



Home Health Virtual Training Program – Part 1

Section GG: Summary of Guidance Changes

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Objectives

- Summarize the updates to the Section GG0130. Self-Care and GG0170. Mobility items.
- Describe the intent, coding instructions, and definitions for the Section GG revised items.



GG0100. Prior Functioning and GG0110. Prior Device Use

GG0100. Prior Functioning Item Revisions

- Updated to include gender-neutral language.
- Removed “or” and replaced with “and” for clarity and standardization.

GG0100. Prior Functioning: Everyday Activities		
Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.		
Coding:	Enter Codes in Boxes	
3. Independent – Patient completed all the activities by themselves , with or without an assistive device, with no assistance from a helper.	<input type="checkbox"/>	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.
2. Needed Some Help – Patient needed partial assistance from another person to complete any activities.	<input type="checkbox"/>	B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
1. Dependent – A helper completed all the activities for the patient.	<input type="checkbox"/>	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
8. Unknown	<input type="checkbox"/>	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.
9. Not Applicable	<input type="checkbox"/>	

Revisions to GG0100. Prior Functioning Coding Instructions



- **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 of the** 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 usual 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.

GG0100. Prior Functioning Coding Tips

NEW

CODING TIPS

- For GG0100 – Prior Functioning: Everyday Activities report 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.
- Completing the stair activity for GG0100C. Stairs 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.
 - “By any safe means” may include a patient scooting up/down stairs on buttocks. Stairs include internal or external, without a defined number.
- Going up and down a ramp is not considered going up and down stairs for coding GG0100C. Stairs.

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 and/or scooter

☐

C. Mechanical lift

☐

D. Walker

☐

E. Orthotics/Prosthetics

☐

Z. None of the above

GG0110. Prior Device Use: Response-Specific Instructions



- For GG0110C. Prior Device Use, 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.
- Devices may have been used indoors and/or outdoors.

GG0110. Prior Device Use: Coding Instructions

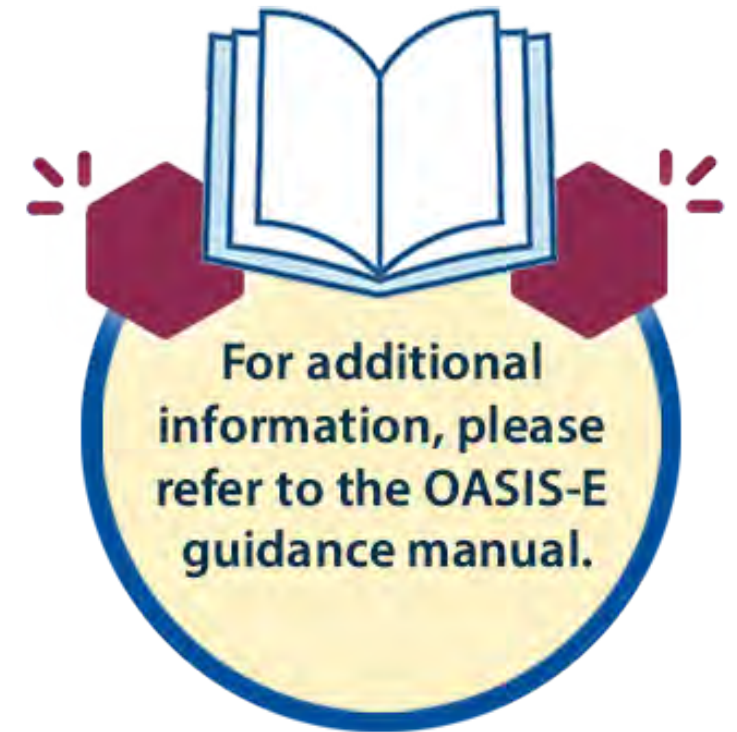


- **GG0110C, Prior Devices: Mechanical lift** includes any mechanical device or equipment a patient or caregiver requires for lifting or supporting the patient's bodyweight. Examples include, but are not limited to: Stair lift, Hoyer lift, bathtub lift, sit-to-stand lift, stand assist, electric recliner, and full-body style lifts, if required.
 - Clinical judgment may be used to determine whether other devices meet the mechanical lift definition provided.
- **GG0110D, Walker** refers to all types of walkers. Examples include, but are not limited to, pick-up walkers, hemi-walkers, rolling walkers, and platform walkers.
- **Code 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.
- **Dash** is a valid response for this item.
 - Dash indicates "no information." CMS expects dash use to be a rare occurrence.

GG0130. Self-Care and GG0170. Mobility Items

Overview of Changes for GG0130 and GG0170

- Item intent clarified.
- Response-specific instructions refined:
 - General.
 - Assistive devices.
 - Start of Care (SOC)/Resumption of Care (ROC) performance.
 - SOC/ROC discharge goal(s).
 - Follow-up and discharge performance.
- New and revised definitions.
- Coding instructions clarified.
- Item-specific coding tips added.



