POWER Through PDPM WITH HTS your partner in therapy

PROACTIVE MEDICAL REVIEW

PDPM: Effective Systems and Coding of Section GG

Objectives

At the conclusion of the presentation participants will be able to:

1. Describe the intent and rationale of Section GG Self-Care and Mobility items
2. Understand the PDPM PT, OT, and Nursing Functional Scoring methods using Section GG items
3. Describe a process for establishing IDT collaboration for appropriate coding of Section GG items

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PROACTIVE MEDICAL REVIEW

Section GG Refresher

- Implemented October 2016 in response to IMPACT Act
- Focuses on functional abilities and goals
- Assesses the resident's need for assistance with self-care and mobility
- Each item must be coded based on accurate and complete information and in accordance with the RAI

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MDS Assessment Periods

Admission	Interim (new)	Discharge
First 3 calendar days of the Medicare Part A stay	IPA ARD and 2 days prior	Last 3 calendar days of the Medicare Part A stay
Reported (coded) on the 5-day assessment	Reported (coded) on the Interim Payment Assessment (IPA)	Reported (coded) on the Discharge assessment

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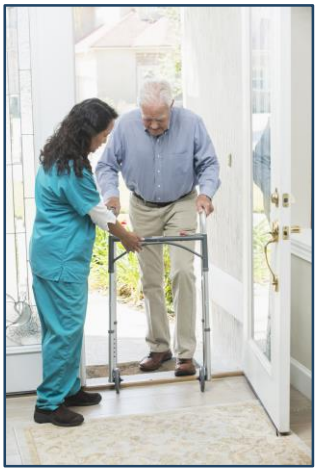
SECTION GG: FUNCTIONAL ABILITIES AND GOALS

- **Intent of data collection:**
  - Prior functional status
  - Admission performance
  - Discharge goals
  - Discharge performance
  - Functional status



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Item Scoring

- 6-point scale for Attempted Activities

GG Item Code	Level of assistance	Description
06	Independent	Resident completes the activity by him/herself with no assistance from a helper.
05	Setup or clean-up	Helper SETS UP or CLEANS UP; resident completes activity.
04	Supervision or touching	Helper provides VERBAL CUES, TOUCHING/STEADYING and/or contact guard assistance as resident completes activity.
03	Partial/moderate	Helper does LESS THAN HALF the effort.
02	Substantial/maximal	Helper does MORE THAN HALF the effort.
01	Dependent	Helper does ALL of the effort; **or** the assistance of two + helpers required for resident to complete activity.

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Item Scoring

- 'Activity Not Attempted' Codes

GG Item Code	Reason not attempted	Description
07	Resident refused	Resident refused to attempt the activity
09	Not applicable	Not attempted and the resident did not perform this activity prior to the current illness
10	Not attempted	Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
88	Not attempted	Not attempted due to medical condition or safety concerns

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Section GG and PDPM

- PDPM consists of five case-mix adjusted components:
  - Physical Therapy (PT)
  - Occupational Therapy (OT)
  - Speech Language Pathology (SLP)
  - Nursing
  - NTA
- Functional Scores calculated from Section GG responses to specific items

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Why use Section GG?

- Interdisciplinary assessment
- More accurate indicator of function
- Standardized assessment across settings

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Function Score Updates

RUG IV	PDPM
Section G	**Section GG**
Higher score = more Dependent	Higher score = more *In*dependent
Higher dependence = higher payment	No direct relationship between higher dependence and higher payment
Coded for the highest level of staff support provided during a 7-day look-back period	Coded for the resident's usual performance during the first 3 days of admission

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Section GG Items Included in PT /OT Functional Measures	Score
GG0130A1 – Self-care: Eating	0-4
GG0130B1 – Self-care: Oral Hygiene	0-4
GG0130C1 – Self-care: Toileting Hygiene	0-4
GG0170B1 – Mobility: Sit to lying	0-4 (avg of 2 bed mobility items)
GG0170C1 – Mobility: Lying to sitting on side of bed	
GG0170D1 – Mobility: Sit to stand	0-4 (avg of 3 transfer items)
GG0170E1 – Mobility: Chair/bed-to-chair transfer	
GG0170F1 – Mobility: Toilet transfer	
GG0170J1 – Mobility: Walk 50 feet- 2 turns	0-4 (avg of 2 walking items)
GG0170K1 – Mobility: Walk 150 feet	

