SECTION GG: FUNCTIONAL ABILITIES AND GOALS

GG0100: Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.		
Coding: **3. Independent** – Patient completed 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**	↓ **Enter Codes in Boxes**	
	☐	**A. Self Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
	☐	**B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
	☐	**C. Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	☐	**D. Functional Cognition:** Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

Item Intent

This item identifies the patient's usual ability with everyday activities, prior to the current illness, exacerbation or injury.

Time Points Item(s) Completed

Start of care

Resumption of care

Response-Specific Instructions

Interview patient or family or review patient's clinical records describing patient's prior functioning with everyday activities.

Coding Instructions

- **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 the current illness, exacerbation or injury.

- **A dash** is a valid response for this item. CMS expects dash use to be a rare occurrence.

Coding Tips

If no information about the patient's ability is available after attempt to interview patient or family and after reviewing patient's clinical record, code 8, Unknown.

Examples

1. When to Code "Not Applicable"

Mr. S ambulates with a walker around his home, and uses a stair lift to negotiate the stairs to the second floor, where his bedroom is located.

Coding: GG0100C, Stairs, would be coded 9, Not Applicable.

Rationale: Mr. S is not able to go up and down stairs; he uses a stair lift. So, he did not perform this activity.

Data Sources/Resources

Patient interview

Family interview

Clinical record

GG0110: Prior Device Use

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

Item Intent

This item identifies the patient's use of devices and aids immediately prior to the current illness, exacerbation, or injury to align treatment goals.

Time Points Item(s) Completed

Start of care

Resumption of care

Response-Specific Instructions

Interview patient or family or review the patient's clinical record describing the patient's use of prior devices and aids.

Coding Instructions

- **Check all devices that apply.**
- **GG0110C - Mechanical lift,** any device a patient or caregiver requires for lifting or supporting the patient's bodyweight. Examples include, but are not limited to:
  - Stair lift
  - Hoyer lift
  - Bath tub lift
- **GG0110D - Walker,** All types of walkers. Examples include, but are not limited to:
  - Pick-up walker
  - Hemi-walker
  - Rolling walker
  - Platform walker
- **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.
- **A dash** is a valid response for this item. CMS expects dash use to be a rare occurrence.

Examples

1. Mobilized Wheelchair and/or Scooter

Mrs. M is a bilateral lower extremity amputee and has multiple diagnoses including diabetes, obesity and peripheral vascular disease. She is unable to walk and did not walk prior to the current episode of care that started due to a pressure ulcer and respiratory infection. She used a motorized wheelchair to mobilize.

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

Rationale: Mrs. M used a motorized wheelchair prior to the current illness/injury.

2. None of the Above

Mr. C has bilateral lower extremity neuropathy secondary to his diabetes. Prior to this current episode, he used a cane. Today, he is using a walker.

Coding: GG0110Z, None of the above, would be checked.

Rationale: A cane is not a device included as part of the item list above. Not all devices and aids are included in this item.

Data Sources/Resources

Patient interview

Family interview

Clinical record

GG0130 Self-Care

SOC/ROC

GG0130. Self-Care

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding:

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

Activities may be completed with or without assistive devices.

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

If activity was not attempted, code reason:

07. **Patient refused**
09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical conditions or safety concerns**

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

(continued)

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Follow-Up

GG0130. Self-Care
Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up, code the reason.
Coding: **Safety** and **Quality of Performance –** If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. *Activities may be completed with or without assistive devices.* 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper. 05. **Setup or clean-up assistance –** Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. **Supervision or touching assistance –** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. **Partial/moderate assistance –** Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. **Substantial/maximal assistance –** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. **Dependent –** Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. **If activity was not attempted, code reason:** 07. **Patient refused** 09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints) 88. **Not attempted due to medical conditions or safety concerns**

4. Follow-Up Performance ↓ Enter Codes in Boxes	
	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
	B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
	C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Discharge

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

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

Item Intent

This item identifies the patient's ability to perform the listed self-care activities, and discharge goal(s).

Time Points Item(s) Completed

Start of care

Resumption of care

Follow-up

Discharge from agency – not to an inpatient facility

> **Note:** *This item, GG0130, includes* ***Performance*** *assessment and* ***Discharge Goal(s)*** *at the SOC/ROC. Refer to sections for instructions, tips and examples for each.*

Response-Specific Instructions – *Performance Assessment* (SOC/ROC, FU and DC)

- Licensed clinicians may assess the patient's performance based on direct observation (preferred) as well as reports from the patient, clinicians, care staff, and/or family.
- When possible, CMS invites a multidisciplinary approach to patient assessment.
- Patients should be allowed to perform activities as independently as possible, as long as they are safe.
  - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.
  - Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.
- Patients with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the patient's need for assistance to perform the activity safely (for example, choking risk due to rate of eating, amount of food placed into mouth, risk of falling).

Response-Specific Instructions – SOC/ROC Performance Assessment

- Code the patient's functional status based on a functional assessment that occurs at or soon after the patient's SOC/ROC. The SOC/ROC function scores are to reflect the patient's SOC/ROC baseline status and are to be based on observation of activities, to the extent possible. When possible, the assessment should occur prior to the start of therapy services to capture the patient's true baseline status. This is because therapy interventions can affect the patient's functional status.

- A patient's functional ability can be impacted by the environment or situations encountered in the home. Observing the patient in different locations and circumstances within the home is important for a comprehensive understanding of the patient's functional status.
  - If the patient's ability varies during the ***assessment timeframe***, record their ***usual ability*** to perform each activity. Do not record the patient's best performance and do not record the patient's worst performance, but rather the patient's usual performance; what is true greater than 50% of the assessment timeframe.

DEFINITION

ASSESSMENT TIMEFRAME

- The assessment timeframe is the maximum number of days within which to complete the comprehensive assessment.

Response-Specific Instructions – SOC/ROC Discharge Goal(s)

DEFINITION

USUAL PERFORMANCE, ABILITY

- A patient's usual performance is his/her ability greater than 50% of the assessment timeframe.