GG0130. Self-Care

SOC/ROC

GG0130. Self-Care

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible 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 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 does more than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper does less than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Patient requires the help of others 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
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather, etc.)
- 88. **Not attempted due to medical condition or safety concerns**

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
<input type="text"/>	<input type="text"/>	B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Note: The Follow-Up and Discharge versions of this item are slightly different to allow for the collection of the follow-up and discharge performances.

GG0170. Mobility

Note: The Follow-Up and Discharge versions of this item are slightly different to allow for the collection of the follow-up and discharge performances.

SOC/ROC			
GG0170. Mobility			
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s).			
Coding:	1. SOC/ROC Performance	2. Discharge Goal	
Safety and Quality of Performance – If helper assists, code amount of assistance provided.	↓ Enter Codes in Boxes ↓		
Activities may be completed with or without assistance.			A. Roll left and right: The ability to roll from lying on back to side and back on the bed.
06. Independent – Patient completes the activity.			B. Sit to lying: The ability to move from sitting on side of bed to lying down.
05. Setup or clean-up assistance – Helper sets up equipment for activity.			C. Lying to sitting on side of bed: The ability to move from lying down to sitting on side of bed with no back support.
04. Supervision or touching assistance – Helper supervises or touches patient to complete activity. Assistance may be provided by one person.			D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the floor.
03. Partial/moderate assistance – Helper does more than half the effort.			E. Chair/wheelchair transfer: The ability to get in and out of a chair or wheelchair.
02. Substantial/maximal assistance – Helper does more than half the effort.			F. Toilet: The ability to get on and off the toilet.
01. Dependent – Helper does ALL of the effort; continuous help is required for the patient to complete activity.			G. Car transfer: The ability to get in and out of a car.
If activity was not attempted, code reason:			H. Walk: The ability to walk on level surface.
07. Patient refused			I. Walk on uneven surface: The ability to walk on uneven surface.
09. Not applicable – Not attempted and the patient is unable to perform the activity.			J. Walk stairs: The ability to walk up and down stairs.
10. Not attempted due to environmental limitation			K. Walk outdoors: The ability to walk outdoors.
88. Not attempted due to medical condition			L. Walking indoors: The ability to walk indoors.
			M. 1 step: The ability to take 1 step.
			N. 4 steps: The ability to take 4 steps.
			O. 12 steps: The ability to take 12 steps.

Note: The Follow-Up and Discharge versions of this item are slightly different to allow for the collection of the follow-up and discharge performances.

GG0130 and GG0170: Revised General Response-Specific Instructions



- Licensed clinicians may assess the patient's self-care and mobility performance based on:
 - Direct observation (preferred)
 - Patient/caregiver report.
 - Assessment of similar activities and/or collaboration with other agency staff who have had direct contact with the patient or some other means of gathering information.
- Communicating the activity request (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 (e.g., “*Push down on the grab bar*”, etc.) the assessing clinician may need to use clinical judgment to determine the most appropriate code.



Remember:

The assessing clinician may need to use clinical judgment to determine the most appropriate code.

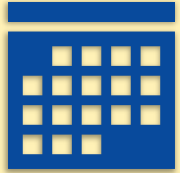
GG0130 and GG0170: Completing the Activity

NEW

- 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 timeframe, use clinical judgment to determine whether 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.
- When a GG function 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.

GG0130 and GG0170: Timing Definitions

TIME PERIOD UNDER CONSIDERATION (a.k.a., “look-back period”)



- The time period under consideration is the look-back period to use when coding each Outcome and Assessment Information Set (OASIS) item. For most items, the look-back period is the Day of Assessment. For other items, the look-back period is different, such as “in the last 14 days” or “at the time of or since the most recent SOC/ROC.”

DAY OF ASSESSMENT



- The 24 hours that immediately precedes the assessment and the time spent by the clinician conducting the assessment.

GG0130 and GG0170: Coding and Assessment

NEW

- When using patient or caregiver reports, it is expected that the patient and caregivers are reporting on the patient's status within the time period under consideration (e.g., reporting on the patient's ability to complete an activity within the past 24 hours).
- For GG0130 and GG0170, the assessing clinician would code each activity based on the type and amount of assistance needed to complete the activity safely, **not** based on the availability of such assistance.
- 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. For example:
 - 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.

GG0130 and GG0170: Assistive Devices

- 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.
- 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.
 - Then code based on the type and amount of assistance required prior to the benefit of services provided by your agency staff.



Important Term: Prior to the Benefit of Service

Prior to the Benefit of Service

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



GG0130 and GG0170: Using Assistive Devices

- 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 agency staff.
- 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 (including a stair lift) that the patient can use to allow them to safely complete the activity as independently as possible.



GG0130 and GG0170: SOC/ROC Performance



- At SOC/ROC, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity prior to the benefit of services provided by agency staff.
 - This may be achieved by having the patient attempt the activity prior to providing any instruction that could result in a more independent code, and then coding based on the type and amount of assistance that was required prior to the benefit of services provided by your agency staff.



