Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Training

Section GG:

Functional Abilities and Goals

Anne Deutsch, RN, PhD, CRRN

November 19, 2015

Section GG: Objectives

- Define items included in Section GG: Functional Abilities and Goals.
- Explain new items and changes between LTCH CARE Data Set v2.01 and v3.00.
- Explain intent of Section GG items.
- Discuss coding instructions and needed information for items.
- Accurately code scenario(s).

Section GG: New Items and Changes

NEW:

- GG0100. Prior Functioning: Everyday Activities
- GG0110. Prior Device Use
- GG0130. Self-Care
- GG0170. Mobility

CHANGES:

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

Section GG: Intent

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

Section GG: Intent (cont.)

- An activity refers to the execution of a task or action by an individual.
- Many patients in LTCHs have self-care and mobility limitations, and most are at risk of further functional decline and complications due to limited mobility.

Section GG: 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.

	Enter Codes in Boxes	
3. **Independent** - Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. **Needed Some Help** - Patient needed partial assistance from another person to complete activities. 1. **Dependent** - A helper completed the activities for the patient. 8. **Unknown** 9. **Not Applicable**	☐	**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.

Applies to Admission Assessment only

Section GG: GG0100. Item Rationale

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

Section GG: GG0100. Prior Functioning: Everyday Activities

STEPS FOR ASSESSMENT:

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

Section GG: GG0100

CODING INSTRUCTIONS:

- Complete only if A0250 = 01 Admission.
- **Code 3, Independent,** if the patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.
- **Code 2, Needed Some Help,** if the patient needed partial assistance from another person to complete activities.
- **Code 1, Dependent,** if the helper completed the activities for the patient.
- **Code 8, Unknown,** if the patient's usual ability prior to the current illness, exacerbation, or injury is unknown.
- **Code 9, Not Applicable,** if the activity was not applicable to the patient prior to the current illness, exacerbation, or injury.

Section GG: GG0100 (cont.)

CODING TIPS:

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

Section GG: GG0110. Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.	
↓ **Check all that apply**	
☐	**A. Manual wheelchair**
☐	**B. Motorized wheelchair or scooter**
☐	**C. Mechanical lift**
☐	**Z. None of the above**

Applies to Admission Assessment only

Section GG: GG0110. Item Rationale

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

Section GG: GG0110. Prior Device Use

STEPS FOR ASSESSMENT:

- Interview patient or family.
- Review the patient's medical record describing the patient's use of prior devices and aids.

Section GG: GG0110

CODING INSTRUCTIONS:

- Complete only if A0250 = 01 Admission.
- **Check all devices that apply:**
  A. Manual wheelchair
  B. Motorized wheelchair or scooter
  C. Mechanical lift
- **Check Z, None of the above,** if the patient did not use any of the listed devices or aids immediately prior to the current illness, exacerbation, or injury.

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

GG0130. Self-Care (3-day assessment period)

Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).

CODING:
Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:
07. **Patient refused**
09. **Not applicable**
88. Not attempted due to **medical condition or safety concerns**

	1. Admission Performance	2. Discharge Goal	
	↓ Enter Codes in Boxes ↓		
A.	☐☐	☐☐	**Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
B.	☐☐	☐☐	**Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
C.	☐☐	☐☐	**Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
D.	☐☐	☐☐	**Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0130. Item Rationale

LTCH patients may have self-care limitations on admission. In addition, patients may be at risk of further functional decline during their LTCH stay.

Section GG: GG0130. Self-Care

STEPS FOR ASSESSMENT:

1. Assess the patient's self-care status based on direct observation, the patient's self-report, family reports, and direct care staff reports documented in the patient's medical record during the 3-day assessment period.

2. Patients should be allowed to perform activities as independently as possible, as long as they are safe.

3. If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Section GG: GG0130. Self-Care (cont.)

STEPS FOR ASSESSMENT (cont.):

4. Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.

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

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

Section GG: GG0130

CODING INSTRUCTIONS:

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

Section GG: GG0130 (cont.)

KEY CODING QUESTIONS:

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

Section GG: GG0130 (cont.)

KEY CODING QUESTIONS (cont.):

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

Section GG: GG0130 (cont.)

KEY CODING QUESTIONS (cont.):

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

Section GG: GG0130 (cont.)

KEY CODING QUESTIONS (cont.):

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

Section GG: GG0130 (cont.)

CODING TIPS:

- Review documentation in the medical record for the 3-day assessment period.
- Talk with direct care staff.
- Use probing questions.
- Observe the patient as he/she performs each self-care activity.
- Be specific in evaluating each component.
- Record the patient's **actual** ability to perform each activity.
- Score will be based on the amount of assistance/effort provided.
- Activities may be completed with or without assistive devices.

Section GG: GG0130A. Eating

☐☐	**A. Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	**D. Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0130A Coding Scenario (1)

EATING:

Ms. S has multiple sclerosis, affecting her endurance and strength. Ms. S prefers to feed herself as much as she is capable. After eating three-fourths of her meal by herself, Ms. S usually becomes extremely fatigued and requests assistance from the certified nursing assistant to feed her the remainder of the meal.

How would you code GG0130A?

What is your rationale?

Section GG: GG0130A Coding Scenario (1)

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.