- For the Home Health (HH) Quality Reporting Program (QRP) a minimum of one self-care or mobility goal must be coded. However, agencies may choose to complete more than one self-care or mobility discharge goal. Code the patient's discharge goal(s) using the 6-point scale. Use of the activity not attempted codes (07, 09, 10 or 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded.
- Discharge goal(s) may be the coded the same as SOC/ROC performance, higher than SOC/ROC performance or lower than SOC/ROC performance.
- If the SOC/ROC performance of an activity was coded using one of the activity not attempted codes (07, 09, 10 or 88) a discharge goal may be submitted using the 6-point scale if the patient is expected to be able to perform the activity by discharge.
- Licensed clinicians can establish a patient's discharge goal(s) at the time of SOC/ROC based on the patient's prior medical condition, SOC/ROC assessment, self-care and mobility status, discussions with the patient and family, professional judgment, the profession's practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the discharge plan. Goals should be established as part of the patient's care plan.

Response Specific Instructions – Follow-Up and Discharge Performance

- ***Follow-up Performance:*** Clinicians should code the patient's functional status based on a functional assessment that occurs within the assessment timeframe.
- ***Discharge Performance:*** The discharge ***time period under consideration*** includes the last 5 days of care. This includes the date of the discharge visit plus the four preceding calendar days. Code the patient's functional status based on a functional assessment that occurs at or close to the time of discharge.

DEFINITION

TIME PERIOD UNDER CONSIDERATION
The time period under consideration is the span of time for data collection and assessment. For most OASIS items this is the day of assessment. For other items, item wording or related guidance will specify the time period under consideration, such as, since the most recent SOC/ROC.

Coding Instructions for SOC/ROC Performance and Discharge Goal(s), and Follow-up and Discharge Performance

Code 06, Independent, if the patient completes the activity by him/herself with no assistance from a helper.

Code 05, Setup or Clean-up Assistance, if the helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity, but not during the activity. For example, the patient requires assistance cutting up food or opening container, or requires setup of hygiene item(s) or assistive device(s).

Code 04, Supervision or Touching Assistance, if the helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. For example, the patient requires verbal cueing, coaxing, or general supervision for safety to complete activity; or patient may require only incidental help such as contact guard or steadying assistance during the activity.

Code 03, Partial/Moderate Assistance, if the helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

Code 02, Substantial/Maximal Assistance, if the helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

Code 01, Dependent, if the helper does ALL of the effort. Patient does none of the effort to complete the activity; or the assistance of two or more helpers is required for the patient to complete the activity.

Code 07, Patient Refused, if the patient refused to complete the activity.

Code 09, Not Applicable, if the patient did not attempt to perform the activity and did not perform this activity prior to the current illness, exacerbation, or injury.

Code 10, Not Attempted Due to Environmental Limitations, if the patient did not attempt this activity due to environmental limitations. Examples include lack of equipment, weather constraints

Code 88, Not Attempted Due to Medical Condition or Safety Concerns, if the activity was not attempted due to medical condition or safety concerns.

A Dash is a valid response for this item. CMS expects dash use to be a rare occurrence.

Coding Tips

GG0130A. Eating

Patient uses a gastrostomy tube (G-Tube) or total parenteral nutrition (TPN):

- Assistance with tube feedings or TPN is not considered when coding the item eating.
- If the patient does not eat or drink by mouth and relies **solely** on nutrition and liquids through tube feedings or TPN due to a **new (recent-onset) medical condition,** code GG0130A as 88, Not attempted due to medical condition or safety concerns.
- If the patient **does not** eat or drink by mouth at the time of the assessment, and the patient did not eat or drink by mouth **prior to the current** illness, injury or exacerbation, code GG0130A as 09, Not applicable.
- If the patient eats and drinks by mouth, ***and*** **relies partially** on obtaining nutrition and liquids via tube feedings or TPN, code eating based on the amount of assistance the patient requires to eat and drink by mouth.

GG0130B. Oral Hygiene

- If a patient does not perform oral hygiene during home visit, determine the patient's abilities based on the patient's performance of similar activities during the assessment, or on patient and/or caregiver report.

Examples – Performance

1. Eating – Food Consistency

Mrs. H does not have any food consistency restrictions, but often needs to swallow two or three times so that the food clears her throat due to difficulty with pharyngeal peristalsis. She requires verbal cues to use the compensatory strategy of extra swallows to clear the food.

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

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

2. Eating – Visual Deficit

Mrs. V has difficulty seeing on her left side since her stroke. During meals, a helper must remind her to scan the entire plate to ensure she has seen all the food.

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

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

3. Eating – G-tube

Mr. R is unable to eat or drink by mouth since he had a stroke 1 week ago. He receives nutrition and hydration through a G-tube, which is administered by a helper.

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

Rationale: The patient does not eat or drink by mouth at this time due to a recent-onset medical condition (his recent-onset stroke). This item includes eating and drinking by mouth only.

4. Oral Hygiene – Assistance to and from the Bathroom

The helper provides steadying assistance to Mr. S as he walks to the bathroom. The helper applies toothpaste onto Mr. S's toothbrush. Mr. S then brushes his teeth at the sink in the bathroom without physical assistance or supervision. Once Mr. S is done brushing his teeth and washing his hands and face, the helper returns and provides steadying assistance as the patient walks back to his bed.

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

Rationale: The helper provides setup assistance (putting toothpaste on the toothbrush) before Mr. S brushes his teeth. Do not consider assistance provided to get to or from the bathroom to score Oral hygiene.

Examples - SOC/ROC Performance

1. SOC/ROC Performance When the Activity Did Not Occur at the Time of the Assessment, Nor Prior to the Current Illness, Injury or Exacerbation

Ms. J cannot swallow any food or liquids secondary to ALS. She has a J-tube and has been on tube feedings for several years. She is being admitted to skilled home health care for treatment of a sacral pressure injury. Her treatment includes TPN to support wound healing.

> **Coding:** GG0130A1, Eating, **SOC Performance** would be coded, 09, Not Applicable. GG0130A2, Eating, **Discharge Goal,** would be coded 09, Not Applicable.
>
> **Rationale:** Mr. J does not eat or drink by mouth at the time of assessment, and did not eat or drink by mouth prior to the current illness, injury or exacerbation. And, Mr. J is not expected to eat or drink by mouth by discharge.

2. SOC/ROC Performance When the Activity Did Not Occur at the Time of the Assessment, but Did Occur Prior to the Current Illness, Injury or Exacerbation

Mr. B has been prescribed bowel rest for pancreatitis, and he is not to eat or drink anything for one week, after which the home health nurse will support advancing back to a regular diet. TPN has been prescribed, and he is being admitted to home care for TPN teaching and management.

> **Coding:** GG0130A1, Eating, **SOC Performance,** would be coded 88, Not attempted due to medical condition or safety concerns.