GG0130 and GG0170: Discharge Goal Coding

Agencies are required to complete a discharge goal for a minimum of one of the following self-care or mobility activities:

- GG0130A2 – Eating
- GG0130B2 – Oral hygiene
- GG0130C2 – Toileting hygiene
- GG0170B2 – Sit to lying
- GG0170C2 – Lying to sitting on side of bed
- GG0170D2 – Sit to stand
- GG0170E2 – Chair/bed-to-chair transfer
- GG0170F2 – Toilet transfer
- GG0170J2 – Walk 50 feet with two turns
- GG0170K2 – Walk 150 feet
- GG0170R2 – Wheel 50 feet with two turns
- GG0170S2 – Wheel 150 feet



Once a discharge goal is established, there is no need to update it if circumstances change or additional information becomes available either within or after the SOC/ROC assessment timeframe.

Definition: Usual Performance



USUAL PERFORMANCE

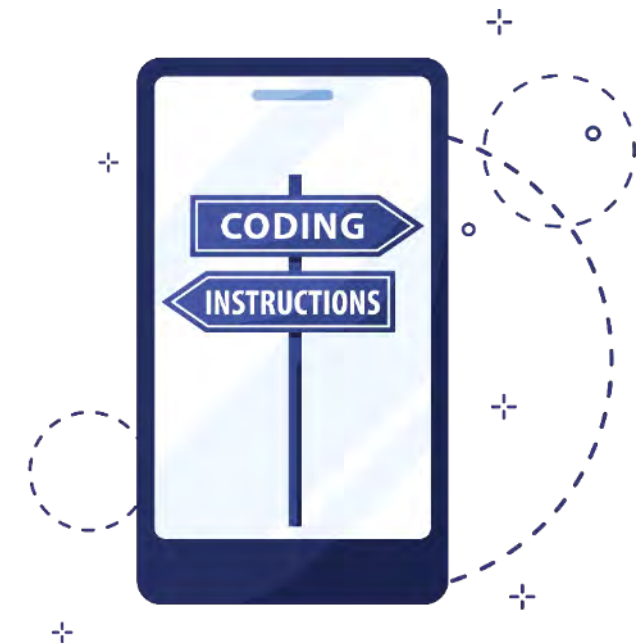


- If the patient's functional status varies during the look-back period, record their usual ability to perform each activity.
- For GG0130 and GG0170, a patient's usual performance (or usual status) is their ability greater than 50% of the time during the look-back period.

GG0130 and GG0170: Code 06 and 05 Instructions



- **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 and the patient completes the activity. The 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 a container or requires setup of hygiene item(s) or assistive device(s).



GG0130 and GG0170: Code 04 Instructions



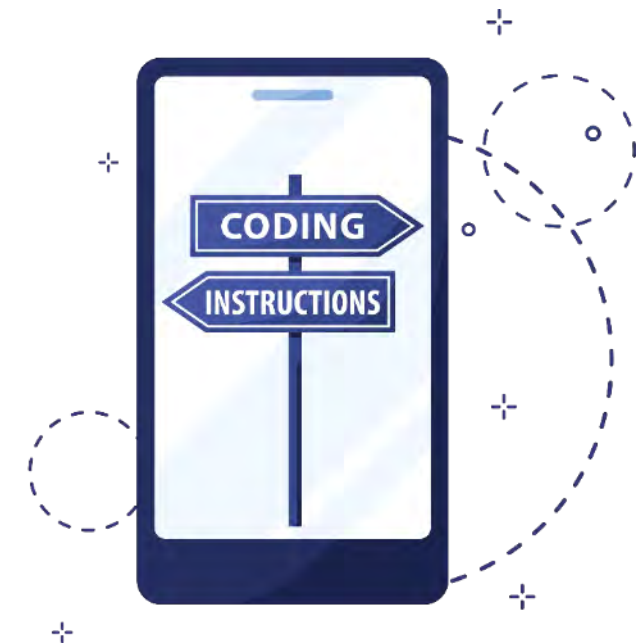
- **Code 04, Supervision or touching assistance**, if the helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
 - For example, the patient requires verbal cueing, coaxing, 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 a single helper is required to manage the oxygen tank and/or oxygen tubing and/or provide steadying assistance/contact guard to allow the patient to complete an activity safely.
 - **Code 04, Supervision or touching assistance**, if a single helper only manages the oxygen tank or the IV pole and otherwise the patient needs no assistance to safely complete the activity.
 - **Code 04, Supervision or touching assistance**, if the patient requires only verbal cueing to complete the activity.



