

# Inpatient Rehabilitation Facilities Quality Reporting Program Provider Training



**INPATIENT  
REHABILITATION  
FACILITIES**

**POST-ACUTE CARE  
PROGRAM**

## **Section GG:**

**Functional Abilities  
and Goals**

**Anne Deutsch, R.N., Ph.D.,  
CRRN**

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# Today's Presenter



**Anne Deutsch, R.N., Ph.D.,  
CRRN**

Senior Research Public Health Analyst  
RTI International

# Section GG: Objectives

- Illustrate a working knowledge of Section GG: Functional Abilities and Goals.
- Articulate the intent of Section GG.
- Interpret the coding options for each new item and when they would be applied.
- Apply coding instructions in order to accurately code practice scenario(s).

# Section GG: New Items

All items in Section GG are **new**.

Item:	Assessed On:
<b>GG0100.</b> Prior Functioning: Everyday Activities	Admission
<b>GG0110.</b> Prior Device Use	Admission
<b>GG0130.</b> Self-Care	Admission & Discharge
<b>GG0170.</b> Mobility	Admission & Discharge

# 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 IRFs have self-care and mobility limitations, and most are at risk of further functional decline and complications due to limited mobility.

# GG0100

## Prior Functioning: Everyday Activities

# GG0100. Prior Functioning: Everyday Activities

**GG0100. Prior Functioning: Everyday Activities.** Indicate the patient's level of functioning prior to the current illness, exacerbation, or injury.

↓ Enter Codes	
3. <b>Independent</b> - Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.	<input type="checkbox"/> <b>A. Self Care:</b> Did the patient need assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury?
2. <b>Needed Some Help</b> - Patient needed partial assistance from another person to complete activities.	<input type="checkbox"/> <b>B. Indoor Mobility:</b> Did the patient need assistance with walking (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury?
1. <b>Dependent</b> - A helper completed the activities for the patient.	<input type="checkbox"/> <b>C. Stairs:</b> Did the patient need 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. <b>Unknown</b>	<input type="checkbox"/> <b>D. Functional Cognition:</b> Did the patient need help planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury?
9. <b>Not Applicable</b>	

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**

# GG0100 Item Rationale

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

# GG0100 Steps for Assessment

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

# GG0100 Coding Instructions

*Complete only at time of 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.



# GG0100 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.**



# GG0100 Coding Scenario

## Self Care:

- Ms. R was admitted to an acute care facility after sustaining a right hip fracture and subsequently admitted to the IRF for intensive rehabilitation.
- Prior to the hip fracture, Ms. R was independent in eating, bathing, dressing, and using the toilet.
- Ms. R used a raised toilet seat due to arthritis in both knee joints. The patient and family indicated there were no safety concerns when she performed these everyday activities in her home.

**How would you code GG0100?**

**What is your rationale?**

# GG0100 Practice Coding Scenario

## Stairs:

- Mr. P has continued to show signs and symptoms of possible delirium since admission to the IRF.
- The IRF staff has not received any response to their phone messages for Mr. P's family members requesting a return call.
- Mr. P has not received any visitors since his admission. The medical record from the prior facility does not indicate Mr. P's prior functioning.
- There is no information to code item GG0100C, but there have been attempts in locating this information.

# GG0110

## Prior Device Use

# GG0110. Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used	
↓	Check all that apply
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

**Check all that apply**

- A. Manual wheelchair**
- B. Motorized wheelchair or scooter**
- C. Mechanical lift**
- D. Walker**
- E. Orthotics/Prosthetics**
- Z. None of the above**

# 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.

# GG0110 Steps for Assessment

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

# GG0110 Coding Instructions

*Complete only at the time of admission.*

- **Check all devices that apply:**
  - A. Manual wheelchair
  - B. Motorized wheelchair or scooter
  - C. Mechanical lift
  - D. Walker
  - E. Orthotics/Prosthetics
- **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.



# GG0130

## Self-Care

# Section GG: GG0130. Self-Care (3-Day Assessment Period)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>A. Eating:</b> 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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>B. Oral hygiene:</b> 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.]
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>C. Toileting hygiene:</b> 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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>F. Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

# GG0130 Item Rationale

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



# GG0130 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.

# GG0130 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 IRF staff members may complete an assessment. Patient assessments are to be done in compliance with facility, Federal, and State requirements.