Examples – Establish Discharge Goal(s) at SOC/ROC

3. Discharge Goal Code is Higher than SOC/ROC Performance Code

During SOC/ROC functional assessment, Mr. M states he prefers to bathe himself rather than depending on helpers or his wife to perform this activity. The clinician assesses Mr. M's SOC/ROC performance for Shower/Bathe self, and determines the helper performs more than half the effort. The assessing clinician, using professional judgement, available information and collaboration as allowed anticipates that by discharge Mr. M will require a helper for less than half of the activity Shower/Bathe self.

> **Coding:** GG0130E1, Shower/Bathe self, **SOC Performance,** would be coded 02, Substantial/maximal assistance. GG0130E2 Shower/Bathe self, **Discharge Goal**, would be coded 03, Partial/moderate assistance.
>
> **Rationale:** At SOC/ROC assessment, Mr. M participates in the activity Shower/bathe self, but a helper performs more than half the activity, the definition of substantial/maximal assistance. The assessing clinician expects Mr. M has the potential to improve in performance of this activity, to the extent that a helper needs to assist for less than half the activity, the definition for partial/moderate assistance.

4. Discharge Goal Code is the Same as SOC/ROC Performance Code

During the SOC/ROC assessment, Mrs. E states she prefers to participate in her oral hygiene twice daily. On assessment, the clinician identifies that Mrs. E's caregiver completes more than half of this activity. Mrs. E has severe arthritis, Parkinson's disease, diabetic neuropathy, and renal failure. These conditions result in multiple impairments, including limited endurance, weak hand grasp, slow movements and tremors. The assessing clinician, using professional judgment, all available information and collaboration as allowed, determines that Mrs. E is not expected to progress to a higher level of functioning during the episode of care. However, the clinician anticipates that Mrs. E will be able to maintain her SOC/ROC performance level. The clinician discusses functional goals with Mrs. E and they agree maintaining functioning is a reasonable goal.

> **Coding:** GG0130B1 Oral Hygiene, **SOC/ROC Performance,** would be coded 02, Substantial/maximal assistance. GG0130B2, Oral Hygiene, **Discharge Goal,** would be coded 02, Substantial/maximal assistance.
>
> **Rationale:** Performance assessment revealed Mrs. E's caregiver completes more than half the activity, Oral Hygiene, which matches Code 02, substantial/maximal assistance. Mrs. E's condition in this example makes it unlikely that her performance of this activity will improve, but that maintenance of her current level of function is possible, so the discharge goal is coded the same as admission performance.

5. Discharge Goal Code is Lower than SOC/ROC Performance Code

Mrs. T has a progressive neurological illness that affects her strength, coordination, and endurance. Mrs. T prefers to use the bedside commode for as long as possible rather than using incontinence undergarments. The helper currently supports Mrs. T while she is standing so that Mrs. T can pull down her underwear before sitting onto the bedside commode. When Mrs. T has finished voiding, she wipes her perineal area. Mrs. T then requires the helper to support her trunk while Mrs. T pulls up her underwear. The assessing clinician, using professional judgment, all available information and collaboration as allowed anticipates that Mrs. T will weaken further by discharge, and while she will still be able to use the bedside commode, she will need the helper to assist with all toileting hygiene.

> **Coding:** GG0130C1, Toileting hygiene, **SOC/ROC Performance**, would be coded 03, Partial/moderate assistance. GG0130C2, Toileting hygiene, **Discharge Goal**, would be coded 02, substantial/maximal assistance.
>
> **Rationale:** Assessment of SOC/ROC performance of toileting hygiene demonstrated that the helper provided less than half the effort for Mrs. T's toileting hygiene. The assessing clinician expects that by discharge, Mrs. T will need the helper to assist with more than half the effort of toileting hygiene.

6. Discharge Goal Code Is Established for a Patient Where the Activity Was 09 – Not Applicable at SOC/ROC

Mrs. D has been unable to eat or drink by mouth for several weeks, due to a large, cancerous lesion on the soft palate. A week ago, the lesion worsened becoming very painful and required surgical removal. At the SOC, she remains restricted from any oral intake, with the expected goal of progressing to small sips of water and soft foods by mouth with supervision by discharge from home health.

Coding: GG0130A1, Eating, **SOC Performance,** would be coded 09, Not Applicable. GG0130A2, Eating, **Discharge Goal,** would be coded 04, Supervision or Touching Assistance.

Rationale: Mrs. D does not eat or drink by mouth at the time of the SOC assessment, and did not eat or drink by mouth prior to the current illness, injury or exacerbation (the recent worsening necessitating surgery). The assessing clinician expects that by discharge, Mrs. D will be able to manage at least some food and drink by mouth, with supervision.

GG0170 Mobility

SOC/ROC

GG0170. Mobility		
Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).		
Coding: **Safety** and **Quality of Performance –** If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. *Activities may be completed with or without assistive devices.* 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper. 05. **Setup or clean-up assistance –** Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. **Supervision or touching assistance –** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. **Partial/moderate assistance –** Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. **Substantial/maximal assistance –** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. **Dependent –** Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. **If activity was not attempted, code reason:** 07. **Patient refused** 09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints) 88. **Not attempted due to medical conditions or safety concerns**		
1. SOC/ROC Performance	**2. Discharge Goal**	
↓ Enter Codes in Boxes ↓		
☐☐	☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	☐☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.

(continued)

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
		I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)*
		J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		N. 4 steps: The ability to go up and down four steps with or without a rail. *If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.
		P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		Q. Does patient use wheelchair and/or scooter? **0. No** → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
		R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. **1. Manual** 2. **Motorized**
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		SS1. Indicate the type of wheelchair or scooter used. 1. **Manual** 2. **Motorized**

Follow-Up

GG0170. Mobility	
Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up code the reason.	
Coding: **Safety** and **Quality of Performance –** If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. *Activities may be completed with or without assistive devices.* 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper. 05. **Setup or clean-up assistance –** Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. **Supervision or touching assistance –** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. **Partial/moderate assistance –** Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. **Substantial/maximal assistance –** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. **Dependent –** Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. **If activity was not attempted, code reason:** 07. **Patient refused** 09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints) 88. **Not attempted due to medical conditions or safety concerns**	
4. Follow-Up Performance	
Enter Codes in Boxes	
☐☐	A. **Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	C. **Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	D. **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	E. **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	F. **Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Follow-Up performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).*
☐☐	J. **Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
☐☐	L. **Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