GG0130 and GG0170: Code 03 and 02 Instructions

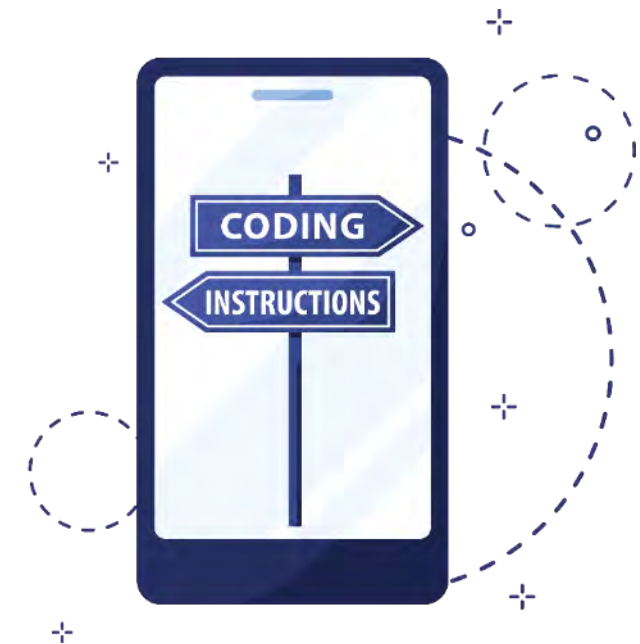


- **Code 03, Partial/moderate assistance**, if the helper does **less than half** the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
 - For example, the patient requires minimal assistance from a helper to support partial weight-bearing during sit-to-stand.
- **Code 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.



GG0130 and GG0170: Code 01 Instructions

- **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).



GG0130 and GG0170: Using Not Attempted Codes

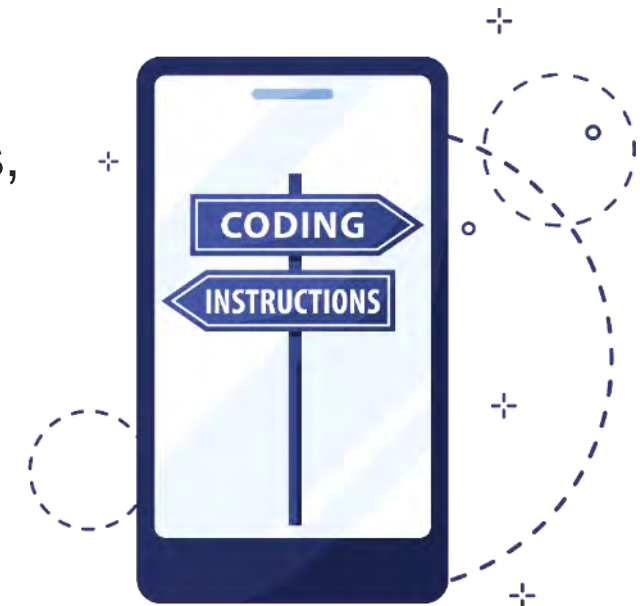


- Use of an “activity not attempted” code (07, 09, 10, or 88) should occur only after determining that an activity has not been completed, and the performance code cannot be determined based on:
 - Patient/caregiver report.
 - Collaboration with other agency staff.
 - Assessment of similar activities.



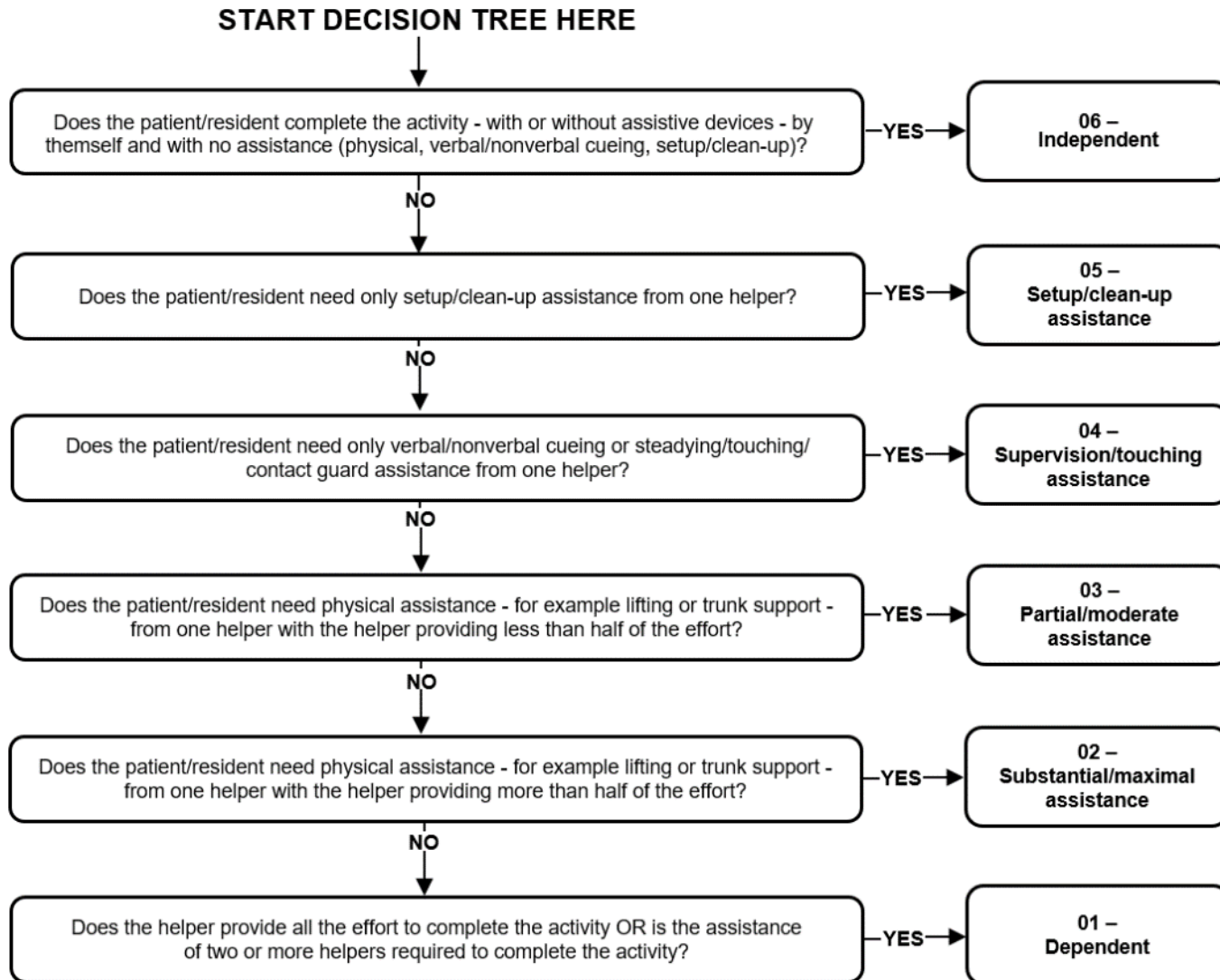
GG0130 and GG0170: Activity Not Attempted Codes

