, completing two turns during the walk. The therapist provides steady assistance only when the patient turns.

Coding: GG0170J, Walk 50 feet with two turns would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides touching assistance as the patient walks more than 50 feet and makes two turns. The patient may use an assistive device.

3. **Walk 50 feet with two turns:** The patient is unable to bear their full weight on their left leg. As the patient walks 60 feet down the hall with their crutches and making two turns, the helper supports the patient's trunk and provides less than half the effort.

Coding: GG0170J, Walk 50 feet with two turns would be coded **03, Partial/moderate assistance**.

Rationale: The helper provides trunk support as the patient walks more than 50 feet and makes two turns.

4. **Walk 50 feet with two turns:** The patient walks 50 feet with the physical therapist providing trunk support and also requires a second helper, the rehabilitation aide, to follow closely behind with a wheelchair for safety. The patient walks the 50 feet with two turns with the assistance of two helpers.

Coding: GG0170J, Walk 50 feet with two turns would be **coded 01, Dependent**.

Rationale: The patient requires two helpers to complete the activity.

5. **Walk 50 feet with two turns:** The patient has an above-the-knee amputation, severe rheumatoid arthritis, and uses a prosthesis. The patient is assisted to stand and, after walking 10 feet, requires progressively more help as they near the 50-foot mark. The patient is unsteady and typically loses their balance when turning, requiring significant support to remain upright. The therapist provides significant trunk support for about 30 to 35 feet.

Coding: GG0170J, Walk 50 feet with two turns would be **coded 02, Substantial/maximal assistance**.

Rationale: The helper provides more than half of the effort for the patient to complete the activity of walk 50 feet with two turns. Assistance with rising from a seated position to standing is not considered when coding this walking item.

6. **Walk 50 feet with two turns:** The patient is recovering from a stroke and has difficulty walking. The patient is only able to walk a distance of 30 feet. Prior to the stroke, the patient walked long distances independently.

Coding: GG0170J, Walk 50 feet with two turns would be **coded 88, Not attempted due to medical condition or safety concerns**.

Rationale: The patient was not able to participate in walking the entire distance of 50 feet, and the helper cannot complete the walking activity for a patient. The patient's ability to walk a shorter distance would be captured in the item GG0170I, Walk 10 feet. The patient walked long distances independently prior to the current illness, exacerbation, or injury.

GG0170K, Walk 150 feet

Coding Tips

- Starting from standing, the activity includes the patient's ability to walk 150 feet.
- When coding GG0170K, Walk 150 feet, if the patient's environment does not accommodate a walk of 150 feet without turns, but the patient demonstrates the ability to walk with or without assistance 150 feet with turns without jeopardizing the patient's safety, code using the 6-point scale.

Examples

1. **Walk 150 feet:** The patient walks down the hall using their walker and the certified nursing assistant needs to provide touching assistance to the patient, who intermittently loses their balance while they use the walker.

Coding: GG0170K, Walk 150 feet would be coded **04, Supervision or touching assistance**.

Rationale: The helper provides touching assistance intermittently throughout the activity.

2. **Walk 150 feet:** The patient has endurance limitations due to heart failure and has only walked about 30 feet during the 3-day assessment period. The patient has not walked 150 feet or more during the assessment period, including with the physical therapist, who has been working with the patient. The therapist knows that the patient walked long distances prior to their exacerbation.

Coding: GG0170K, Walk 150 feet would be coded **88, Not attempted due to medical condition or safety concerns**.

Rationale: The activity was not attempted. The patient did not complete the activity, and a helper cannot complete the activity for the patient. The patient performed the activity prior to their exacerbation. A patient who walks less than 50 feet would be coded in item GG0170I, Walk 10 feet.

3. **Walk 150 feet:** The patient has an unsteady gait due to balance impairment. The patient walks the length of the hallway using their quad cane in their right hand. The physical therapist supports the patient's trunk, helping them to maintain their balance while ambulating. The therapist provides less than half of the effort to walk the 160-foot distance.

Coding: GG0170K, Walk 150 feet would be coded **03, Partial/moderate assistance**.

Rationale: The helper provides less than half of the effort for the patient to complete the activity of walking at least 150 feet.

4. **Walk 150 feet:** Example of a probing conversation between a nurse determining a patient's score for walk 150 feet and a certified nursing assistant regarding the patient's walking ability:

Nurse: "Please describe how the patient walks 150 feet in the corridor once they are standing."