(continued)

4. Follow-Up Performance	
Enter Codes in Boxes	
☐☐	*M.* **1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If Follow-up performance is coded 07, 09, 10 or 88, skip to GG0170Q, Does patient use wheelchair and/or scooter?*
☐☐	N. **4 steps:** The ability to go up and down four steps with or without a rail.
	☐ **Q. Does patient use wheelchair and/or scooter?** **0. No** →Skip GG0170R **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
☐☐	R. **Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

Discharge

GG0170. Mobility
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.
Coding: **Safety** and **Quality of Performance –** If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. *Activities may be completed with or without assistive devices.* 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper. 05. **Setup or clean-up assistance –** Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. **Supervision or touching assistance –** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. **Partial/moderate assistance –** Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. **Substantial/maximal assistance –** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. **Dependent –** Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity. **If activity was not attempted, code reason:** 07. **Patient refused** 09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury. 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints) 88. **Not attempted due to medical conditions or safety concerns**

3. Discharge Performance	
Enter Codes in Boxes	
☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

(continued)

3. Discharge Performance	
↓ Enter Codes in Boxes	
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	**G. Car Transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb).*
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
☐☐	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
☐☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
☐☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail. *If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.*
☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.
☐☐	**P. Picking up object**: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
	☐ **Q. Does patient use wheelchair and/or scooter?** **0. No** → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. **1. Yes** → Continue to GG0170R, Wheel 50 feet with two turns.
☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐ **RR3. Indicate the type of wheelchair or scooter used.** **1. Manual** **2. Motorized**
☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐ **SS3. Indicate the type of wheelchair or scooter used.** **1. Manual** **2. Motorized**

Item Intent

This item identifies the patient's ability to perform the listed mobility activities, and discharge goal(s).

Time Points Item(s) Completed

Start of care

Resumption of care

Follow-up

Discharge from agency – not to an inpatient facility

Note: This item, GG0170, includes **Performance** assessment and **Discharge Goal(s)** at SOC/ROC. Refer to sections for instructions, tips and examples for each.

Response-Specific Instructions – Performance Assessment (SOC/ROC, FU and DC)

- Licensed clinicians may assess the patient's performance based on direct observation (preferred) as well as reports from patient, clinicians, care staff, and/or family.
- When possible, CMS invites a multidisciplinary approach to patient assessment.
- Patients should be allowed to perform activities as independently as possible, as long as they are safe.
  - If helper assistance is required because the patient's performance is unsafe or of poor quality, score according to amount of assistance provided.
  - 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.
- Patients with cognitive impairments/limitations may need physical assistance and/or verbal assistance when completing an activity. Code based on the patient's need for assistance to complete an activity safely

Response-Specific Instructions – SOC/ROC Performance Assessment

- Code the patient's functional status based on a functional assessment that occurs at or soon after the patient's SOC/ROC. The SOC/ROC function scores are to reflect the patient's SOC/ROC baseline status, and are to be based on observation of activities, to the extent possible. When possible, the assessment should occur prior to the start of therapy services to capture the patient's true baseline status. This is because therapy interventions can affect the patient's functional status.

- A patient's functional ability can be impacted by the environment or situations encountered in the home. Observing the patient in different locations and circumstances within the home is important for a comprehensive understanding of the patient's functional status.
  - If the patient's ability varies during the ***assessment timeframe,*** record their ***usual ability*** to perform each activity. Do not record the patient's best performance and do not record the patient's worst performance, but rather the patient's usual performance; what is true greater than 50% of the assessment timeframe.

DEFINITION

ASSESSMENT TIMEFRAME

- The assessment timeframe is the maximum number of days within which to complete the comprehensive assessment.

DEFINITION

USUAL PERFORMANCE, ABILITY

- A patient's usual performance is his/her ability greater than 50% of the assessment timeframe.

Response-Specific Instructions – SOC/ROC Discharge Goal(s)

- For the Home Health (HH) Quality Reporting Program (QRP) a minimum of one self-care or mobility discharge goal must be coded. However, agencies may choose to complete more than one self-care or mobility discharge goal. Code the patient's discharge goal(s) using the 6-point scale. Use of the activity not attempted codes (07, 09, 10 or 88) is permissible to code discharge goal(s). Use of a dash is permissible for any remaining self-care or mobility goals that were not coded.
- Discharge goal(s) may be coded the same as SOC/ROC performance, higher than SOC/ROC performance, or lower than SOC/ROC performance (See Examples).
- If the SOC/ROC performance of an activity was coded using one of the activity not attempted codes (07, 09, 10 or 88), a discharge goal may be submitted using the 6-point scale if the patient is expected to be able to perform the activity by discharge.
- Licensed clinicians can establish a patient's discharge goal(s) at the time of SOC/ROC based on the patient's prior medical condition, SOC/ROC assessment, self-care and mobility status, discussions with the patient and family, professional judgment, the profession's practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the discharge plan. Goals should be established as part of the patient's care plan.

Response-Specific Instructions – Follow-Up and Discharge Performance

- **Follow-up Performance:** Clinicians should code the patient's functional status based on a functional assessment that occurs within the assessment timeframe.
- **Discharge Performance:** The discharge ***time period under consideration*** includes the last 5 days of care. This includes the date of the discharge visit plus the four preceding calendar days. Code the patient's functional status based on a functional assessment that occurs at or close to the time of discharge.

DEFINITION

TIME PERIOD UNDER CONSIDERATION

- The time period under consideration is the span of time for data collection and assessment. For most OASIS items this is the day of assessment. For other items, item wording or related guidance will specify the time period under consideration, such as, since the most recent SOC/ROC.

Coding Instructions

Code 06, Independent, if the patient completes the activity by him/herself with no assistance from a helper.

Code 05, Setup or clean-up assistance, if the helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity, but not during the activity. For example, the patient requires placement of a bed rail to facilitate rolling, or requires setup of a leg lifter or other assistive devices.

Code 04, Supervision or touching assistance, if the helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. For example, the patient requires verbal cueing, coaxing, or general supervision for safety to complete the activity, or patient may require only incidental help such as contact guard or steadying assistance during the activity.

Code 03, Partial/moderate assistance, if the helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. For example, the patient requires assistance such as partial weight-bearing assistance, but HELPER does LESS THAN HALF the effort.