Section GG: GG0130A Coding Scenario (2)

EATING:

Mr. R is unable to eat by mouth due to his medical condition. He receives nutrition through a gastrostomy tube (G-tube), which is administered by nurses.

How would you code GG0130A?

What is your rationale?

Section GG: GG0130A Coding Scenario (2)

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

RATIONALE: The patient does not eat by mouth at this time. This item includes only eating. Assistance with G-tube feedings is not considered when coding this item.

Section GG: GG0130B. Oral Hygiene

☐☐	A. **Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
☐☐	B. **Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
☐☐	C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	D. **Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0130B Coding Scenario (1)

ORAL HYGIENE:

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

How would you code GG0130B?

What is your rationale?

Section GG: GG0130B Coding Scenario (1)

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 her teeth without any help.

Section GG: GG0130B Coding Scenario (2)

ORAL HYGIENE:

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

How would you code GG0130B?

What is your rationale?

Section GG: GG0130B Coding Scenario (2)

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.

Section GG: GG0130B Coding Scenario (3)

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

CNA: "She can help clean her teeth."

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

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

How would you code GG0130B?

What is your rationale?

Section GG: GG0130B Coding Scenario (3)

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

RATIONALE: The certified nursing assistant provides more than half the effort to complete Mrs. K's oral hygiene.

Section GG: GG0130C. Toileting Hygiene

☐☐	**A. Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	**D. Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0130C Coding Scenario (1)

TOILETING HYGIENE:

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

How would you code GG0130C?

What is your rationale?

Section GG: GG0130C Coding Scenario (1)

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.

Section GG: GG0130C Coding Scenario (2)

TOILETING HYGIENE:

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

How would you code GG0130C?

What is your rationale?

Section GG: GG0130C Coding Scenario (2)

CODING: GG0130C. Toileting hygiene would be coded 02, Substantial/maximal assistance.

RATIONALE: The helper provided more than half the effort for the patient to complete the activity of toileting hygiene.

Section GG: GG0130C Coding Scenario (3)

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

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

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

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

How would you code GG0130C?

What is your rationale?

Section GG: GG0130C Coding Scenario (3)

CODING: GG0130C. Toileting hygiene would be coded 02, Substantial/maximal assistance.

RATIONALE: The helper provided more than half the effort for the patient to complete the activity of toileting hygiene.

Section GG: GG0130D. Wash Upper Body

☐☐	A. **Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
☐☐	B. **Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
☐☐	C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	D. **Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0130D Coding Scenario (1)

WASH UPPER BODY:

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

How would you code GG0130D?

What is your rationale?

Section GG: GG0130D Coding Scenario (1)

CODING: GG0130D. Wash upper body would be coded 03, Partial/moderate assistance.

RATIONALE: The helper provided less than half the effort for the patient to complete the activity of washing the upper body.

Section GG: GG0130D Coding Scenario (2)

WASH UPPER BODY:

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

How would you code GG0130D?

What is your rationale?

Section GG: GG0130D Coding Scenario (2)

CODING: GG0130D. Wash upper body would be coded 02, Substantial/maximal assistance.

RATIONALE: The helper provided more than half the effort for the patient to complete the activity of washing the upper body.

Section GG: GG0130D Coding Scenario (3)

Nurse: "Describe how Mr. C usually washes his upper body. Specifically, does he wash, rinse, and dry his face, hands, chest, and arms while sitting in a chair or bed?"

CNA: "He has to sit in his bed because he's too weak in the morning to get to the sink, and I have to help him do most of it."

Nurse: "What can Mr. C complete for himself when washing, rinsing, and drying his upper body? Does he need instructions, safety reminders, setup, or physical help?"

CNA: "I have to give him a basin of water, washcloth, and open his soap container, lather his wash rag and place it in his hand. I encourage him to wash his arms, but he always gets tired after washing one of his arms. I then do all the remaining washing, rinsing, and drying of his upper body. I've tried giving him a little rest break before asking him to continue washing himself, but he then complains of feeling cold and wants me to finish washing him. After washing his upper body, I have to clean up the wash basin, washcloth, and soap for him."

How would you code GG0130D?

What is your rationale?

Section GG: GG0130D Coding Scenario (3)

CODING: GG0130D. Wash upper body would be coded 02, Substantial/maximal assistance.

RATIONALE: The helper provided more than half the effort for the patient to complete the activity of washing the upper body.

Section GG: GG0130. Self-Care Discharge Goal

GG0130. Self-Care (3-day assessment period)

Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).

CODING:
Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:
07. **Patient refused**
09. **Not applicable**
88. Not attempted due to **medical condition or safety concerns**

	1. Admission Performance	2. Discharge Goal
	↓ Enter Codes in Boxes ↓	
A. **Eating:** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.	☐☐	☐☐
B. **Oral hygiene:** The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]	☐☐	☐☐
C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.	☐☐	☐☐
D. **Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.	☐☐	☐☐

Applies to Admission Assessments

Section GG: GG0130. Discharge Goal (cont.)

CODING TIPS:

- Use the 6-point scale to code the patient's discharge goal(s). Do not use codes 07, 09, or 88 to code discharge goal(s).
- Licensed clinicians can establish a patient's discharge goal(s) at the time of admission based on the admission assessment, discussions with the patient and family, professional judgment, and the professional's standard of practice. Goals should be established as part of the patient's care plan.