# GG0130 Coding Instructions

- Complete at the time of admission and 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.



# GG0130 Coding Instructions (cont.)

- Code “**07**” for Patient refused.
- Code “**09**” for Not applicable.
- Code “**88**” for Not attempted due to medical condition or safety concerns.



# GG0130 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 assistance.**
  - If no...

# GG0130 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...



# GG0130 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? Is the assistance of **two or more** helpers required to complete the activity?
  - If yes, **Code 01, Dependent.**



# GG0130 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.



# GG0130 Coding Tips

- When reviewing the medical record, interviewing staff, and observing the patient, be familiar with the definition for each activity.
- On the Admission Assessment, code the patient's usual performance using the 6-point scale, or one of the 3 “activity was not attempted” codes to specify the reason why an activity was not attempted, as well as the patient's Discharge Goal(s) using the same 6-point scale.
- On discharge, use the same 6-point scale or “activity was not attempted” codes that were used on the Admission Assessment to identify the patient's usual performance on the Discharge Assessment.

# GG0130 Coding Tips (cont.)

- Do not record the patient's best performance and do not record the patient's worst performance, but rather record the patient's **usual performance** during the assessment period.
- Do not record the staff's assessment of the patient's potential capability to perform the activity.
- If two or more helpers are required to assist the patient to complete the activity, code as **01, Dependent**.
- If the patient does not attempt the activity and a helper does not complete the activity for the patient, code the reason the activity was not attempted.

# GG0130 Coding Tips (cont.)

- To clarify your own understanding of the patient's performance of an activity, ask probing questions to staff about the patient, beginning with the general and proceeding to the more specific.

# GG0130 Use of the Dash

- A dash (“-”) sign indicates “No information.”
- CMS expects dash use for items to be a rare occurrence.
- Do not use a dash (“-”) if the item was not assessed because:
  - Patient refused (code 07).
  - Item is not applicable (code 09).
  - Activity was not attempted due to medical condition or safety concerns (code 88).
- Use of dashes for quality items may result in a payment reduction.



# GG0130A

## Self-Care: Eating

# GG0130A. Eating

GG0130. Self-Care (3-day assessment period)		
Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Eating:</b> 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.
<input type="text"/>	<input type="text"/>	<b>B. Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	<b>C. Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	<b>F. Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

**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.

# GG0130A Coding Scenario

## 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 3/4 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?**

# GG0130A Practice Coding Scenario

## 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.

# GG0130A Coding Tips

- GG0130A. Eating = Eating by mouth only
- Do not code tube feeding administration.

# GG0130B

## Self-Care: Oral Hygiene

# GG0130B. Oral Hygiene

GG0130. Self-Care (3-day assessment period)		
Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> 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.
<input type="text"/>	<input type="text"/>	B. <b>Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	C. <b>Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. <b>Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

**B. Oral hygiene:**  
replace dentur

# GG0130B Coding Scenario

## Oral Hygiene:

- Ms. T is recovering from a severe traumatic brain injury and multiple bone fractures.
- She does not understand how to use oral hygiene items nor does she understand the process of completing oral hygiene.
- The certified nursing assistant brushes her teeth and explains each step of the activity to engage cooperation from Ms. T; however, she requires full assistance for the activity of oral hygiene.

**How would you code GG0130B?**

**What is your rationale?**

# GG0130B Practice Coding Scenario

## 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.

# GG0130C

## Self-Care: Toileting Hygiene

# GG0130C. Toileting Hygiene

GG0130. Self-Care (3-day assessment period)		
Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> 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.
<input type="text"/>	<input type="text"/>	B. <b>Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	C. <b>Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. <b>Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

**C. Toileting hygiene:**  
commode, bedpan

# GG0130C Coding Scenario

## 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?**

# GG0130C Practice Coding Scenario

## 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.



# GG0130E

## Self-Care: Shower/Bathe Self

# GG0130E. Shower/Bathe Self

GG0130. Self-Care (3-day assessment period)		
Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> 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.
<input type="text"/>	<input type="text"/>	B. <b>Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	C. <b>Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. <b>Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

**E. Shower/bathe self:**  
not include transfer

# GG0130E Coding Scenario

## Shower/Bathe Self:

- Mr. J sits on a tub bench as he washes, rinses and dries himself.
- The certified nursing assistant stays with him to ensure his safety as Mr. J has had instances of losing his sitting balance.
- The certified nursing assistant provides lifting assistance as Mr. J gets onto and off the tub bench.