PT & OT Function Scoring

Total score 0-24

Scoring Response for GG	
Response	**Score**
05, 06 - Set-up assistance, Independent	**4**
04 - Supervision or touching assistance	**3**
03 - Partial/moderate assistance	**2**
02 - Substantial/maximal assistance	**1**
01, 07, 09, 10, 88 - Dependent, Refused, N/A, Not attempted, Res. Cannot Walk*	**0**

PT & OT Function Scoring

*Coded based on response to GG0170I1 (Walk 10 feet?)

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MDS Section GG Items		Score
GG0130A1	Self Care: Eating	0-4
GG0130C1	Self care: Toilet Hygiene	0-4
GG0170B1 GG0170C1	Mobility: Sit to Lying; Lying to sitting on Side of Bed	0-4 (avg of 2 items)
GG0170D1 GG0170E1 GG0170F1	Mobility: Sit to Stand; Chair/bed-to-chair transfer; Toilet Transfer	0-4 (avg of 3 items)

Nursing Function Score

Source: table 24 -25 final rule Federal Register Vol. 83 No. 158 8/8/18

- Uses 7 items
- Total score 0-16

Scoring Response for GG		Score
05 06	Set up assistance Independent	4
04	Supervision or Touching Assist	3
03	Partial/Moderate Assist	2
02	Substantial/Maximal Assist	1
01, 07, 09, 10, 88, -	Dependent, refused, not attempted	0

Steps for Assessment

1. Assess performance based on:
   a) Direct observation
   b) Resident's self-report
   c) Reports from qualified clinicians, care staff, or family *documented in the resident's medical record during the three-day assessment period*
2. Residents should be allowed to perform activities as independently as possible as long as they are safe.
3. When helper assistance is required, consider *only* facility staff when scoring.
4. Activities may be completed with or without assistive device(s).
5. Admission functional assessment should be completed prior to the person benefitting from treatment interventions (when possible).

Source: RAI Manual v. 1.16, page GG-9

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General Coding Accuracy Tips

- Be familiar with the definition for each activity (RAI Manual)
- Code based on the resident's need for assistance to perform the activity safely
- If the resident does not attempt the activity and a helper does not complete the activity for the resident *during the entire assessment period*, code the reason the activity was not attempted.
- If 2 or more helpers are required, code as 01, dependent
- Ask probing questions to the care staff
- A dash ("-") indicates "No information"
- Documentation in the medical record is used to support coding

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Coding Examples

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GG0130A1 – Self-care: 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 resident.
- Coding Tips
  - Assistance with tube feedings or TPN not considered
  - Eating finger foods with hands: code based on amount of assistance provided

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Eating

Video

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Example

- **Eating:** Mrs. M has osteoporosis, which contributed to the fracture of her left wrist and hip during a recent fall. She is left-handed. Mrs. M starts eating on her own, but she does not have the coordination in her right hand to manage the eating utensils to feed herself without great effort. Mrs. M tires easily and cannot complete eating the meal. The certified nursing assistant feeds her more than half of the meal.

a. 02, Substantial/maximal assistance

Rationale: The helper provides more than half the effort for the resident to complete the activity

Source: RAI Manual v. 1.16, page GG-14

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GG0130B1 – Self-care: 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.
- Coding Tips
  - The resident may not perform oral hygiene during therapy; determine abilities based on performance on the nursing care unit

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Example

- **Oral hygiene**: At night, the certified nursing assistant provides Mrs. K water and toothpaste to clean her dentures. Mrs. K cleans her upper denture plate. Mrs. K then cleans half of her lower denture plate, but states she is tired and unable to finish cleaning her lower denture plate. The certified nursing assistant finishes cleaning the lower denture plate and Mrs. K replaces the dentures in her mouth.

a. 03, Partial/moderate assistance

Rationale: The helper provided less than half the effort to complete the activity

Source: RAI Manual v. 1.16, page GG-16

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GG0130C1 – Self-care: 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.
- Coding Tips
  - If the resident has an indwelling urinary catheter and has bowel movements, code based on amount of assistance provided before and after moving his/her bowels

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Example

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

a. 04, Supervision or touching assistance

Rationale: The helper provides supervision as the resident performs the activity. The resident is unsteady and the staff provide supervision for safety reasons.