Section GG: GG0130. Discharge Goal

CODING TIPS (cont.):

For the quality measures:

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

And for the cross-setting quality measure:

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

A minimum of one self-care or mobility function goal must be coded.

Section GG: GG0130. Discharge Goal Example (1)

Discharge Goal Code Is* Higher *than Admission Performance Code

WASH UPPER BODY ADMISSION PERFORMANCE:

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

Section GG: GG0130. Discharge Goal Example (1)

WASH UPPER BODY DISCHARGE GOAL:

The clinician reflects upon the patient's:

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

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

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

Section GG: GG0130. Discharge Goal Example (2)

Discharge Goal Code Is the* Same *as Admission Performance Code

ORAL HYGIENE ADMISSION PERFORMANCE:

The clinician anticipates that the patient will have the same level of function for oral hygiene at admission and discharge.

The patient's admission performance code is coded and the discharge goal is coded at the same level.

Mrs. E has severe arthritis, Parkinson's disease, diabetic neuropathy, and renal failure. These conditions result in multiple impairments.

The clinician observes Mrs. E's admission performance and discusses her usual performance with clinicians, caregivers, and family to determine the necessary interventions for skilled therapy. The clinician codes Mrs. E's admission performance as 02, Substantial/maximal assistance.

Section GG: GG0130. Discharge Goal Example (2)

ORAL HYGIENE DISCHARGE GOAL:

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

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

Section GG: GG0130. Discharge Goal Example (3)

Discharge Goal Code Is* Lower *than Admission Performance Code

TOILETING HYGIENE:

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

TOILETING HYGIENE ADMISSION PERFORMANCE:

Mrs. T has a progressive neurological illness. She prefers to use a bedside commode for as long as possible rather than using incontinence undergarments. The clinician codes the admission performance as 03, Partial/moderate assistance.

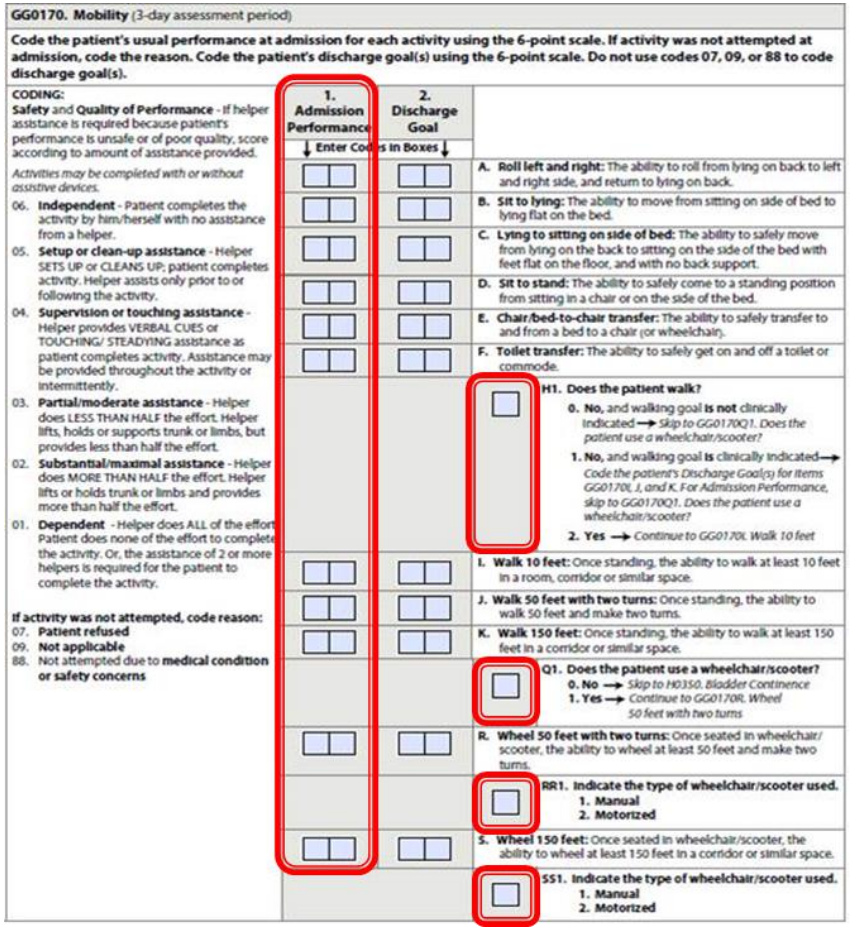
Section GG: GG0130. Discharge Goal Example (3)

TOILETING HYGIENE DISCHARGE GOAL:

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

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

Section GG: GG0170. Mobility (3-day assessment period)



GG0170. Mobility (3-day assessment period)

Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).