Certified nursing assistant: "They use a walker and some help."

Nurse: "They use a walker, and how much instruction or physical help do they need?"

Certified nursing assistant: "I have to support them by holding onto the gait belt that is around their waist so that they don't fall. They do push the walker forward most of the time."

Nurse: "Do you help with more than or less than half the effort?"

Certified nursing assistant: "I have to hold onto their belt firmly when they walk because they frequently lose their balance when taking steps. Their balance gets worse the further they walk, but they are very motivated to keep walking. I would say I help them with more than half the effort."

In this example, the nurse inquired specifically about how the patient walks 150 feet. The nurse asked about instructions and physical assistance. If this nurse did not ask probing questions, the nurse would not have received enough information to make an accurate assessment of the actual assistance the patient received.

Coding: GG0170K, Walk 150 feet would be **coded 02, Substantial/maximal assistance**.

Rationale: The certified nursing assistant provides trunk support that is more than half the effort as the patient walks 150 feet.

GG0170L, Walking 10 feet on uneven surfaces

Coding Tips

- Starting from standing, the activity includes the patient's ability to walk 10 feet on uneven surfaces.
- The activity can be assessed inside or outside. Examples of uneven surfaces include uneven or sloping surfaces, turf, or gravel. Use clinical judgment to determine if a surface is uneven.

Examples

1. **Walking 10 feet on uneven surfaces:** The patient has severe degenerative joint disease and is recovering from sepsis. Upon discharge, the patient will need to be able to walk on the uneven and sloping surfaces of their driveway. During their facility stay, a physical therapist takes the patient outside to walk on uneven surfaces. The patient requires the therapist to provide less than half the effort needed for weight-bearing assistance during walking in order to prevent the patient from falling as they navigate walking 10 feet on uneven surfaces.

Coding: GG0170L, Walking 10 feet on uneven surfaces would be **coded 03, Partial/moderate assistance**.

Rationale: The patient requires a helper to provide weight-bearing assistance several times to prevent the patient from falling as the patient walks 10 feet on uneven surfaces. The helper contributes less than half the effort required for the patient to walk 10 feet on uneven surfaces.

GG0170M, 1 step (curb), GG0170N, 4 steps, GG0170O, 12 steps

Coding Tips

- Completing the stair activities indicates that a patient goes up and down the stairs, by any safe means, with or without any assistive devices (for example, railing or stair lift), and with or without some level of assistance.
- Going up and down the stairs by any safe means includes the patient walking up and down stairs on their feet or bumping or scooting up and down stairs on their buttocks.
- Ascending and descending stairs does not have to occur sequentially or during one session. If the assessment of going up the stairs and then down the stairs occurs sequentially, the patient may take a standing or seated 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.

- If the patient goes up and down steps (1, 4, or 12) by any safe means (for example, walking on their feet, in a wheelchair, or bumping/scooting on their buttocks), with or without an assistive device, and with no set-up assistance or verbal or physical assistance, code 06, Independent.
- A patient who is a wheelchair user may be assessed going up and down stairs (including 1 step/curb) in a wheelchair. Code based on the type and amount of assistance required from the helper.
- If the patient requires a helper to provide total assist, code 01, Dependent (for example, a patient requires total assist from a helper to move up and down a curb in their wheelchair).
- Getting to/from the stairs is not included when coding the curb/step activities.
- Do not consider the stand-to-sit or sit-to-stand transfer when coding any of the step activities.
- 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.
- If, at the time of the assessment, the patient is unable to complete the activity due to a physician-prescribed restriction of no stair climbing, they may be able to complete the stair activities safely by some other means (e.g., stair lift, bumping/scooting on their buttocks). If so, code based on the type and amount of assistance required to complete the activity. If, at the time of assessment, a patient is unable to complete the stair activities because of physician-prescribed bed rest, code the stair activity using the appropriate “activity not attempted” code.

GG0170M, 1 step (curb)

Coding Tips

- Assess the patient going up and down 1 step or up and down a curb. If both are assessed, and the patient’s performance going up and down a curb is different than their performance going up and down one step (e.g., because the step has a railing), code GG0170M, 1 step (curb) based on the activity with which the patient requires the most assistance.