- **Code 07, Patient refused**, if the patient refused to complete the activity and no other Performance or “activity not attempted” code is applicable.
- **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, and the activity was completed prior to the current illness, exacerbation, or injury.



Note: A dash is a valid response for this item.

GG0130 and GG0170: Decision Tree



- This decision tree may be used to assist with coding the patient's self-care and mobility performance.
- 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 agency staff, or assessment of similar activities.

GG0130. Self-Care Guidance

GG0130A. Eating: Coding Tips

NEW

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 placed before the patient.

- If the 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, exclude swallowing from consideration when coding GG0130A. Eating.
- If the patient eats finger foods using their hands, then code GG0130A. Eating based upon 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.

GG0130B. Oral Hygiene: Coding Tip

NEW

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.

- If the patient does not perform oral hygiene during the home visit, determine the patient's ability based on the patient's performance of similar activities during the assessment, or on patient/caregiver report or collaboration with agency staff.
- For a patient who is edentulous, code oral hygiene based on the type and amount of assistance needed from a helper to clean the patient's gums.

GG0130C. Toilet Hygiene: Coding Tip

NEW

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.

- Toileting hygiene includes performing perineal hygiene and managing clothing (e.g., undergarments, incontinence briefs, pants) before and after voiding or having a bowel movement.
 - Includes toileting hygiene and adjusting any clothing relevant to the individual patient.
- 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.

GG0130C. Toilet Hygiene: Coding Tip (cont.)

NEW

- Toileting hygiene (managing clothing and perineal cleansing) takes place before and after use of the toilet, commode, bedpan, or urinal.
 - 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.
 - If the patient completes a bowel toileting program in bed, code the Toileting hygiene item based on the patient's need for assistance for managing clothing and perineal cleansing.



GG0130C. Toilet Hygiene: Catheter and Ostomy Considerations



- If a patient has an indwelling catheter, Toileting hygiene includes perineal hygiene to the indwelling catheter site, but not management of the equipment.
- If the patient has an indwelling urinary catheter and has bowel movements, code the Toileting hygiene item based on the type and amount of assistance needed by the patient when moving their bowels.
 - This may necessarily include the need to perform perineal hygiene to the indwelling urinary catheter site after the bowel movement.
- If a patient manages an ostomy, Toileting hygiene includes wiping the opening of the ostomy or colostomy bag, but not management of the equipment.

GG0130E. Shower/Bathe Self: Coding Tip

NEW

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.

- Shower/bathe self includes the ability to wash, rinse, and dry the face, upper and lower body, perineal area and feet, regardless of where the bathing takes place.
- Do not include the following:
 - Washing, rinsing, and drying the patient's back or hair.
 - Transferring in/out of a tub/shower, or onto or off of the tub bench.
- Assessment of GG0130E, 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 sitting on a tub bench.

GG0130E. Shower/Bathe Self: Completing the Activity



- If the patient cannot bathe their entire body, then code GG0130E. Shower/bathe self based on the type and amount of assistance needed to complete the activity.
 - Use clinical judgment to determine whether completing a partial bath or simulating the shower/bath allows the clinician to adequately assess the patient's ability to complete the Shower/bathe self activity.
 - 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.
- If the patient cannot bathe their entire body because of a medical condition (e.g., cast or non-removable dressing), then code Shower/bathe self based on the type and amount of assistance needed to complete the activity.

GG0130E. Shower/Bathe Self: Code 05, Setup or Clean-Up Assistance



- Code GG0130E, Shower/bathe self as **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 before or after the activity.
 - The only help a patient requires is assistance before or after the activity to cover wounds or devices for water-protection during bathing.