CODING:
Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:
07. **Patient refused**
09. **Not applicable**
88. Not attempted due to **medical condition or safety concerns**

	1. Admission Performance	2. Discharge Goal
	↓ Enter Codes in Boxes ↓	
A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.		
B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.		
C. **Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.		
D. **Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.		
E. **Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).		
F. **Toilet transfer:** The ability to safely get on and off a toilet or commode.		
H1. Does the patient walk? 0. **No,** and walking goal **is not** clinically indicated → *Skip to GG0170Q1. Does the patient use a wheelchair/scooter?* 1. **No,** and walking goal **is** clinically indicated → *Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?* 2. **Yes** → *Continue to GG0170I. Walk 10 feet*		
I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.		
J. **Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.		
K. **Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.		
Q1. Does the patient use a wheelchair/scooter? 0. **No** → *Skip to H0350. Bladder Continence* 1. **Yes** → *Continue to GG0170R. Wheel 50 feet with two turns*		
R. **Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.		
RR1. Indicate the type of wheelchair/scooter used. 1. **Manual** 2. **Motorized**		
S. **Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.		
SS1. Indicate the type of wheelchair/scooter used. 1. **Manual** 2. **Motorized**		

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170. Item Rationale

LTCH patients may have mobility limitations on admission. In addition, patients may be at risk of further functional decline during their LTCH stay.

Section GG: GG0170

STEPS FOR ASSESSMENT:

1. Assess the patient's mobility abilities based on direct observation, the patient's self-report, and reports from the clinician, care staff, or family as documented in the medical record during the 3-day assessment period.

2. Patients should be allowed to perform activities as independently as possible, as long as they are safe.

3. If helper assistance is required because the patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Section GG: GG0170 (cont.)

STEPS FOR ASSESSMENT:

4. Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.

5. If the patient's mobility performance varies during the assessment period, report the patient's usual status, **not** the patient's most independent performance and **not** the patient's most dependent episode.

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

Section GG: GG0170 (cont.)

CODING INSTRUCTIONS:

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

Section GG: GG0170 (cont.)

KEY CODING QUESTIONS:

- Does the patient need assistance (physical, verbal/ non-verbal cueing, setup/clean-up) to complete the mobility activity?
  - If no, **Code 06, Independent**
  - If yes…
- Does the patient need only setup or clean-up assistance?
  - If yes, **Code 05, Setup or clean-up**
  - If no…

Section GG: GG0170 (cont.)

KEY CODING QUESTIONS (cont.):

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

Section GG: GG0170 (cont.)

KEY CODING QUESTIONS (cont.):

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

Section GG: GG0170 (cont.)

CODING INSTRUCTIONS:

Why was the activity not attempted? Code reason:

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

Section GG: GG0170 (cont.)

CODING TIPS:

- Review documentation in the medical record for the 3-day assessment period.
- Talk with direct care staff.
- Use probing questions.
- Observe the patient as he/she performs each mobility activity.
- Be specific in evaluating each component.
- Record the patient's **actual** ability to perform each activity.
- Score will be based on the amount of assistance/effort provided.
- Activities may be completed with or without assistive devices.

Section GG: GG0170A. Roll Left and Right

☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	**D. Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to safely get on and off a toilet or commode.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170A Coding Scenario

ROLL LEFT AND RIGHT:

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

How would you code GG0170A?

What is your rationale?

Section GG: GG0170A Coding Scenario

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

RATIONALE: The nurse provided more than half of the effort for the patient to complete the activity of roll left and right.

Section GG: GG0170B. Sit to Lying

☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.
☐☐	B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	C. **Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	D. **Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
☐☐	E. **Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
☐☐	F. **Toilet transfer:** The ability to safely get on and off a toilet or commode.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170B Coding Scenario (1)

SIT TO LYING:

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

How would you code GG0170B?

What is your rationale?

Section GG: GG0170B Coding Scenario (1)

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

RATIONALE: A helper lifts Mrs. H's right leg and helps her position it as she moves from a seated to a lying position; Mrs. H does more than half of the effort.

Section GG: GG0170B Coding Scenario (2)

SIT TO LYING:

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

How would you code GG0170B?

What is your rationale?

Section GG: GG0170B Coding Scenario (2)

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

RATIONALE: The assistance of two certified nursing assistants was 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.

Section GG: GG0170C. Lying to Sitting on Side of Bed

☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.
☐☐	B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	C. **Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	D. **Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
☐☐	E. **Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
☐☐	F. **Toilet transfer:** The ability to safely get on and off a toilet or commode.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170C Coding Scenario (1)

LYING TO SITTING ON SIDE OF BED:

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

How would you code GG0170C?

What is your rationale?

Section GG: GG0170C Coding Scenario (1)

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.

Section GG: GG0170C Coding Scenario (2)

LYING TO SITTING ON SIDE OF BED:

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

How would you code GG0170C?

What is your rationale?

Section GG: GG0170C Coding Scenario (2)

- **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.

Section GG: GG0170D. Sit to Stand

☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	**D. Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to safely get on and off a toilet or commode.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170D Coding Scenario (1)

SIT TO STAND:

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

How would you code GG0170D?

What is your rationale?

Section GG: GG0170D Coding Scenario (1)

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

RATIONALE: The helper provides touching assistance only.

Section GG: GG0170D Coding Scenario (2)

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

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

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

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

How would you code GG0170D?

What is your rationale?

Section GG: GG0170D Coding Scenario (2)

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

RATIONALE: Mrs. L requires the assistance of two helpers to complete the activity.

Section GG: GG0170E. Chair/Bed-to-Chair Transfer

☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.
☐☐	B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	C. **Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	D. **Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
☐☐	E. **Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
☐☐	F. **Toilet transfer:** The ability to safely get on and off a toilet or commode.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170E Coding Scenario (1)

CHAIR/BED-TO-CHAIR TRANSFER:

Mr. F's medical conditions include morbid obesity, diabetes mellitus, and sepsis, and he recently underwent bilateral above-the-knee amputations. Mr. F 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 Mr. F from the bed to a wheelchair. Mr. F is unable to assist in the transfer from his bed to the wheelchair.