**How would you code GG0130E?**

**What is your rationale?**

# GG0130E Practice Coding Scenario

## Shower/Bathe Self:

- Mrs. E had a severe and progressive neurological condition that has affected her endurance as well as her fine and gross motor skills.
- She is transferred to the shower bench with partial/moderate assistance. When showering she uses a wash mitt that was provided by the acute care facility prior to her admission to the inpatient rehabilitation facility.
- Mrs. E showers while sitting on a tub bench and washes her arms and chest. The certified nursing assistant then must help wash her with the remaining parts of her body due to fatigue. Mrs. E uses a long-handled shower to rinse herself but tires half way through the task. The certified nursing assistant dries Mrs. E's entire body.

# GG0130F

## Self-Care: Upper Body Dressing

# GG0130F. Upper Body Dressing

GG0130. Self-Care (3-day assessment period)		
Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> 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.
<input type="text"/>	<input type="text"/>	B. <b>Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	C. <b>Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	<b>F. Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

## F. Upper body dressing:

# GG0130F Coding Scenario

## Upper Body Dressing:

- Mr. K had a spinal cord injury that has affected both movement and strength in both upper extremities.
- He places his left hand into one third of his left sleeve of his shirt with much time and effort and is unable to continue with the activity.
- The certified nursing assistant then completes the remaining upper body dressing for Mr. K.

**How would you code GG0130F?**

**What is your rationale?**

# GG0130F Practice Coding Scenario

## Upper Body Dressing:

- Mrs. Y has right side upper extremity weakness as a result of a stroke and has worked in therapy to re-learn how to dress her upper body.
- During the day, she only requires the certified nursing assistant to place her clothing next to her bedside. Mrs. Y can now use compensatory strategies to put on her bra and top without any assistance.
- At night she removes her top and bra independently and puts the clothes on the nightstand and the certified nursing assistant puts them away in her dresser.

# GG0130G

## Self-Care: Lower Body Dressing

# GG0130G. Lower Body Dressing

GG0130. Self-Care (3-day assessment period)		
Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> 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.
<input type="text"/>	<input type="text"/>	B. <b>Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	C. <b>Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. <b>Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

**G. Lower body dressing:**  
footwear.

# GG0130G Coding Scenario

## Lower Body Dressing:

- Mrs. Z requires supervision while standing to pull up her underpants and pants to due to balance problems.
- Mrs. Z has a history of falls and has told her nurse she is worried about falling due to balance problems.

**How would you code GG0130G?**

**What is your rationale?**

# GG0130G Practice Coding Scenario

## Lower Body Dressing:

- Mr. B was admitted to rehabilitation following a total hip replacement. During his acute hospital stay, Mr. B was unable to use adaptive equipment for dressing due to severe arthritis in his hands.
- Mr. B cannot independently thread his pants or underwear onto his feet due to hip precautions.
- Once the helper begins to thread his pants and underwear, Mr. B pulls them up to his knees, stands and pulls them up around his hips, and adjusts the clothing. The helper zips up his pants. The helper puts on his socks and shoes.

# GG0130G Coding Tips

- Putting on and taking off socks and shoes is not included under item GG0130G. Lower body dressing.
- Assistance with socks and shoes is coded under item GG0130H. Putting on/taking off footwear.

# GG0130H

## Self-Care: Putting on/Taking off Footwear

# GG0130H. Putting on/Taking off Footwear

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

Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> 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.
<input type="text"/>	<input type="text"/>	B. <b>Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	C. <b>Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. <b>Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

## H. Putting on/taking off footwear: appropriate for safe mobility

# GG0130H Coding Scenario

## Putting on/Taking off Footwear:

- Mrs. F was admitted to rehabilitation for a neurologic condition and experiences visual impairments, fine motor coordination and endurance issues.
- She requires setup for retrieving her socks and shoes which she prefers to keep in the closet. Mrs. F often drops her shoes and socks as she attempts to put them onto her feet or as she takes them off.
- Often the certified nursing assistant must first thread her socks or shoes over her toes and then Mrs. F can complete the task. Mrs. F needs the certified nursing assistant to initiate taking off her socks and unstrapping the Velcro used on her shoes.