Source: RAI Manual v. 1.16, page GG-19

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GG0170B1 – Mobility: Sit to lying

- The ability to move from sitting on side of bed to lying flat on the bed
- Probing questions:
  - "How does Mrs. H move herself from sitting on the side of her bed to lying flat on her back?"
  - "What can Mrs. H do for herself?"
  - "Does Mrs. H need help with…?"

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Example

- **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 and lowers herself to a lying position flat on her back.

a. 03, Partial/moderate assistance

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

Source: RAI Manual v. 1.16, page GG-39

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GG0170C1 – Mobility: 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
- Coding Tips
  - Back support refers to an object or person
  - If bed mobility cannot be assessed because of the degree to which the HOB must be elevated, code 88

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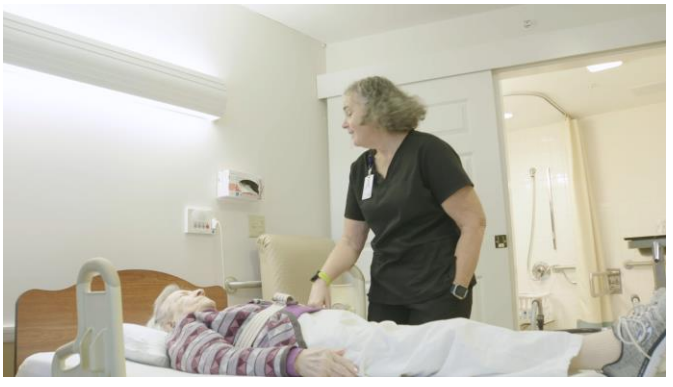
Lying to Sitting

Video



Example

- **Lying to sitting on side of bed:** Mrs. B attempts to get herself from a lying to a seated position as the occupational therapist provides much of the lifting assistance necessary for her to sit upright. The occupational therapist provides additional lifting assistance as Mr. B scoots himself to the edge of the bed and lowers his feet to the floor.

  a. 02, Substantial/maximal assistance

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

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GG0170D1 – Mobility: Sit to stand

- The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
- Coding Tips
  - If a sit-to-stand lift is used and two helpers are needed to assist with the lift, code as 01, Dependent.

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Example

- **Sit to stand:** Ms. R has severe rheumatoid arthritis and uses forearm crutches to ambulate. The certified nursing assistant brings Ms. R her crutches and helps her to stand at the side of the bed. The certified nursing assistant provides some lifting assistance to get Ms. R to a standing position but provides less than half the effort to complete the activity.

a. 03, Partial/moderate assistance

Rationale: The helper provided some lifting assistance and less than half the effort for the resident to complete the activity

Source: RAI Manual v. 1.16, page GG-43

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GG0170E1 – Mobility: Chair/bed-to chair transfer

- The ability to transfer to and from a bed to chair (or wheelchair).
- Coding Tips
  - Sit to lying and Lying to sitting are separate activities and not assessed as part of GG0170E
  - If a mechanical lift is used and two helpers are needed to assist with the lift transfer, code 01, Dependent

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Chair to Bed Transfer

Video

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Example

- **Chair/bed-to-chair transfer:** Mrs. C is sitting in her wheelchair. She stands and pivots onto the bed as the nurse provides supervision. The nurse reports that one time Mrs. C required lifting assistance, but usually Mrs. C only requires supervision or contact guard assistance.

  a. 04, Supervision or touching assistance

  Rationale: The helper provides supervision during the transfers.

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GG0170F1 – Mobility: Toilet transfer

- The ability to get on and off a toilet or commode.
- Coding Tips
  - If the resident is unable to transfer on and off a toilet or commode and uses a bedpan for elimination, code 88, Not attempted due to medical condition or safety concern.