Code 02, Substantial/maximal assistance, if the helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

Code 01, Dependent, if the helper does ALL of the effort. Patient does none of the effort to complete the activity, or the assistance of two or more helpers is required for the patient to complete the activity.

Code 07, Patient refused, if the patient refused to complete the activity.

Code 09, Not applicable, if the patient did not attempt to perform the activity and did not perform this activity prior to the current illness, exacerbation, or injury.

Code 10, Not attempted due to environmental limitations, if the patient did not attempt this activity due to environmental limitations. Examples include lack of equipment, weather constraints, etc.

Code 88, Not attempted due to medical condition or safety concerns, if the activity was not attempted due to medical condition or safety concerns.

A dash is a valid response for this item. CMS expects dash use to be a rare occurrence.

Coding Tips and Examples

General Coding Tips

- If a patient does not attempt the activity and a helper does not complete the activity, and the patient's usual status cannot be determined based on patient or caregiver report, code the reason the activity was not attempted:
  - Code 07 if the patient refused to attempt the activity
  - Code 10 if the activity was not attempted due to environmental limitations
  - Code 09 if the patient could not perform an activity at the time of assessment, and also could not perform the activity prior to the current illness, exacerbation or injury
  - Code 88 if the patient could not perform an activity at the time of the assessment, but could perform the activity prior to the current illness, exacerbation or injury
- If the only help a patient needs to complete an activity is for a helper to retrieve an assistive device or adaptive equipment, such as a cane for walking, or a tub bench for bathing then enter code 05, Setup or clean-up assistance.
- If two or more helpers are required to assist the patient to complete the activity, code as 01 Dependent.
- A dash (–) indicates "No information." Do not use a dash if the reason that the item was not assessed was because the patient refused (code 07), the item is not applicable (code 09), the activity was not attempted due to environmental limitations (code 10), or the activity was not attempted due to medical condition or safety concerns (code 88).

Coding Tips and Examples GG0170A, Roll Left and Right

- The activity includes the patient rolling to both the left and to the right while in a lying position,
- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concerns.

    - For example, if a clinician determines that a patient's new medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170A, Roll left and right as 88, Not attempted due to medical or safety concerns.
- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, and could not perform the activity prior to the current illness, exacerbation or injury, code 09, Not applicable.
- For GG0170A, Roll left and right, clinical judgment should be used to determine what is considered a "lying" position for the patient. For example, a clinician could determine that a patient's preferred slightly elevated resting position is "lying" for that patient.

1. GG0170A, Roll Left and Right

At SOC, 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. Mr. R was moving about in bed without difficulty prior to hospitalization. The therapist expects Mr. R will roll left and right by himself by discharge.

Coding: GG0170A, Roll left and right, **SOC Performance** would be coded 04, Supervision or touching assistance. **Discharge Goal** would be coded 06, Independent.

Rationale: At SOC, the physical therapist provides verbal cues (i.e., instructions) to Mr. R as he rolls from his back to his right side and returns to lying on his back. The physical therapist does not provide any physical assistance. After assessment and considering his current condition, the therapist expects Mr. R will be independently rolling left and right at discharge.

Coding Tips and Examples GG0170B, Sit to Lying

- The activity includes the ability to move from sitting on side of bed to lying flat on the bed.
- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concerns.
    - For example, if a clinician determines that a new patient medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170B, Sit to lying as 88, Not attempted due to medical or safety concerns.

- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, and could not perform the activity prior to the current illness, exacerbation or injury, code 09, Not applicable.
- For GG0170B, Sit to lying, clinical judgment should be used to determine what is considered a "lying" position for the patient. For example, a clinician could determine that a patient's preferred slightly elevated resting position is "lying" for that patient.

2. GG0170B, Sit to Lying

Mr. A suffered multiple vertebral fractures due to a fall off a ladder. At SOC, he requires assistance from a therapist to get from a sitting position to lying flat on the bed because of significant pain in his lower back. The therapist supports his trunk and lifts both legs to assist Mr. A from sitting at the side of the bed to lying flat on the bed. Mr. A assists himself a small amount by raising one leg onto the bed and then bending both knees while transitioning into a lying position.

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

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

At SOC, Mrs. H requires assistance from two helpers 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 helpers 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 when asked to perform the incremental steps of the activity.

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

Rationale: The patient does none of the effort to complete the activity, and the assistance of two helpers is needed to complete the activity of sit to lying. If two or more helpers are required to assist the patient to complete an activity, code as 01, Dependent.

Coding Tips and Examples GG0170C, Lying to Sitting on Side of Bed

- The activity includes patient transitions from lying on his/her back to sitting on the side of the bed with feet flat on the floor and sitting upright on the bed without back support.
- If a patient's feet do not reach the floor upon lying to sitting, the clinician will determine if a bed height adjustment (if applicable), or a foot stool is required to accommodate foot placement on the floor/footstool.
- Back support refers to an object or person providing support of the patient's back.
- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, but could perform this activity prior to the current illness,

exacerbation or injury, code 88, Not attempted due to medical condition or safety concerns.
  - If a clinician determines that a new patient medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170C, Lying to sitting on side of bed as 88, Not attempted due to medical or safety concerns,
- If at the time of the assessment the patient is unable to lie flat due to medical conditions or restrictions, and could not perform the activity prior to the current illness, exacerbation or injury, code 09, Not applicable.
- For GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a "lying" position for the patient. For example, a clinician could determine that a patient's preferred slightly elevated resting position is "lying" for that patient.

3. GG0170C, Lying to Sitting on Side of Bed

Ms. H is recovering from a spinal fusion. At SOC, she rolls to her right side and pushes herself up from the bed to get from a lying to a seated position. The therapist provides needed verbal cues to guide Ms. H as she safely uses her hands and arms to support her trunk and avoid twisting as she raises herself from the bed. Ms. H then safely maneuvers to the edge of the bed, finally lowering her feet to the floor to complete the activity without hands-on assistance.

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

Rationale: The therapist provides verbal cues only as Ms. H safely moves from a lying to sitting position on the side of the bed with her feet on the floor.

Coding Tips and Examples, GG0170D, Sit to Stand

- The activity includes the patient coming to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
- If the only help a patient needs to complete the sit to stand activity is for a helper to retrieve an assistive device or adaptive equipment, such as a walker or ankle foot orthosis, then enter code 05, Setup or clean-up assistance.