**How would you code GG0130H?**

**What is your rationale?**

# GG0130H Practice Coding Scenario

## Putting on/Taking off Footwear:

- Mr. M is undergoing rehabilitation for right side upper and lower body weakness following a stroke. Mr. M has made significant progress toward his independence and will be discharged home tomorrow.
- Mr. M wears an Ankle Foot Orthosis (AFO) that he puts on his foot and ankle after he puts on his socks but before he puts on his shoes.
- He always places his AFO, socks and shoes within easy reach of his bed. While sitting on the bed he needs to bend over to take on and off his AFO, socks and shoes and occasionally loses his sitting balance requiring touching or steadying assistance for performing any of these tasks within the activity.

# GG0130 Discharge Goal

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Eating:</b> 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.
<input type="text"/>	<input type="text"/>	<b>B. Oral hygiene:</b> 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.]
<input type="text"/>	<input type="text"/>	<b>C. Toileting hygiene:</b> 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.
<input type="text"/>	<input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	<b>F. Upper body dressing:</b> The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.
<input type="text"/>	<input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

# GG0130 Discharge Goal 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:
  - Admission Assessment.
  - Discussions with the patient and family.
  - Professional judgment.
  - Professional's standard of practice.
- Goals should be established as part of the patient's care plan.



# GG0130 Discharge Goal Example (1)

## **Discharge Goal Code Is Higher Than Admission Performance Code:**

- In the IRF, patients are expected to make gains in function by discharge.
- The code reported for the patient's Discharge Goal may be higher than the patient's Admission Performance code.

# GG0130 Discharge Goal Example (1)

## Shower/Bathe Self Admission Performance:

- Mr. M has stated that he prefers to bathe himself rather than depending on helpers or his wife to perform this activity.
- The clinician assesses Mr. M's Admission Performance for Shower/bathe self.
- The clinician codes Mr. M's Admission Performance as **02, Substantial/maximal assistance**, because the helper performs more than half the effort.

# GG0130 Discharge Goal Example (1)

## Shower/Bathe Self Discharge Goal:

- The clinician reflects upon the patient's:
  - Prior self-care functioning.
  - Current multiple diagnoses.
  - Expected treatments.
  - Motivation to improve.
  - Anticipated length of stay.
  - 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 bathing.

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

# GG0130 Discharge Goal Example (2)

## Discharge Goal Code Is the Same as Admission Performance Code:

- A medically complex patient is not expected to progress to a higher level of functioning during the IRF stay for a specific activity.
- The clinician determines that the patient would be able to maintain his/her admission functional performance level.
- The clinician discusses functional status goals with the patient and his family and they agree that maintaining functioning for a specific activity is a reasonable goal.
- In this example, the Discharge Goal is coded at the same level as the patient's Admission Performance code.

# GG0130 Discharge Goal Example (2)

## Oral Hygiene Admission Performance:

- Mrs. E has stated her preference for participation twice daily in her oral hygiene activity. Mrs. E has severe arthritis, Parkinson's disease, diabetic neuropathy, and renal failure.
- These conditions result in multiple impairments (e.g., limited endurance, weak grasp, slow movements, tremors). 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 (e.g., positioning of an adaptive toothbrush cuff, verbal cues, lifting, and supporting Mrs. E's limb).
- The clinician codes Mrs. E's Admission Performance as **02, Substantial/maximal assistance**. The helper does more than half the effort of the activity and performs more than half the effort when lifting or holding her limb also.



# GG0130 Discharge Goal Example (2)

## **Oral Hygiene Admission and 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.**

# GG0170

## Mobility (3-Day Assessment Period)

# GG0170. Mobility

## (3-Day Assessment Period)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> 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.
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>G. Car transfer:</b> 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.
		<b>H1. Does the patient walk?</b> <input type="checkbox"/> 0. <b>No</b> , and walking goal is <b>not</b> clinically indicated → Skip to GG0170Q1. Does the patient use a wheelchair/scooter? <input type="checkbox"/> 1. <b>No</b> , and walking goal <b>is</b> clinically indicated → Code the patient's discharge goal(s) for items GG0170I, J, K, L, M, N, O, and P. For admission performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter? <input type="checkbox"/> 2. <b>Yes</b> → Continue to GG0170I. Walk 10 feet
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility

## (3-Day Assessment Period)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/>	<input type="text"/>	<b>M. 1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/>	<input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		<input type="checkbox"/> <b>Q1. Does the patient use a wheelchair/scooter?</b> 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized

# GG0170 Item Rationale

- Patients in IRFs may have mobility limitations on admission.
- Patients may be at risk of further functional decline during their stay in the IRF.