Examples

1. **1 step (curb):** The patient has had a stroke. They must be able to step up and down one step to enter and exit their home. A physical therapist provides standby assistance as the patient uses their quad cane to aid their balance in stepping up one step. The physical therapist provides steadying assistance as the patient uses their cane for balance and steps down one step.

Coding: GG0170M, 1 step (curb) would be coded **04, Supervision or touching assistance**.

Rationale: A helper provides touching assistance as the patient completes the activity of stepping up and down one step.

GG0170N, 4 steps

Examples

1. **4 steps:** The patient has lower body weakness, and a physical therapist provides steadying assistance when the patient ascends 4 steps. While descending 4 steps, the physical therapist provides trunk support (more than touching assistance) as the patient holds the stair railing.

Coding: GG0170N, 4 steps, would be coded **03, Partial/moderate assistance**.

Rationale: A helper provides touching assistance as the patient ascends 4 steps. The helper provides trunk support (more than touching assistance) when the patient descends the 4 steps.

GG0170O, 12 steps

Coding Tips

- If a patient's environment does not have 12 stairs, the combination of going up and down 4 stairs three times consecutively in a safe manner is an acceptable alternative to meet the intention of this activity.

Examples

1. **12 steps:** The patient is recovering from a stroke resulting in motor issues and poor endurance. The patient's home has 12 stairs, with a railing, and they need to use these stairs to enter and exit the home. The patient's physical therapist uses a gait belt around the patient's trunk and supports less than half of the effort as the patient ascends and then descends 12 stairs.

Coding: GG0170O, 12 steps would be coded **03, Partial/moderate assistance**.

Rationale: The helper provides less than half the required effort in providing the necessary support for the patient as they ascend and descend 12 stairs.

GG0170P, Picking up object

Coding Tips

- The activity includes the patient bending/stooping from a standing position to pick up a small object, such as a spoon, from the floor.
- Picking up object must be assessed while the patient is in a standing position. If the patient is not able to stand, the activity did not occur and the appropriate "activity not attempted" code would be used.
- If a standing patient is unable to pick up a small object from the floor, therefore requiring the helper to pick up the object, code 01, 02, or 03, depending on whether the helper is providing all the effort, more than half of the effort, or less than half of the effort.

Clinicians should use clinical judgment to apply guidance regarding the patient's degree of participation in picking up an object.

- Assistive device(s) and adaptive equipment may be used, for example a cane to support standing balance and/or a reacher to pick up the object.

Examples

1. **Picking up object:** The patient has a neurologic condition that has resulted in balance problems. They want to be as independent as possible. The patient lives with their spouse and will soon be discharged. The patient tends to drop objects and has been practicing bending or stooping from a standing position to pick up small objects, such as a spoon, from the floor. An occupational therapist needs to remind the patient of safety strategies when they bend to pick up objects from the floor, and the therapist needs to steady the patient (touching assistance) to prevent them from falling.

Coding: GG0170P, Picking up object would be **coded 04, Supervision or touching assistance**.

Rationale: A helper is needed to provide verbal cues and touching or steadying (touching) assistance when the patient picks up an object because of the patient's coordination issues.

2. **Picking up object:** The patient has recently undergone a hip replacement. When they drop items, they use a long-handled reacher that they had been using at home prior to admission. The patient is ready for discharge and can now ambulate with a walker without assistance. When they drop objects from their walker basket, they require a certified nursing assistant to locate their long-handled reacher and bring it to them in order for them to use it. The patient does not need assistance to pick up the object after the helper brings them the reacher.

Coding: GG0170P, Picking up object would be **coded 05, Setup or clean-up assistance**.

Rationale: The helper provides setup assistance so that the patient can use their long-handled reacher.

GG0170Q1, Does the patient use a wheelchair and/or scooter?

Coding Tips

- The intent of the wheelchair mobility items is to assess the ability of patients who are using a wheelchair under any condition.
- Only code 0, No if at the time of the assessment the patient does not use a wheelchair or scooter under any condition.
- The responses for gateway wheelchair items (GG0170Q1 and GG0170Q3) might not be the same on the admission and discharge assessments.

Example

1. **Does the patient use a wheelchair and/or scooter?** On admission, the patient wheels themselves using a manual wheelchair but with difficulty due to their severe osteoarthritis and COPD.