4. GG0170D, Sit to Stand

Mr. B is being admitted to home health for pressure ulcer care. He has complete tetraplegia from an injury one year ago and has been unable to bear weight in standing since the injury. At SOC, using a patient lift that does not require him to come to standing, he is transferred from his bed into a wheelchair with assistance.

Coding: GG0170D, Sit to stand **SOC Performance** would be coded 09, Not applicable.

Rationale: The activity was not attempted at admission and the patient did not perform this activity prior to the current illness, exacerbation or injury (the pressure ulcer) due to the diagnosis of complete tetraplegia.

Coding Tips and Examples GG0170E, Chair/Bed-to-Chair Transfer

- The activity begins with the patient sitting (in a chair, wheelchair, or at the edge of the bed) and transferring to sitting in a chair, wheelchair, or at the edge of the bed.
- Sit to lying and lying to sitting are not assessed as part of GG0170E.
- If a mechanical lift is used to assist in transferring a patient for a chair/bed-to-chair transfer and two helpers are needed to assist with a mechanical lift transfer, then code 01, Dependent, even if the patient assists with any part of the chair/bed-to-chair transfer.

5. GG0170E, Chair/Bed-to-Chair Transfer

Mr. L had a stroke and uses a wheelchair for mobility. When Mr. L gets out of bed at SOC, the therapist moves the wheelchair into the correct position and locks the brakes so that Mr. L can transfer into the wheelchair safely. Mr. L transfers into the wheelchair by himself without the need for supervision or assistance during the transfer. The family reports that Mr. L does transfer safely without the need for supervision, once the wheelchair is placed and locked. The nurse does not expect Mr. L's mobility status to change by discharge.

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

Rationale: A helper must provide setup assistance only. Once set up is provided, Mr. L transfers safely and does not need supervision or physical assistance during the transfer. The nurse expects Mr. L will continue to need wheelchair setup assistance for this transfer at discharge.

Coding Tips and Examples GG0170F, Toilet Transfer

- The activity includes the patient getting on and off a toilet or commode.
- Use of assistive device(s) and adaptive equipment (for instance a grab bar or elevated toilet) required to complete the toilet transfer should not affect coding of the activity.
- If the only help a patient needs to complete the toilet transfer activity is for a helper to retrieve and place the toilet seat riser, and remove it after patient use, then enter code 05, Setup or clean-up assistance.
- Toileting hygiene and clothing management are not considered part of the toilet transferring activity.
- If the patient requires assistance from two or more helpers to get on and off the toilet or commode, then enter code 01, Dependent.

6. GG0170F, Toilet Transfer

The assessing clinician notes that the home health aide visit note (documented on the afternoon visit on the SOC date) stated that the aide needed to steady Mrs. Z with a light contact when the patient lowers her underwear and then transfers onto the toilet. After voiding, Mrs. Z cleanses herself. She then stands up supporting her own weight as the aide steadies her. Mrs. Z pulls up her underwear as the aide steadies her to ensure Mrs. Z does not lose her balance.

> **Coding:** GG0170F, Toilet transfer, **SOC Performance** would be coded 04, Supervision or touching assistance.
>
> **Rationale:** The aide provides steadying assistance only as the patient transfers on and off the toilet. Assistance with managing clothing and cleansing is coded under item GG0130C, Toileting hygiene, and is not considered when rating the Toilet transfer item.

At SOC, Mrs. S is on bedrest due to a new medical complication. She uses a bedpan for bladder and bowel management. The assessing clinician expects the patient will return to independent use of the bathroom toilet once the current condition resolves.

> **Coding:** GG0170F, Toilet transfer **SOC Performance** would be coded 88, Not attempted due to medical condition or safety concerns. **Discharge Goal** would be coded 06 Independent.
>
> **Rationale:** At SOC, the patient does not transfer onto or off a toilet due to being on bedrest because of a new medical condition, but was able to perform this activity prior to the current medical condition. It is expected that the patient will be independent in the activity at discharge.

Coding Tips and Examples GG0170G, Car Transfer

- The activity includes transferring in and out of a car or van on the passenger side.
- Does not include opening or closing the car door, or fastening seat belt.
- If the patient is not able to attempt car transfers (for example because no car is available, or there are weather or other environmental constraints), and the patient's usual status cannot be determined based on patient or caregiver report, enter code 10 Not attempted due to environmental limitations.
- If at the time of the assessment the patient is unable to attempt car transfers, and could not perform the car transfers prior to the current illness, exacerbation or injury, code 09, Not applicable.

7. GG0170, Car Transfer

Mrs. W uses a wheelchair and ambulates for only short distances. At SOC, Mrs. W requires the physical therapist to lift most of her weight to get from a seated position in the wheelchair to a standing position. The therapist provides trunk support when Mrs. W takes several steps during the transfer turn. Mrs. W lowers herself into the car seat with steadying assistance from the

therapist. Mrs. W-moves her legs into the car as the therapist lifts the weight of her legs from the ground.

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

Rationale: The therapist completed more than half the effort to transfer Mrs. W into the car by providing significant lifting assistance from the wheelchair, trunk support when taking steps toward the car seat, steadying when lowering into the car seat and lifting support when moving legs into the car. Mrs. W contributes less than half of the effort to complete the activity.

The day after being admitted to home health, Mrs. N works with an occupational therapist on transfers in and out of the passenger side of a car. When reviewing the therapist's evaluation, the assessing clinician reads that when performing car transfers, Mrs. N required verbal reminders for safety and contact guarding assistance from the OT for guidance and direction. The therapist instructed the patient on strategic hand placement while Mrs. N transitioned to sitting into the car seat. Documentation showed that the therapist opened and closed the car door.

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

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

Coding Tips and Examples GG0170I, Walk 10 Feet

- Starting from standing, the activity includes walking at least 10 feet in a room, corridor, or similar space.
- Use of assistive device(s) and adaptive equipment (for instance a cane or leg brace) required to complete the walking activity should not affect coding of the activity.
- If the only help a patient needs to complete the walking activity is for a helper to retrieve and place the walker and/or put it away after patient use, then enter code 05, Setup or clean-up assistance.

8. GG0170I, Walk 10 Feet

Mr. L had bilateral amputations 3 years ago, and prior to this HH admission he used a wheelchair and did not walk. At SOC, Mr. L does not use prosthetic devices and only uses a wheelchair for mobility. Mr. L's care plan includes assisting with fitting and use of bilateral lower extremity prostheses. The therapist's care plan goal is for Mr. L to walk distances of 30 feet with supervision within his home and then discharge to outpatient therapy.