# GG0170 Steps for Assessment

1. Assess the patient's mobility abilities based on:
  - Direct observation.
  - Patient's self-report.
  - 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.

# GG0170 Steps for Assessment (cont.)

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

# GG0170 Steps for Assessment (cont.)

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.
  - **Not** the patient's most dependent episode.
6. Refer to facility, Federal, and State policies and procedures to determine which IRF staff members may complete an assessment.

# GG0170 Coding Instructions

- 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.



# GG0170 Coding Instructions (cont.)

- Code “**07**” for Patient refused.
- Code “**09**” for Not applicable.
- Code “**88**” for Not attempted due to medical condition or safety concerns.



# GG0170 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 assistance.**
  - If no...

# GG0170 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...

# GG0170 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? Is the assistance of **two or more** helpers required to complete the activity?
  - If yes, **Code 01, Dependent.**



# GG0170 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.

# GG0170 Coding Tips

- When reviewing health records, interviewing staff, and observing the patient, be familiar with the definition of each activity.
- On the Admission Assessment, code the patient's usual performance using the 6-point scale, or one of the 3 “activity was not attempted” codes to specify the reason why an activity was not attempted, as well as the patient's Discharge Goal(s) using the same 6-point scale.
- On discharge, use the same 6-point scale or “activity was not attempted” codes that were used on the Admission Assessment to identify the patient's usual performance on the Discharge Assessment.



# GG0170 Coding Tips (cont.)

- Do not record the patient's best performance and do not record the patient's worst performance, but rather record the patient's **usual performance**.
- Do not record the staff's assessment of the patient's potential capability to perform the activity.
- If two or more helpers are required to assist the patient to complete the activity, code as **01, Dependent**.
- If the patient does not attempt the activity and a helper does not complete the activity for the patient, code the reason the activity was not attempted.



# GG0170 Coding Tips (cont.)

- To clarify your own understanding and observations about a patient's performance of an activity, ask probing questions, beginning with the general and proceed to the more specific. See examples of using probes when talking with staff at the end of this section.

# GG0170 Use of the Dash

- A dash (“-”) sign indicates “No information.”
- CMS expects dash use for items to be a rare occurrence.
- Do not use a dash (“-”) if the item was not assessed because:
  - Patient refused (code 07).
  - Item is not applicable (code 09).
  - Activity was not attempted due to medical condition or safety concerns (code 88).
- Use of dashes for quality items may result in a payment reduction.

# GG0170A

## Mobility: Roll Left and Right

# GG0170A.

## Roll Left and Right

### A. Roll left and right:

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. <b>Lying to sitting on side of bed:</b> 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.
<input type="text"/>	<input type="text"/>	D. <b>Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. <b>Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. <b>Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. <b>Car transfer:</b> 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.

# GG0170A Coding Scenario

## Roll Left and Right:

- The physical therapist helps Mr. R turn onto his right side by instructing him to bend his left leg and roll to his right side.
- He then instructs him how to position his limbs to return to lying on his back and then to repeat a similar process for rolling onto his left side and then return to lying on his back.
- Mr. R completes the activity without physical assistance from a helper.

**How would you code GG0170A?**

**What is your rationale?**

# GG0170A Practice 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.

# GG0170B

## Mobility: Sit to Lying

# GG0170B. Sit to Lying

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. <b>Lying to sitting on side of bed:</b> 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.
<input type="text"/>	<input type="text"/>	D. <b>Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. <b>Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. <b>Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. <b>Car transfer:</b> 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.

**B. Sit to lying:** The a

# GG0170B Coding Scenario

## 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?**

# GG0170B Practice Coding Scenario

## 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.

# GG0170C

## Mobility: Lying to Sitting on Side of Bed

# GG0170C.

## Lying to Sitting on Side of Bed

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	C. <b>Lying to sitting on side of bed:</b> 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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	D. <b>Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	E. <b>Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	F. <b>Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	G. <b>Car transfer:</b> 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.

### C. Lying to sitting on side of bed:

# GG0170C Coding Scenario

## 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?**

# GG0170C Practice Coding Scenario

## 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

# GG0170D

## Mobility: Sit to Stand

# GG0170D. Sit to Stand

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. <b>Lying to sitting on side of bed:</b> 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.
<input type="text"/>	<input type="text"/>	D. <b>Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. <b>Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. <b>Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. <b>Car transfer:</b> 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.