Coding: GG0170Q1, Does the patient use a wheelchair and/or scooter? would be **coded 1, Yes**. The admission performance codes for wheelchair items GG0170R, Wheel 50 feet with two turns and GG0170S, Wheel 150 feet are coded; in addition, the type of wheelchair the patient uses for GG0170RR1 and RR3 is indicated as **code 1, Manual**.

Rationale: The patient currently uses a wheelchair. Coding both items and coding the type of wheelchair (manual) is indicated.

GG0170R, Wheel 50 feet with two turns, GG0170RR, Indicate the type of wheelchair or scooter used, GG0170S, Wheel 150 feet, GG0170SS, Indicate the type of wheelchair or scooter used

Coding Tips

- Clinicians can use clinical judgment to determine how the actual patient assessment of wheelchair mobility is conducted. If a clinician chooses to combine the assessment of multiple wheelchair activities, use clinical judgment to determine the type and amount of assistance needed for each individual activity.
- A helper can assist a patient to complete the wheelchair distance or make turns if required. When a patient is unable to wheel the entire distance themselves the activity can still be completed, and a performance code can be determined based on the type and amount of assistance required from the helper to complete the entire activity.
- If a patient uses both a manual and a motorized wheelchair or scooter at the time of the assessment, code the activity based on the type of wheelchair/scooter with which the patient requires the most assistance.

GG0170R, Wheel 50 feet with two turns, GG0170RR, Indicate the type of wheelchair or scooter used

Coding Tip

- The turns included in the items GG0170R, Wheel 50 feet with two turns are 90-degree turns. The turns may occur at any time during the 50-foot distance. The turns may be in the same direction (two 90-degree turns to the right or two 90-degree turns to the left) or may be in different directions (one 90-degree turn to the left and one 90-degree turn to the right). The 90-degree turn should occur at the person's ability level.

Examples

1. **Wheel 50 feet with two turns:** The patient is unable to bear any weight on their right leg due to a recent fracture. The certified nursing assistant provides steady assistance when transferring the patient from the bed into the wheelchair. Once in their wheelchair, the patient propels themselves about 60 feet down the hall using their left leg and both arms and makes two turns without any physical assistance or supervision.

Coding: GG0170R, Wheel 50 feet with two turns would be **coded 06, Independent**.

Rationale: The patient wheels themselves more than 50 feet. Assistance provided with the transfer is not considered when scoring GG0170R, Wheel 50 feet with two turns. There is a separate item for scoring bed-to-chair transfers.

2. **Wheel 50 feet with two turns:** The patient is very motivated to use their motorized wheelchair with an adaptive throttle for speed and steering. The patient has amyotrophic lateral sclerosis and moving their upper and lower extremities is very difficult. The physical therapist assistant is required to walk next to the patient for readjustments of the patient's hand position to better control the steering and speed throttle. The patient often drives too close to corners, becoming stuck near doorways upon turning, preventing them from continuing to mobilize/wheel themselves. The physical therapist assistant backs up the patient's wheelchair for them so that they may continue mobilizing/wheeling themselves. Overall, the patient provides more than half of the effort.

Coding: GG0170R, Wheel 50 feet with two turns would be coded **03**, Partial/moderate assistance.

Rationale: The helper provides less than half of the effort for the patient to complete the activity wheel 50 feet with two turns.

3. **Wheel 50 feet with two turns:** The patient had a spinal tumor resulting in paralysis of their lower extremities. The physical therapist assistant provides verbal instruction for the patient to navigate their manual wheelchair in their room and into the hallway while making two turns.

Coding: GG0170R, Wheel 50 feet with two turns would be coded **04**, Supervision or touching assistance.

Rationale: The helper provides verbal cues for the patient to complete the activity, Wheel 50 feet with two turns.

4. **Wheel 50 feet with two turns:** Once seated in the manual wheelchair, the patient wheels about 10 feet then asks the therapist to push the wheelchair an additional 40 feet, turning into their room and then turning into their bathroom.

Coding: GG0170R, Wheel 50 feet with two turns would be coded **02**, Substantial/maximal assistance.

Rationale: The helper provides more than half the effort to assist the patient to complete the activity.

5. **Indicate the type of wheelchair or scooter used:** In this example the patient used a manual wheelchair during the 3-day assessment period.

Coding: GG0170RR, Indicate the type of wheelchair or scooter used would be coded **1**, Manual.

Rationale: The patient used a manual wheelchair during the 3-day assessment period.