How would you code GG0170E?

What is your rationale?

Section GG: GG0170E Coding Scenario (1)

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.

Section GG: GG0170E Coding Scenario (2)

CHAIR/BED-TO-CHAIR TRANSFER:

Ms. P has metastatic bone cancer, severely affecting her ability to use her lower and upper extremities during daily activities. Ms. P is motivated to assist with her transfers from the side of her bed to the wheelchair. Ms. P pushes herself up from the bed to begin the transfer while the therapist provides trunk support. Once standing, Ms. P shuffles her feet, turns, and slowly sits down into the wheelchair with the therapist providing trunk support. Overall, the therapist provides less than half of the effort.

How would you code GG0170E?

What is your rationale?

Section GG: GG0170E Coding Scenario (2)

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

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

Section GG: GG0170F. Toilet Transfer

☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	**D. Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to safely get on and off a toilet or commode.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170F Coding Scenario (1)

TOILET TRANSFER:

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

How would you code GG0170F?

What is your rationale?

Section GG: GG0170F Coding Scenario (1)

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

RATIONALE: The helper provides supervision/verbal cues as Mrs. Y transfers onto and off the toilet.

Section GG: GG0170F Coding Scenario (2)

TOILET TRANSFER:

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

How would you code GG0170F?

What is your rationale?

Section GG: GG0170F Coding Scenario (2)

CODING: GG0170F. Toilet transfer would be coded 01, Dependent.

RATIONALE: The activity required the assistance of two or more helpers for the patient to complete the activity.

Section GG: GG0170H1. Does the Patient Walk?

	☐	**H1. Does the patient walk?** **0. No,** and walking goal **is not** clinically indicated → *Skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **1. No,** and walking goal **is** clinically indicated → *Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **2. Yes** → *Continue to GG0170I. Walk 10 feet*
☐☐	☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
☐☐	☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
☐☐	☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170H1 Coding Scenario (1)

DOES THE PATIENT WALK?

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

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

How would you code GG0170H1?

What is your rationale?

Section GG: GG0170H1 Coding Scenario (1)

CODING: GG0170H1. Does the patient walk? would be coded 1, No, and walking goal is clinically indicated. Discharge goal(s) for items *GG0170I.* Walk 10 feet, *J.* Walk 50 feet with two turns, and *K.* Walk 150 feet may be coded.

RATIONALE: Patient does not currently walk, so no admission performance code is entered for the walking items. However, a walking goal is clinically indicated and walking goals may be coded.

Section GG: GG0170H1 Coding Scenario (2)

DOES THE PATIENT WALK?

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

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

How would you code GG0170H1?

What is your rationale?

Section GG: GG0170H1 Coding Scenario (2)

CODING: GG0170H1. Does the patient walk? would be coded 2, Yes, and each walking admission performance activity for items *GG0170I.* Walk 10 feet, *J.* Walk 50 feet with two turns, and *K.* Walk 150 feet would then be coded.

RATIONALE: The patient currently walks and admission performance codes are entered for each walking item.

Section GG: GG0170I. Walk 10 Feet

	☐	**H1. Does the patient walk?** **0. No,** and walking goal **is not** clinically indicated → *Skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **1. No,** and walking goal **is** clinically indicated → *Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **2. Yes** → *Continue to GG0170I. Walk 10 feet*
☐☐	☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
☐☐	☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
☐☐	☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170I Coding Scenario

WALK 10 FEET:

Mrs. C has Parkinson's disease and walks with a walker. The physical therapist must advance the walker for Mrs. C with each step. The physical therapist assists Mrs. C by physically initiating the stepping movement forward, advancing Mrs. C's foot during the activity of walking 10 feet. The assistance provided to Mrs. C is more than half of the effort for her to walk the 10 foot distance.

How would you code GG0170I?