GG0130F. Upper Body Dressing, GG0130G. Lower Body Dressing and GG0130H. Footwear



- If the patient dresses and undresses themselves and the only help the patient requires is for a helper to retrieve or put away the patient's clothing before or after the activity, then code **05, Setup or clean-up assistance**.
- When donning and doffing a supportive elastic bandage, compression stockings, or an orthosis or prosthesis, count the elastic bandage/compression stocking/orthosis/prosthesis as a piece of clothing when determining the amount of assistance the patient needs to complete the dressing activity.
- Coding of the dressing activities should consider all dressing items relative to the patient, regardless of the timing of when each item is put on/taken off.
 - For example, if a patient dresses in the morning, puts on a prosthetic device later in the day, and then undresses in the evening, code based on the type and amount of assistance required to complete the entire dressing activity, even if portions occur in the morning, evening, or throughout the day.

GG0130F and GG0130G: Upper and Lower Body Dressing



- Upper body and lower body dressing and footwear include dressing and undressing in clothing and footwear routinely worn by the patient.
 - The clinician will need to determine which clothes should be considered routine. It will be considered routine because the clothing is what the patient usually wears and will continue to wear, or because the patient is making a change in clothing options to styles that are expected to become the patient's new routine clothing.
- If a patient modifies the clothing they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing. There is no specified timeframe at which the modified clothing style will become the routine clothing.

GG0130F. Upper Body Dressing: Coding Tips

NEW

Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

- Upper body dressing items to consider when coding GG0130F include, but are not limited to, bra, undershirt, T-shirt, button-down shirt, pullover shirt, dresses, sweatshirt, sweater, and pajama top.
- The following items are considered a piece of clothing as related to tasks associated with upper body dressing or undressing:
 - Thoracic-lumbar-sacrum-orthosis (TLSO), abdominal binder, back brace, stump sock/shrinker, upper body support device, neck support, and hand or arm prosthetic/orthotic.
- If a patient requires assistance with Upper body dressing, including assistance with buttons and/or fastening a bra, code based on the type and amount of assistance required to complete the entire Upper body dressing activity.

GG0130G. Lower Body Dressing: Coding Tips

NEW

Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

- Lower body dressing items to consider when coding GG0130G include, but are not limited to, underwear, incontinence brief, slacks, shorts, capri pants, pajama bottoms, and skirts.
- The following items are considered a piece of clothing as related to tasks associated with lower body dressing or undressing:
 - Knee brace, elastic bandage, stump sock/shrinker, and above knee or below knee lower-limb prosthesis.

GG0130H. Putting On/Taking Off Footwear

NEW

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.

- Footwear dressing items to consider when coding GG0130H include, but are not limited to, socks, shoes, boots, and running shoes.
- The following items are considered a piece of clothing as related to tasks associated with putting on/taking off footwear:
 - Footwear examples: Ankle foot orthosis (AFO), elastic bandages, foot orthotic, orthopedic walking boots, and compression stockings (considered footwear because of dressing don/doff over foot).
- 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.

GG0130H: Considering Footwear



- Note that while some types of clothing, wraps, or supportive devices may cover both the lower leg/lower body and the foot, the patient's ability to put them on/take them off should not be considered for **both** GG0130G. Lower Body Dressing and GG0130H. Footwear.
- In order to assist in determining which activity the piece of clothing/wrap/orthotic/prosthetic should apply to, **consider items that cover all or part of the foot** (even if it extends up the leg, like a sock or AFO) **as footwear**.



GG0130H: Bilateral Lower Extremity Amputation Coding Tips



- 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 but the activity is not completed at SOC/ROC, 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 at SOC/ROC, code as **09, Not applicable.**

GG0130H: Single Lower Extremity Amputation Coding Tips



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

GG0170. Mobility Guidance

General Coding Tips for Bed Mobility Items

- 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 the following items using the appropriate “activity not attempted” code:
 - GG0170A. Roll left and right.
 - GG0170B. Sit to lying.
 - GG0170C. Lying to sitting on side of bed.



GG0170A. Roll Left and Right: Coding Tips

NEW

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.

- 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 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 the back on their preferred or necessary sleeping surface.

GG0170B. Sit To Lying: Coding Tips

NEW

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

- 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.

GG0170C. Lying To Sitting On Side Of Bed

NEW

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.

- The activity includes patient transitions 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.
- It is not required that the patient's feet be flat on the floor to consider the activity as being completed.
- Back support refers to an object or person providing support for the patient's back.

Note:

The reference to the patient having their feet flat on the floor has been removed from GG0170C in the OASIS-E instrument.

GG0170D. Sit To Stand: Coding Tips

NEW

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

- 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.
- 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.

GG0170E. Chair/Bed-To-Chair Transfer: Coding Tips



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

- The activity reflects a transfer between (to and from) **any** two sitting surfaces. This could be a chair-to-chair transfer that does not include the bed.
- Depending on the patient's abilities, the transfer may be a stand-pivot, squat-pivot, or a slide board 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.

GG0170E. Chair/Bed-To-Chair Transfer: Coding Tips (cont.)