## D. Sit to stand:

# GG0170D Coding Scenario

## 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?**

# GG0170D Practice Coding Scenario

**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 position.”

**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.”

# GG0170E

## Mobility: Chair/Bed- to-Chair Transfer

# GG0170E.

## Chair/Bed-to-Chair Transfer

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. <b>Lying to sitting on side of bed:</b> 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.
<input type="text"/>	<input type="text"/>	D. <b>Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. <b>Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. <b>Car transfer:</b> 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.

### E. Chair/bed-to-chair transfer:

# GG0170E Coding Scenario

## 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?**

# GG0170E Practice Coding Scenario

## 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.

# GG0170F

## Mobility: Toilet Transfer

# GG0170F. Toilet Transfer

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. <b>Lying to sitting on side of bed:</b> 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.
<input type="text"/>	<input type="text"/>	D. <b>Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. <b>Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. <b>Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. <b>Car transfer:</b> 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.

## F. Toilet transfer:

# GG0170F Coding Scenario

## 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?**

# GG0170F Practice Coding Scenario

## Toilet Transfer:

- Mr. H has paraplegia incomplete, pneumonia, and COPD.
- Mr. H 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.

# GG0170G

## Mobility: Car Transfer

# GG0170G. Car Transfer

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>C. Lying to sitting on side of bed:</b> 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.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>D. Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>F. Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>G. Car transfer:</b> 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.

## G. Car transfer:

# GG0170G Practice Coding Scenario

## Car Transfer:

- During her rehabilitation stay, Mrs. N works with an occupational therapist on transfers in and out of the passenger side of the car.
- On the day before her discharge, Mrs. N requires verbal reminders for safety and light touching assistance as she transfers into and out of the car.
- The therapist instructs her on strategic hand placement as she transitions to sitting on the passenger seat. She needs light touching as she moves her feet into the car once seated.
- The same amount and type of assistance is needed for her to transfer from the car seat to a standing position. The therapist opens and closes the door.



# GG0170H1

## Mobility: Does the Patient Walk?

# GG0170H1.

## Does the Patient Walk?

GG0170. Mobility (3-day assessment period)			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div>		<div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div>	<b>H1. Does the patient walk?</b> 0. <b>No</b> , and walking goal is <b>not</b> achieved  1. <b>No</b> , and walking goal is <b>not</b> achieved  2. <b>Yes</b> → Continue to GG0170I. Walk 10 feet
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.	
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.	
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.	

### H1. Does the patient walk?

0. **No**, and walking goal is **not** achieved

1. **No**, and walking goal is **not** achieved

2. **Yes** → Continue to GG0170I. Walk 10 feet

# GG0170H1 Coding Scenario

## 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?

# GG0170H1 Practice Coding Scenario

## 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.
- Ms. Y also uses a wheelchair.

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

# GG0170I

Mobility: Walk 10 Feet

# GG0170I. Walk 10 Feet

GG0170. Mobility (3-day assessment period)			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto;"></div>		<b>H1. Does the patient walk?</b> 0. No, and walking goal is <b>not</b> 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 GG0170I, J, K, L, M, N, O, and P. For admission performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?  2. Yes → Continue to GG0170I. Walk 10 feet	
		<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.	
		<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.	
		<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.	

# GG0170I Practice 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.

# GG0170J

Mobility: Walk 50  
Feet With Two Turns

# GG0170J.

## Walk 50 Feet With Two Turns

GG0170. Mobility (3-day assessment period)			
1. Admission Performance	2. Discharge Goal		
↓ Enter Codes in Boxes ↓			
		<input type="checkbox"/>	<b>J. Walk 50 feet with two turns:</b>  <b>H1. Does the patient walk?</b> 0. No, and walking goal is <b>not</b> 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 GG0170I, J, K, L, M, N, O, and P. For admission performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?  2. Yes → Continue to GG0170I. Walk 10 feet
<input type="text"/>	<input type="text"/>		<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="text"/>	<input type="text"/>		<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>		<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.



# GG0170J Practice 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 husband supports her trunk.
- He provides less than half the effort.