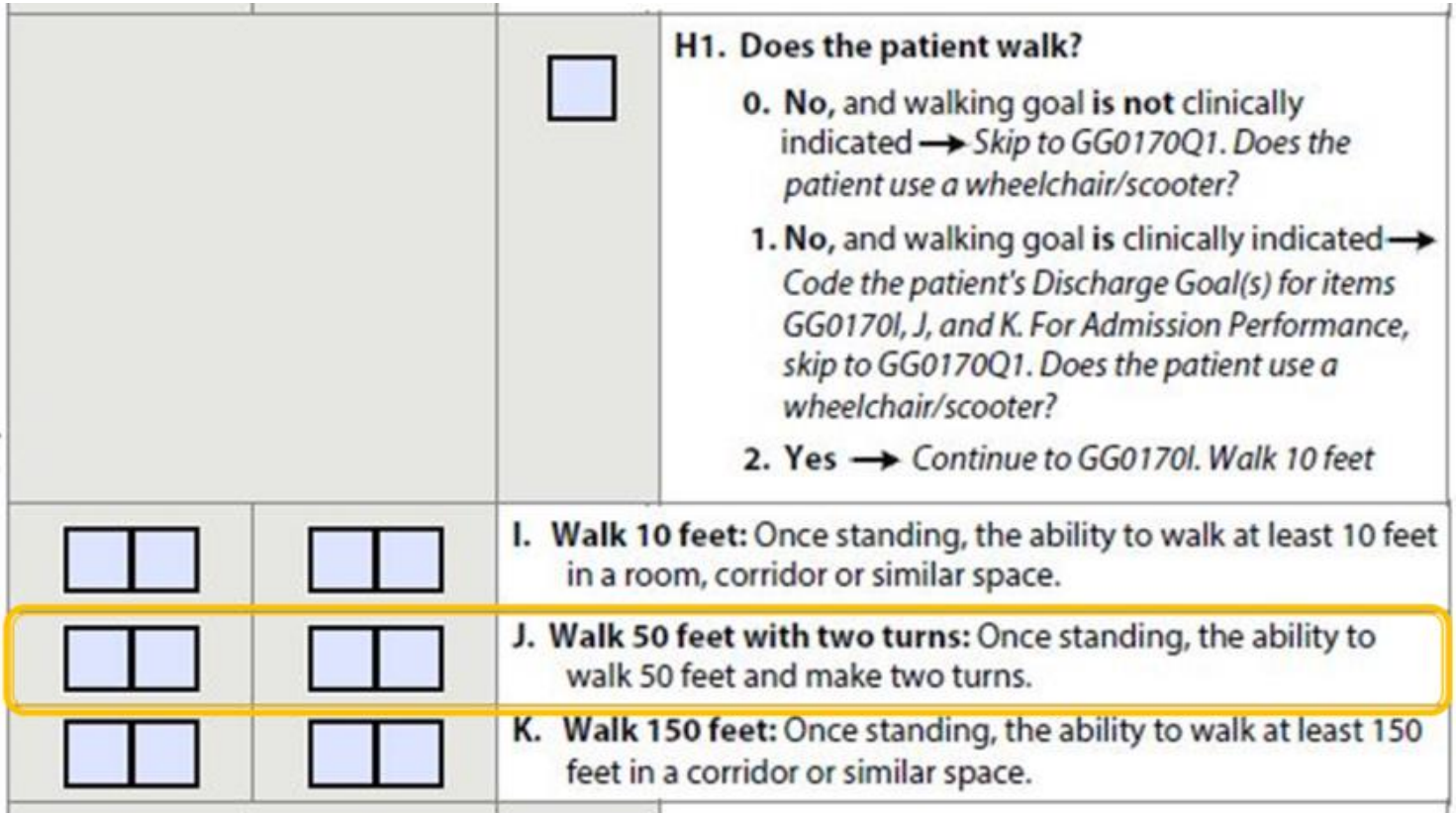
What is your rationale?

Section GG: GG0170I Coding Scenario

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

RATIONALE: The helper provides more than half the effort as the patient completes the activity.

Section GG: GG0170J. Walk 50 Feet with Two Turns



		☐	**H1. Does the patient walk?** **0. No,** and walking goal **is not** clinically indicated → *Skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **1. No,** and walking goal **is** clinically indicated → *Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **2. Yes** → *Continue to GG0170I. Walk 10 feet*
☐☐	☐☐		**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
☐☐	☐☐		**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
☐☐	☐☐		**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170J Coding Scenario

WALK 50 FEET WITH TWO TURNS:

Mrs. L is unable to bear her full weight on her left leg. As she walks 60 feet down the hall with her crutches and making two turns, her therapist supports her trunk. The therapist provides less than half the effort.

How would you code GG0170J?

What is your rationale?

Section GG: GG0170J Coding Scenario

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 two turns (but not 100 feet).

Section GG: GG0170K. Walk 150 Feet

		☐	**H1. Does the patient walk?** **0. No,** and walking goal **is not** clinically indicated → *Skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **1. No,** and walking goal **is** clinically indicated → *Code the patient's Discharge Goal(s) for items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?* **2. Yes** → *Continue to GG0170I. Walk 10 feet*
☐☐	☐☐		**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
☐☐	☐☐		**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
☐☐	☐☐		**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170K Coding Scenario

WALK 150 FEET:

Mr. R has endurance limitations due to heart failure, and has only walked about 30 feet during the 3-day assessment period. He has not walked 150 feet or more during the assessment period, including with the physical therapist who has been working with Mr. R. The therapist speculates that Mr. R could walk this distance in the future with additional assistance.

How would you code GG0170K?

What is your rationale?

Section GG: GG0170K Coding Scenario

CODING: GG0170K. Walk 150 feet would be coded 88, Activity not attempted due to medical or safety concerns.