6. **Wheel 50 feet with two turns:** Example of a probing conversation between a nurse determining a patient's score for wheel 50 feet with two turns and a certified nursing assistant regarding the patient's mobility:

Nurse: “I understand that the patient uses a manual wheelchair. Describe to me how the patient wheels themselves 50 feet and makes two turns once they are seated in the wheelchair.”

Certified nursing assistant: “They wheel themselves.”

Nurse: “They wheel themselves without any instructions or physical help?”

Certified nursing assistant: “Well yes, they need help to get around turns, so I have to help them and set them on a straight path, but once I do, they wheel themselves.”

In this example, the nurse inquired specifically about how the patient wheels 50 feet with two turns. The nurse asked about instructions and physical assistance. If this nurse did not ask probing questions, the nurse would not have received enough information to make an accurate assessment of the actual assistance the patient received.

Coding: GG0170R, Wheel 50 feet with two turns would be coded **03**, Partial/moderate assistance.

Rationale: The certified nursing assistant must physically push the wheelchair at some points of the activity; however, the helper does less than half of the activity for the patient.

GG0170S, Wheel 150 feet, GG0170SS, Indicate the type of wheelchair or scooter used

Coding Tips

- If the patient’s environment does not accommodate wheelchair/scooter use of 150 feet without turns, but the patient demonstrates the ability to mobilize the wheelchair/scooter with or without assistance 150 feet with turns without jeopardizing the patient’s safety, code using the 6-point scale.
- A helper can assist a patient to complete the wheelchair distance or make turns if required. When a patient is unable to wheel the entire distance themselves the activity can still be completed, and a performance code can be determined based on the type and amount of assistance required from the helper to complete the entire activity.

Examples

1. **Wheel 150 feet:** The patient always uses a motorized scooter to mobilize themselves down the hallway more than 150 feet and the therapist provides cues due to safety issues (to avoid running into the walls).

Coding: GG0170S, Wheel 150 feet would be coded **04**, Supervision or touching assistance.

Rationale: The helper provides verbal cues to complete the activity.

2. **Indicate the type of wheelchair or scooter used:** The patient uses a motorized scooter.

Coding: GG0170SS, Indicate the type of wheelchair or scooter used would be coded **2**, Motorized.

Rationale: The patient used a motorized scooter.

3. **Wheel 150 feet:** The patient has peripheral neuropathy and limited vision due to complications of diabetes. The patient uses a below-the-knee prosthetic limb. The patient's prior preference was to ambulate within the home and use a wheelchair when mobilizing themselves while in the community. The patient is assessed performing the activity of mobilizing 150 feet in their wheelchair. A helper is needed to provide verbal cues for safety due to vision deficits.

Coding: GG0170S, Wheel 150 feet would be coded **04, Supervision or touching assistance**.

Rationale: The patient requires the helper to provide verbal cues for their safety when using a wheelchair to mobilize 150 feet.

4. **Wheel 150 feet:** The patient has multiple sclerosis, resulting in extreme muscle weakness and minimal vision impairment. The patient uses a motorized wheelchair with an adaptive joystick to control both the speed and steering of the motorized wheelchair. The patient occasionally needs reminders to slow down around the turns and requires assistance from the nurse for backing up the wheelchair when barriers are present.

Coding: GG0170S, Wheel 150 feet would be coded **03, Partial/moderate assistance**.

Rationale: The helper provides less than half of the effort to complete the activity of wheel 150 feet.

5. **Wheel 150 feet:** Example of a probing conversation between a nurse determining a patient's score for wheel 150 feet and a certified nursing assistant regarding the patient's mobility:

Nurse: "I understand that the patient uses an electric scooter for longer distances. Once they are seated in the scooter, do they need any help to mobilize themselves at least 150 feet?"

Certified nursing assistant: "They drive the scooter themselves.... they're very slow."

Nurse: "They use the scooter themselves without any instructions or physical help?"

Certified nursing assistant: "That is correct."

In this example, the nurse inquired specifically about how the patient uses an electric scooter to mobilize themselves 150 feet. If this nurse did not ask probing questions, the nurse would not have received enough information to make an accurate assessment of the actual assistance the patient received.

Coding: GG0170S, Wheel 150 feet would be coded **06, Independent**.

Rationale: The patient navigates in the corridor for at least 150 feet without assistance.