- When a GG function 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.
 - In addition to direct observation, coding can be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities.



GG0170F. Toilet Transfer: Coding Tips

Toilet transfer: The ability to get on and off a toilet or commode.

- 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, getting to and from the toilet, 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.



GG0170F. Toilet Transfer: Coding Tips (cont.)

NEW

- Communicating the activity request (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 (e.g., “*Push down on the grab bar*”), the assessing clinician may need to use clinical judgment to determine the most appropriate code, utilizing the Coding Section GG Activities Decision Tree.
- **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.

GG0170G. Car Transfer: Coding Tips

NEW

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.

- Any vehicle model available may be used for the assessment of GG0170G. Car transfer.
- The Car transfer could still be completed while accommodating medical restrictions such as long sitting.
- The Car transfer does not include getting to or from the vehicle, opening/closing the car door, or fastening/unfastening the seatbelt.
- If the patient remains in a wheelchair and does not transfer in and out of a car or van seat, 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.

GG0170G. Car Transfer: Coding Tips (cont.)

NEW

- Clinicians may use professional judgment to determine whether 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.
- Use of an “activity not attempted” code should occur only after determining that the car transfer activity is not completed, and the performance code cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities.

General Coding Tips for Walking Items

- The following guidance applies to GG0170I. Walk 10 Feet, GG0170J. Walk 50 feet with two turns, GG0170K. Walk 150 feet, and GG0170L. Walk 10 feet on uneven surfaces.
 - Assessment of the walking activities starts with the patient in a standing position.
 - Use of assistive device(s) and adaptive equipment (for instance, a cane or leg brace) required to complete the walking activity should not automatically result in the reporting of a more dependent code.
 - The walking activities 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 the walking activity.

General Coding Tips for Walking Items (cont.)

- The following guidance applies to GG0170I, GG0170J, GG0170K, and GG0170L.
 - Report an appropriate “activity not attempted” code when the patient requires a sitting rest break and/or cannot complete the walking activity with the assistance of one or more helpers.
 - 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.

GG0170J. Walk 50 Feet With Two Turns



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

- The turns included in the item GG0170J. Walk 50 feet with two turns are:
 - 90-degree turns.
 - May occur at any time during the 50-foot walk.
 - 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 the use of an assistive device (for example, cane).

GG0170L. Walking 10 Feet On Uneven Surfaces

NEW

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.

- GG0170L. Walking 10 feet on uneven surfaces can be assessed inside or outside.
 - Examples of surfaces include:
 - Uneven or sloping surfaces.
 - Turf or gravel.
 - Use clinical judgment to determine whether a surface meets this intent.



General Coding Tips for Step and Stairs Items

- The following guidance applies to GG0170M. 1 step (curb), GG0170N. 4 steps, and GG0170O. 12 steps:
 - 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.
 - Getting to/from stairs is not included when coding the curb/step activities.
 - Going up and down stairs by any safe means includes the patient walking up and down stairs on their feet or bumping/scooting up and down stairs on their buttocks.
 - Ascending and descending stairs does not have to occur sequentially or during one session. If the assessment of going up and down stairs occurs sequentially, the patient may take a standing or seated rest break between ascending and descending the 4 steps or 12 steps.

General Coding Tips for Step and Stairs Items (cont.)

- The following guidance applies to GG0170M. 1 step (curb), GG0170N. 4 steps, and GG0170O. 12 steps:
 - 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 the patient required from the helper.
 - 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**.
 - 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).

GG0170M. 1 Step (Curb): Coding Tips

1 step (curb): The ability to go up and down a curb and/or up and down one step.
If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.

- Assess the patient going up and down one 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.



GG01700. 12 Steps: Coding Tips



12 steps: The ability to go up and down 12 steps with or without a rail.

- If a patient's environment does not have 12 steps, clinical judgment may be used to determine if the combination of going up and down 4 stairs 3 times consecutively in a safe manner is an acceptable alternative to meet the intention of this activity.



GG0170P. Picking Up Object: Coding Tips

NEW

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.

- 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 patient’s degree of participation in picking up an object.

Intent for Wheelchair Mobility Items

- Intent: To assess the ability of patients who use a wheelchair and/or scooter under any condition. This intent applies to each of the wheelchair/scooter items:
 - GG0170Q. Does patient use a wheelchair and/or scooter?
 - 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.

GG0170Q. Does Patient Use Wheelchair and/or Scooter?

Does patient use wheelchair and/or scooter?