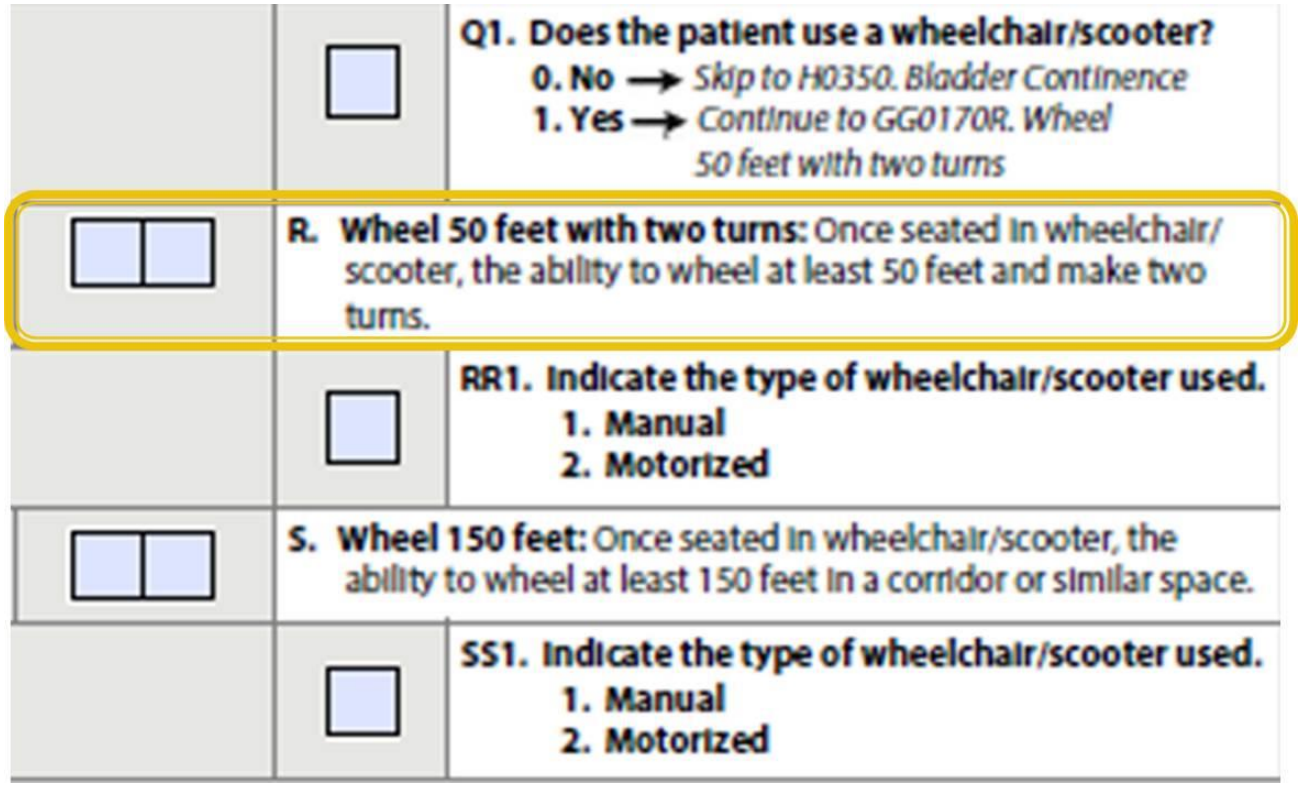
RATIONALE: The activity was not attempted.

Section GG: GG0170Q1. Does the Patient Use a Wheelchair/Scooter?

	☐	**Q1. Does the patient use a wheelchair/scooter?** **0. No** → *Skip to H0350. Bladder Continence* **1. Yes** → *Continue to GG0170R. Wheel 50 feet with two turns*
☐☐		**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐	**RR1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**
☐☐		**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐	**SS1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170R: Wheel 50 Feet with Two Turns



	☐	**Q1. Does the patient use a wheelchair/scooter?** **0. No** → *Skip to H0350. Bladder Continence* **1. Yes** → *Continue to GG0170R. Wheel 50 feet with two turns*
☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	☐	**RR1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**
☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	☐	**SS1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**

Applies to Admission and Planned Discharge Assessments

Section G: GG0170R Coding Scenario

WHEEL 50 FEET WITH TWO TURNS:

Once seated in the manual wheelchair, Ms. R wheels about 10 feet then asks the therapist to push the wheelchair an additional 40 feet into her room and her bathroom.

How would you code GG0170R?

What is your rationale?

Section G: GG0170R Coding Scenario

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

RATIONALE: The helper provides more than half the effort.

Section GG: GG0170RR1. Indicate the Type of Wheelchair/Scooter Used

	☐	**Q1. Does the patient use a wheelchair/scooter?** **0. No** → *Skip to H0350. Bladder Continence* **1. Yes** → *Continue to GG0170R. Wheel 50 feet with two turns*
☐☐		**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐	**RR1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**
☐☐		**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐	**SS1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170S. Wheel 150 Feet

	☐	**Q1. Does the patient use a wheelchair/scooter?** **0. No** → *Skip to H0350. Bladder Continence* **1. Yes** → *Continue to GG0170R. Wheel 50 feet with two turns*
☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	☐	**RR1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**
☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	☐	**SS1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170S Coding Example

WHEEL 150 FEET:

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

How would you code GG0170S?

What is your rationale?