# GG0170K

Mobility: Walk 150 Feet

# GG0170K. Walk 150 Feet

GG0170. Mobility (3-day assessment period)					
1. Admission Performance		2. Discharge Goal			
↓ Enter Codes in Boxes ↓					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40px; height: 40px; border: 1px solid black; background-color: #d3d3d3;"></div> <div style="width: 600px;"> <p><b>H1. Does the patient walk?</b></p> <p>0. No, and walking goal is <b>not</b> clinically indicated → Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</p> <p>1. No, and walking goal is clinically indicated → Code the patient's discharge goal(s) for GG0170I, J, K, L, M, N, O, and P. For admission performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</p> <p>2. Yes → Continue to GG0170L. Walk 10 feet</p> </div> </div>		<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">K. Walk 150 feet:</div>			
<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #d3d3d3;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #d3d3d3;"></div>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.			
<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #d3d3d3;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #d3d3d3;"></div>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.			
<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #d3d3d3;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; background-color: #d3d3d3;"></div>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.			

# GG0170K Practice 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.

# GG0170L

## Mobility: Walking 10 Feet on Uneven Surfaces

# GG0170L.

## Walking 10 Feet on Uneven Surfaces

### L. Walking 10 feet on uneven surfaces:

GG0170. Mobility (3-day assessment)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>M. 1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

# GG0170L Practice Coding Scenario

## Walking 10 Feet on Uneven Surfaces:

- Mrs. N has severe joint degenerative disease and is recovering from sepsis.
- Upon discharge, Mrs. N will need to be able to walk on the uneven and sloping surfaces of her driveway.
- Near the end of her IRF stay, the physical therapist takes Mrs. N outside to walk on uneven surfaces.
- Mrs. N requires the therapist's weight-bearing assistance several times during walking in order to prevent Mrs. N from falling as she navigates walking 10 feet over uneven surfaces.

# GG0170M

Mobility:  
1 Step (Curb)

# GG0170M. 1 Step (Curb)

GG0170. Mobility (3-day assessment period) - Continued		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	L. <b>Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/>	<input type="text"/>	M. <b>1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/>	<input type="text"/>	N. <b>4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	O. <b>12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	P. <b>Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

**M. 1 step (curb):**

# GG0170M Practice Coding Scenario

## 1 Step (Curb):

- Mrs. Z had a stroke and needs to learn how to step up and down one step to enter and exit her home.
- The physical therapist provides standby assistance as she uses her quad cane to aid her balance in stepping up one step.
- The physical therapist provides touching assistance as Mrs. Z uses her cane for balance and steps down one step.

# GG0170N

## Mobility: 4 Steps

# GG0170N. 4 Steps

GG0170. Mobility (3-day assessment period) - Continued		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	L. <b>Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	M. <b>1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	N. <b>4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	O. <b>12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	P. <b>Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

**N. 4 steps:**

# GG0170N Practice Coding Scenario

## 4 Steps:

- Mr. J has lower body weakness and the physical therapist provides touching assistance when he ascends 4 steps.
- While descending 4 steps, the physical therapist provides trunk support (more than touching assistance) as Mr. J holds the stair railing.

# GG01700

Mobility: 12 Steps

# GG01700. 12 Steps

GG0170. Mobility (3-day assessment period) - Continued		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/>	<input type="text"/>	<b>M. 1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/>	<input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

**O. 12 steps:**

# GG01700 Practice Coding Scenario

## 12 Steps:

- Ms. Y is recovering from a stroke resulting in motor issues and poor endurance.
- Ms. Y's home has 12 stairs with a railing and she needs to use these stairs to enter and exit her home.
- The physical therapist uses a gait belt around her trunk and supports less than half of the effort as Ms. Y ascends and then descends 12 stairs.

# GG0170P

## Mobility: Picking up Object

# GG0170P. Picking up Object

GG0170. Mobility (3-day assessment period) - Continued		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/>	<input type="text"/>	<b>M. 1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/>	<input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

## P. Picking up object:

# GG0170P Coding Scenario (1)

## Picking up Object:

- Mr. P has a neurologic condition that has resulted in coordination problems. He wants to be as independent as possible.
- Mr. P lives with his wife and will soon be discharged. He tends to drop objects and has been practicing bending or stooping from a standing position to pick up small objects, such as a spoon, from the floor.
- The occupational therapist needs to remind Mr. P of safety strategies when he bends to pick up objects from the floor and she needs to steady him (touching assistance) to prevent him from falling.