0. No → skip to J1800 Any falls since SOC/ROC, whichever is more recent.

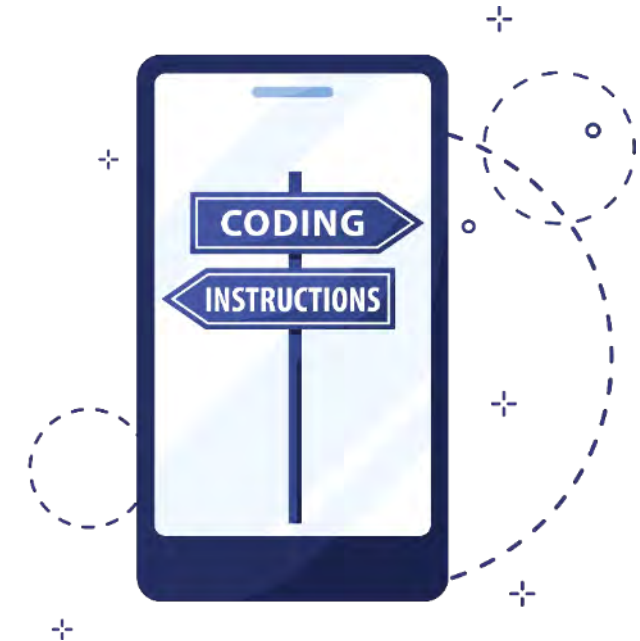
1. Yes → continue to GG0170R, Wheel 50 feet with two turns.

- This includes patients who are learning how to self-mobilize using a wheelchair or scooter, those who require assistance from a helper to mobilize using a wheelchair/scooter, and those who require a helper to push them in a wheelchair.



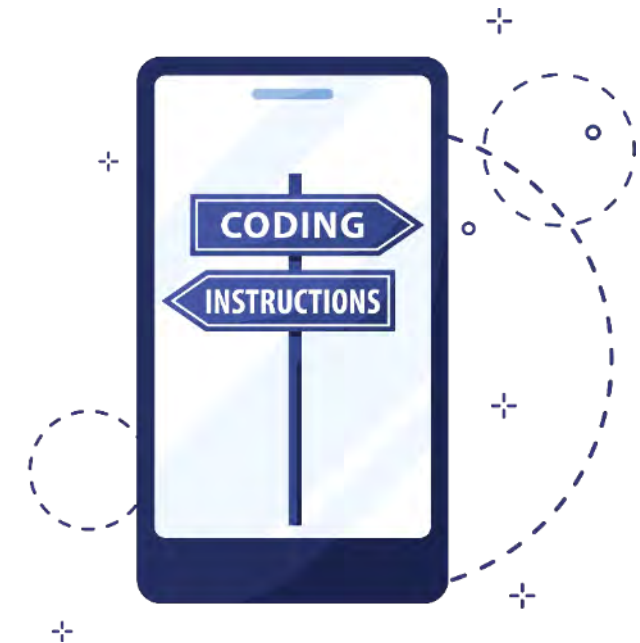
GG0170Q: Coding Instructions

- **Only Code 0, No**, if at the time of the assessment the patient does not use a wheelchair or scooter under any condition.
 - Skip all remaining wheelchair questions (including related Discharge Goals for skipped wheelchair activities).
- **Code 1, Yes**, if the patient uses a wheelchair and/or scooter.



GG0170Q: Responses for Gateway Wheelchair Item

- The responses for the gateway wheelchair item (GG0170Q1 and GG0170Q3) might not be the same on admission and discharge assessments.
 - For example, at SOC, a patient may never have used a wheelchair before and is currently not using one under any condition. GG0170Q at SOC is coded **0, No**.
 - During the episode, the patient begins instruction in wheelchair use.
 - At discharge, the patient is able to mobilize the manual chair for short distances. GG0170Q at discharge is coded **1, Yes**.



General Coding Tips for Wheelchair Mobility Items

- The following guidance applies to each of the wheelchair/scooter items: GG0170R. Wheel 50 feet with two turns, GG0170RR. Indicate the type of wheelchair or scooter used, GG0170S. Wheel 150 feet, and GG0170SS. Indicate the type of wheelchair or scooter used:
 - 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.

GG0170R and GG0170RR: Coding Tips



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

RR. **Indicate the type of wheelchair or scooter used.**

1. **Manual**
2. **Motorized**

- The turns included in the item GG0170R. Wheel 50 feet with two turns are:
 - 90-degree turns.
 - May occur at any time during the 50-feet.
 - 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.

Wheelchair/Scooter Use: Coding Tips

GG0170R. Wheel 50 feet and
GG0170RR. Indicate the type of
wheelchair or scooter used.

If at the time of assessment, the patient uses both a manual and a motorized wheelchair or scooter to complete the Wheel 50 feet with two turns activity, code the activity based on the type of wheelchair/scooter with which the patient requires the most assistance.

GG0170S. Wheel 150 Feet and
GG0170SS. Indicate the type of
wheelchair or scooter used.

If at the time of assessment, the patient uses both a manual and a motorized wheelchair or scooter to complete the Wheel 150 feet activity, code the activity based on the type of wheelchair/scooter with which the patient requires the most assistance.

Summary



- There have been revisions to some of the guidance for the following Section GG items:
 - GG0100. Prior Functioning.
 - GG0110. Prior Device Use.
 - GG0130. Self-Care.
 - GG0170. Mobility.

Submitting Questions

- If you have questions about this presentation, please submit them to PACTraining@Econometricalnc.com by August 31, 2022.
- Select questions will be answered in a Q&A session during the September 2022 virtual live event.