Coding: GG0170I, Walk 10 feet, **SOC Performance** would be coded 09, Not applicable. **Discharge Goal** would be coded 04, Supervision or touching assistance.

Rationale: When assessing the resident for GG0170I, Walk 10 feet, consider the patient's status prior to the current illness, exacerbation or injury. Use code 09, Not applicable, because Mr. L could not perform the activity of walking at SOC, and did not perform the activity of walking prior to the current episode of care. The therapist expects Mr. L will be walking more than 10 feet with supervision by discharge.

Coding Tips and Examples GG0170J, Walk 50 Feet with Two Turns

- Starting from standing, the activity includes walking 50 feet and making two turns.
- The turns are 90 degree turns and may be in the same direction (two 90 degree turns to the right or two 90 degree turns to the left) or may be in different directions (one 90 degree turn to the right and one 90 degree turn to the left).
- The 90 degree turns should occur at the patient's ability level (i.e., not jeopardizing patient safety), and can include the use of an assistive device (for example walker or crutches) without affecting coding of the activity.

9. GG0170, Walk 50 Feet with Two Turns

At SOC, Mr. B is recovering from a recent stroke and now has difficulty walking. Even with assistance, he is able to walk only 30 feet. Mr. B's care plan includes muscle strengthening and gait training. The therapist expects Mr. B will be able to walk 50 feet with two turns safely with the assistance of a caregiver for verbal cues and contact guard for steadying on the turns at discharge.

Coding: GG0170J, Walk 50 feet with two turns, would be coded 88, Not attempted due to medical condition or safety concerns. **Discharge Goal** would be 04 Supervision or touching assistance.

Rationale: Mr. B is ambulatory but was not able to walk the entire distance because of his new medical condition (stroke). Since the patient is unable to complete the activity at SOC, but was completing the activity prior to the recent stroke, Code 88 is appropriate. Although not able to complete the activity at SOC, the therapist anticipates Mr. B will be able to walk 50 feet with two turns safely with the assistance of a caregiver for verbal cues and contact guarding at discharge.

Coding Tips and Examples GG0170K, Walk 150 Feet

- Starting from standing, the activity includes walking 150 feet in a corridor, or similar space.
- If the patient's environment does not accommodate a walk of 150 feet without turns, but the patient demonstrates the ability to walk with or without assistance 150 feet with turns without jeopardizing the patient's safety, code using the 6-point scale.
- Use of assistive device(s) and adaptive equipment (for instance a rolling walker or quad cane) required to complete the walking activity should not affect coding of the activity.

- If the only help a patient needs to complete the walking activity is for a helper to retrieve and place the assistive device and/or put it away after patient use, then enter code 05, Setup or clean-up assistance.

10. GG0170K, Walk 150 Feet

Mr. R has recent endurance limitations due to an exacerbation of heart failure and is only walking about 30 feet before he tires, loses strength and must sit and rest. He reports he was walking 150 feet or more with his cane prior to this exacerbation of his heart failure.

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

Rationale: The activity was not attempted due to Mr. R's recent endurance limitations and current medical condition, but he was able to complete the activity prior to the recent exacerbation of his condition.

Coding Tips and Examples GG0170L, Walking 10 Feet on Uneven Surfaces

- Once standing, the activity includes walking 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
- If the patient is not able to attempt walking on uneven surfaces (for example because no uneven surfaces are available, or there are weather or other environmental constraints limiting access), and the patient's usual status for walking 10 feet on uneven surfaces cannot be determined based on patient or caregiver report, enter code 10 Not attempted due to environmental limitations.
- Use of assistive device(s) and adaptive equipment (for instance a rolling walker or quad cane) required to complete the walking activity should not affect coding of the activity.

11. GG0170L, Walking 10 Feet on Uneven Surfaces

Mrs. N has severe joint degenerative disease and is recovering from sepsis. When walking on the uneven driveway was attempted yesterday when Mrs. N came home from the hospital, she reports that her neighbor had to hold her belt and help lift her a little during a few steps. The neighbor also provided help to advance the walker across the gravel driveway as the patient walked.

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

Rationale: Per patient report, Mrs. N requires help provide some weight-bearing support, and assist in advancing the walker as she walked 10 feet on uneven surfaces. The helper does less than half the effort for walking 10 feet on uneven surfaces.

Coding Tips and Examples GG0170M, 1 Step (curb)

- The activity includes the patient going up and down a curb and/or one step.

- Use of assistive device(s) and adaptive equipment (for instance a railing or cane) required to complete the activity should not affect coding of the activity.

12. GG0170M, 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. At SOC, the physical therapist provides needed verbal cueing as Mrs. Z uses her quad cane to aid her balance in stepping up and back down one step. The therapist does not provide any physical assistance.

Coding: GG0170M, 1 step would be coded 04, Supervision or touching assistance.

Rationale: The patient needs only verbal cueing to complete the activity of stepping up and down one step.

Coding Tips and Examples GG0170N, 4 Steps

- The activity includes the patient going up and down four steps with or without a rail.
- Use of assistive device(s) and adaptive equipment (for instance a railing or cane) required to complete the activity should not affect coding of the activity.
- If at the time of the assessment the patient is unable to complete the activity due to a physician prescribed restriction (for instance, no stair climbing for 2 weeks), but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concern.

13. GG0170N, 4 Steps

At SOC, Mr. J has lower body weakness and the physical therapist provides light touching assistance when he ascends 4 steps. While descending 4 steps, the physical therapist faces the patient and descends the stairs providing minimal trunk support, with one hand on the patient's hip and the other holding the gait belt, as Mr. J holds the stair railing.

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

Rationale: The therapist provides touching assistance as Mr. J ascends 4 steps. The therapist provides minimal trunk support when he descends the 4 steps, providing less than half the effort to complete the activity. The patient requires partial/moderate assistance to up and down 4 steps.

Coding Tips and Examples GG0170O, 12 Steps

- The activity includes the patient going up and down 12 steps with or without a rail.
- Use of assistive device(s) and adaptive equipment (for instance a railing or cane) required to complete the activity should not affect coding of the activity.
- If at the time of the assessment the patient is unable to complete the activity due to a physician prescribed restriction (for instance, no stair climbing for 2 weeks), but could perform this activity prior to the current illness, exacerbation or injury, code 88, Not attempted due to medical condition or safety concern.