**How would you code GG0170P?**

**What is your rationale?**

# GG0170P Coding Scenario (2)

## Picking up Object:

- Ms. C has recently undergone a hip replacement.
- When she drops items she uses a long-handled reacher that she has been using at home prior to admission.
- She is ready for discharge and can now ambulate with a walker without assistance. When she drops objects from her walker basket she requires the certified nursing assistant to locate her long-handled reacher and bring it to her in order for her to use it.
- She does not need assistance to pick up the object after the helper brings her the reacher.

**How would you code GG0170P?**

**What is your rationale?**

# GG0170Q1

**Mobility: Does the Patient  
Use a Wheelchair/Scooter?**

# 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 w

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		<input type="checkbox"/> <b>Q1. Does the patient use a wheelchair/scooter?</b> 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized

# GG0170R

Mobility: Wheel 50  
Feet With Two Turns

# GG0170R. Wheel 50 Feet With Two Turns

## R. Wheel 50 feet with two turns:

GG0170. Mobility (3-day assessment period)	
1. Admission Performance	2. Discharge Goal
↓ Enter Codes in Boxes ↓	
	<input type="checkbox"/> <b>Q1. Does the patient use a wheelchair/scooter?</b> 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized

# GG0170R Practice 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.

# GG0170RR1

**Mobility: Indicate the Type  
of Wheelchair/Scooter Used**

# GG0170RR1. Indicate the Type of Wheelchair/Scooter Used

## GG0170. Mobility (3-day assessment period)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		<input type="checkbox"/> <b>Q1. Does the patient use a wheelchair/scooter?</b> 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized

**RR1. Indicate the type of wheelchair/scooter used.**

1. Manual
2. Motorized

# GG0170S

Mobility: Wheel 150 Feet

# GG0170S. Wheel 150 Feet

GG0170. Mobility (3-day assessment period) - Continued			
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<input type="checkbox"/>	<b>Q1. Does the patient use a wheelchair/scooter?</b> 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/>	<b>RR1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/>	<b>SS1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized

**S. Wheel 150 feet:**

# GG0170S Coding Scenario

## Wheel 150 Feet:

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

**How would you code GG0170S?**

**What is your rationale?**

# GG0170SS1

## Mobility: Type of Wheelchair/Scooter Used

# GG0170SS1. Indicate the Type of Wheelchair/Scooter Used

**SS1. Indicate the type of wheelchair/scooter used.**

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

GG0170. Mobility (3-day assessment period)			
1. Admission Performance	2. Discharge Goal		
↓ Enter Codes in Boxes ↓			
		<input type="checkbox"/>	<b>Q1. Does the patient use a wheelchair/scooter?</b> 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>		<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/>	<b>RR1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>		<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/>	<b>SS1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized

# GG0170. Mobility Discharge Goal

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> 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.
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>G. Car transfer:</b> 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.
		<b>H1. Does the patient walk?</b> <input type="checkbox"/> 0. <b>No</b> , and walking goal <b>is not</b> clinically indicated → <i>Skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i>  <input type="checkbox"/> 1. <b>No</b> , and walking goal <b>is</b> clinically indicated → <i>Code the patient's discharge goal(s) for items GG0170I, J, K, L, M, N, O, and P. For admission performance, skip to GG0170Q1. Does the patient use a wheelchair/scooter?</i>  <input type="checkbox"/> 2. <b>Yes</b> → <i>Continue to GG0170I. Walk 10 feet</i>
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# GG0170. Mobility Discharge Goal

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/>	<input type="text"/>	<b>M. 1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/>	<input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		<input type="checkbox"/> <b>Q1. Does the patient use a wheelchair/scooter?</b> 0. No → Skip to H0350. Bladder Continence 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair/scooter used.</b> 1. Manual 2. Motorized

# GG0170 Discharge Goal Coding Tips

- Guidance is the same as guidance for coding Discharge Goals for the self-care items (see slide # 90).
- 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.



# GG0170 Unplanned Discharge Coding Scenario

## Unplanned Discharge:

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

**How would you code GG0170 items?**

**What is your rationale?**

# 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.

# 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 was not attempted” codes.
- Evaluate current documentation to ensure terminology aligns with items in the IRF-PAI v1.4.
- Practice coding a variety of scenarios with staff.



# Questions?