Section GG: GG0170S Coding Example

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

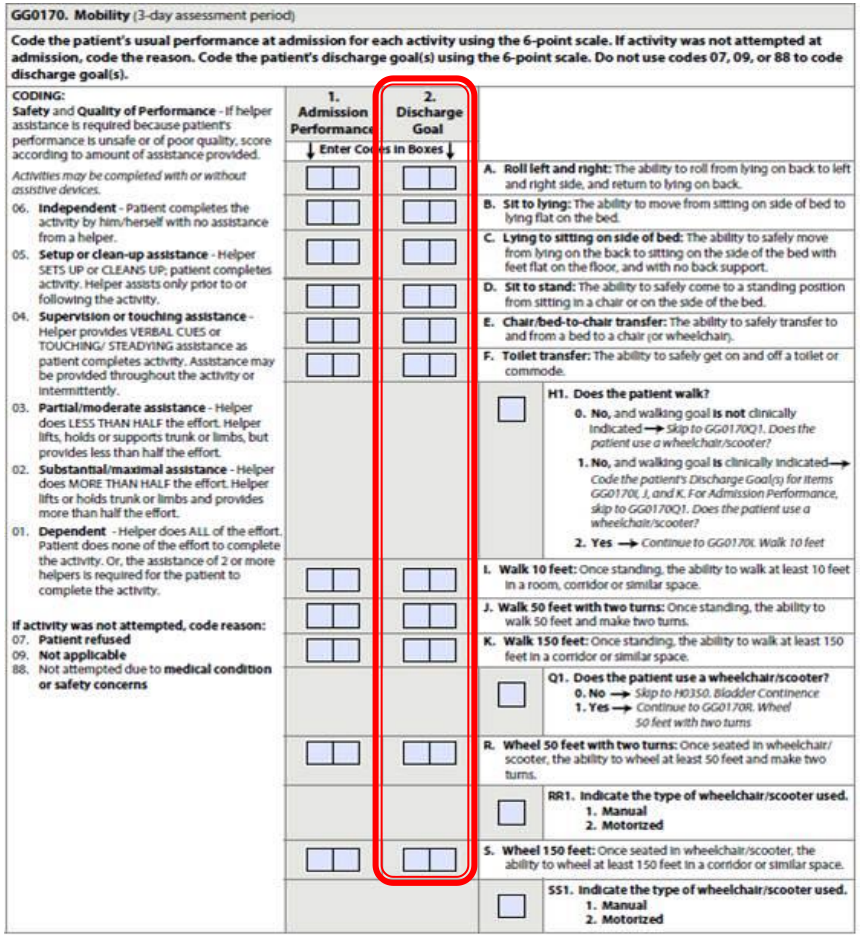
RATIONALE: The helper provides verbal cues to complete the activity.

Section GG: GG0170SS1. Indicate the Type of Wheelchair/Scooter Used

	☐	**Q1. Does the patient use a wheelchair/scooter?** **0. No** → *Skip to H0350. Bladder Continence* **1. Yes** → *Continue to GG0170R. Wheel 50 feet with two turns*
☐☐		**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐	**RR1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**
☐☐		**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐	**SS1. Indicate the type of wheelchair/scooter used.** **1. Manual** **2. Motorized**

Applies to Admission and Planned Discharge Assessments

Section GG: GG0170. Mobility Discharge Goal



GG0170. Mobility (3-day assessment period)

Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal(s).

CODING:
Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:
07. **Patient refused**
09. **Not applicable**
88. Not attempted due to **medical condition or safety concerns**

	1. Admission Performance	2. Discharge Goal
	↓ Enter Codes in Boxes ↓	
A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back.		
B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.		
C. **Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.		
D. **Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.		
E. **Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).		
F. **Toilet transfer:** The ability to safely get on and off a toilet or commode.		
H1. Does the patient walk? 0. **No,** and walking goal **is not** clinically indicated → *Skip to GG0170Q1. Does the patient use a wheelchair/scooter?* 1. **No,** and walking goal **is** clinically indicated → *Code the patient's Discharge Goal(s) for Items GG0170I, J, and K. For Admission Performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?* 2. **Yes** → *Continue to GG0170I. Walk 10 feet*		
I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.		
J. **Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.		
K. **Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.		
Q1. Does the patient use a wheelchair/scooter? 0. **No** → *Skip to H0350. Bladder Continence* 1. **Yes** → *Continue to GG0170R. Wheel 50 feet with two turns*		
R. **Wheel 50 feet with two turns:** Once seated in wheelchair/ scooter, the ability to wheel at least 50 feet and make two turns.		
RR1. Indicate the type of wheelchair/scooter used. 1. **Manual** 2. **Motorized**		
S. **Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.		
SS1. Indicate the type of wheelchair/scooter used. 1. **Manual** 2. **Motorized**		

Applies to Admission Assessments

Section GG: GG0170. Discharge Goal

CODING TIPS:

- Guidance for coding discharge goals for the mobility items is the same as guidance for coding discharge goals for the self-care items (see slides #52–53).
- Use the 6-point scale to code the patient's discharge goal(s).
  - Do not use codes 07, 09, or 88 to code discharge goal(s).
- Licensed clinicians can establish a patient's discharge goal(s) at the time of admission.

Section GG: GG0170. Unplanned Discharge Coding Scenario

UNPLANNED DISCHARGE:

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

How would you code GG0170?

What is your rationale?

Section GG: GG0170. Unplanned Discharge Coding Scenario

CODING: No function data are reported.

RATIONALE: The unplanned discharge assessment form will be completed and no functional status data are reported on this form due to the unexpected discharge.

Section GG: Summary

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

Section GG: Action Plan

- Review the importance and rationale of obtaining and documenting the patient's functional abilities.
- Review the 6-level rating scale and activity not attempted codes.
- Evaluate current documentation to ensure terminology aligns with items in the LTCH CARE Data Set v3.00.
- Practice coding a variety of scenarios with staff.