14. GG0170O, 12 Steps

At SOC, Ms. Y is recovering from a stroke and 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 at times is required to support much of the patient's weight as Ms. Y ascends and then descends 12 stairs.

Coding: GG0170O, 12 steps would be coded 02, Substantial/maximal assistance.

Rationale: The therapist provides more than half the effort in providing the necessary support for Ms. Y as she ascends and descends 12 stairs by intermittently supporting much of her weight using a gait belt.

Mrs. D is returning home after a hip replacement. She is restricted from stair climbing until she is seen for her follow-up MD appointment. Just prior to her surgery, she was able to climb her flight of 12 stairs with stand-by assist of her niece.

Coding: GG0170O, 12 steps would be coded 88 – Not attempted due to medical condition or safety concerns.

Rationale: At the SOC, the patient is unable to complete the activity of going up and down 12 steps due to a temporary physician-ordered activity restriction. Prior to the recent surgery, Mrs. D was able to complete that activity with assistance so code 88 is appropriate.

Coding Tips and Examples GG0170P, Picking up Object

- The activity includes the patient bending/stooping from a standing position to pick up a small object, such a spoon, from the floor.
- Use of assistive device(s) and adaptive equipment (for instance a cane to support standing balance and a reacher to pick up the object) required to complete the activity should not affect coding of the activity.
- If at the time of the assessment the patient is unable to complete the activity (for instance is unable to stand), and could not stand to perform this activity prior to the current illness, exacerbation or injury, code 09, Not applicable.

15. GG0170P, Picking up Object

Mr. P has a neurologic condition that has resulted in coordination and balance problems. At SOC, he reports he and his wife worked with the OT in the SNF on picking things off the floor. He demonstrates how he stoops to pick up a pencil from the floor as his wife provides the right amount of verbal cues for safety and stands by, ready to help in case he loses his balance.

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

Rationale: A caregiver is needed to provide verbal cues and stand-by assistance when Mr. P picks up an object due to his coordination issues.

Ms. C has recently undergone a hip replacement. At SOC, she walks with a walker without assistance. When she drops a hair brush from her walker basket, she asks her daughter to locate her long-handled reacher and bring it to her. Using the reacher, Mrs. C is able to bend slightly, and safely pick up the hair brush with the reacher, without need of additional assistance or verbal cues.

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

Rationale: The daughter provides set-up assistance only by retrieving the reacher and then the patient is able use the device to pick up the hairbrush safely.

Coding Tips and Examples GG0170Q, Does the Patient Use a Wheelchair/Scooter?

- The intent of the wheelchair mobility item is to assess the ability of patients who are learning how to self-mobilize using a wheelchair or patients who used a wheelchair prior to admission.
- Use clinical judgment to determine if the patient's use of a wheelchair is for self-mobilization due to the patient's medical condition or safety.
- If the patient is ambulatory and is not learning how to mobilize in a wheelchair, and only uses a wheelchair for transport within a larger living facility (assisted living facility or apartment complex), or for community mobility outside the home (for instance to a physician appointment or to dialysis), enter code 0 – No for GG0170Q Does the patient use a wheelchair/scooter, and skip all remaining wheelchair questions.

Coding Tips and Examples GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used

- Once seated in the wheelchair or scooter, the activity includes wheeling at least 50 feet and making two turns.
- Indicate whether the wheelchair or scooter used is manual or motorized.
- The turns are 90 degree turns and may be in the same direction (two 90 degree turns to the right or two 90 degree turns to the left) or may be in different directions (one 90 degree turn to the right and one 90 degree turn to the left).
- The 90 degree turns should occur at the patient's ability level (i.e., not jeopardizing patient safety).

16. GG0170R, Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair or Scooter Used

At SOC, Mrs. M is unable to bear any weight on her right leg due to a recent fracture. The nurse observes as the certified nursing assistant in the assisted living facility provides steadying assistance when transferring Mrs. M from the bed into her manual wheelchair. Once in her wheelchair, Mrs. M propels herself safely about 60 feet down the hall using her left leg and safely makes two turns without any necessary physical assistance or supervision.

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

Rationale: Mrs. M wheels herself more than 50 feet safely without need for supervision or physical assistance. Assistance provided with the transfer is not considered when scoring Wheel 50 feet with two turns. Score assistance with bed to chair transfer in GG0170E.

Indicate the type of wheelchair/scooter used: In the above example Mrs. M used a manual wheelchair.

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

Rationale: Mrs. M uses a manual wheelchair to self-mobilize.

Once seated in the manual wheelchair, Ms. R wheels about 10 feet, including around one corner to the hallway. Due to shoulder pain, she asks her son to push the wheelchair the additional 40 feet around another corner and into her bathroom.

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

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

Indicate the type of wheelchair/scooter used: In the above example Ms. R used a manual wheelchair.

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

Rationale: Ms. R used a manual wheelchair.

Coding Tips and Examples GG0170S, Wheel 150 Feet and GG0170SS, Indicate the Type of Wheelchair/Scooter Used

- Once seated in the wheelchair or scooter, the activity includes wheeling at least 150 feet in a corridor or similar space.
- Indicate whether the wheelchair or scooter used is manual or motorized.
- If the patient's environment does not accommodate wheelchair/scooter use of 150 feet without turns, but the patient demonstrates the ability to mobilize the wheelchair/scooter with or without assistance 150 feet with turns without jeopardizing the patient's safety, code using the 6-point scale.

17. GG0170S, Wheel 150 Feet and GG0170SS, Indicate the Type of Wheelchair/Scooter Used

Mr. N uses a below-the-knee prosthetic limb. Mr. N has peripheral neuropathy and limited vision due to complications of diabetes. Via observation and patient report, the assessing clinician

determines that Mr. N's usual performance is that a helper is needed to provide verbal cues for safety due to vision deficits, and the patient mobilizes his manual wheelchair a distance of 150 within his home.

> **Coding:** GG0170S, Wheel 150 feet would be coded 04, Supervision or touching assistance.
>
> **Rationale:** Mr. N requires the helper to provide verbal cues for his safety when using a wheelchair for 150 feet.

Indicate the type of wheelchair/scooter used: In the above example Mr. N used a manual wheelchair.

> **Coding:** GG0170SS, Indicate the type of wheelchair/scooter used would be coded 1, Manual.
>
> **Rationale:** Mr. N used a manual wheelchair.