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Example

- **Toilet Transfer:** Mrs. T can transfer from the wheelchair onto the toilet by herself safely. The certified nursing assistant moves the footrest out of the way before Mrs. T transfers but is not present during the transfer because supervision is not required. Once Mrs. T completes the transfer from the toilet back to the wheelchair, she flips the footrests back down herself.

  a. 05, Setup or clean-up assistance

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

Source: RAI Manual v. 1.16, page GG-46

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GG0170J1 – Mobility: Walk 50 feet with two turns

- Once standing, the ability to walk at least 50 feet and make two turns.
- Coding Tips
  - The turns included in this item are 90-degree turns

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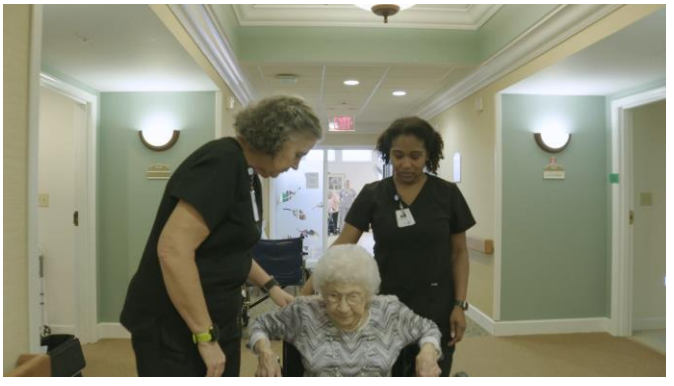
Ambulate 50 feet with Two Turns



Video

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Example

- **Walk 50 feet with two turns:** Mrs. T walks 50 feet with the therapist providing trunk support and the therapy assistant following behind with the wheelchair providing supervision. Mrs. T walks the 50 feet with two turns.

a. 01, Dependent

Rationale: Mrs. T requires two helpers to complete the activity.

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GG0170K1 – Mobility: Walk 150 feet

- Once standing, the ability to walk at least 150 feet in a corridor or similar space.
- Coding Tips
  - If the resident is able to walk but walks less than 150 feet, code appropriately using an 'activity not attempted' code.

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Example

- **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.

  a. 88, Activity not attempted due to medical condition or safety concerns

Rationale: The resident has only walked about 30 feet

Source: RAI Manual v. 1.16, page GG-51

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PDPM Functional Score

Scoring Response for GG	
Response	**Score**
05, 06 - Set-up assistance, Independent	**4**
04 - Supervision or touching assistance	**3**
03 - Partial/moderate assistance	**2**
02 - Substantial/maximal assistance	**1**
01, 07, 09, 10, 88 - Dependent, Refused, N/A, Not attempted, Res. Cannot Walk*	**0**

Function Scoring

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Function Score Calculation

- Score each PDPM GG item individually
- Average the 2 bed mobility item scores (don't round the answer)
- Average the 3 transfer item scores (don't round the answer)
- Average the 2 walking item scores (don't round the answer)
- Sum all scores and round to the nearest whole number to achieve final function score
  - Note – Nursing function score does NOT include the Oral hygiene and Walking items

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Function Score Calculation

GG Item	Usual Perf.	Function Score	PT/OT Total Function Score	Nursing Total Function Score
Eating	-	0	0	0
Oral hygiene	-	0	0	*Not considered*
Toilet hygiene	03	2	2	2
Sit to lying	03	2	2 (2+2=4; 4/2=2)	2 (2+2=4; 4/2=2)
Lying to sitting	03	2		
Sit to stand	03	2	1.66 (2+2+1=5; 5/3=1.66)	1.66 (2+2+1=5; 5/3=1.66)
Chair transfer	03	2		
Toilet transfer	02	1		
Walk with turns	02	1	0.50 (1+0=1; 1/2=0.50)	*Not considered*
Walk 50 feet	88	0		*Not considered*
			= 6.16	**= 5.66**
			6	**6**

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Case Study

- A resident admits to your facility late Sunday afternoon s/p Right humerus fracture. The resident also has pneumonia and is receiving oxygen therapy. PT and OT are unable to evaluate until Monday, so no therapy services are received on day 1.

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Therapy Assessment

GG Item	Day 1	Day 2	Day 3	Usual Performance
Eating	-	-	-	**-**
Oral hygiene	-	-	-	**-**
Toilet hygiene	-	-	03	**03**
Sit to lying	-	02	03	**03**
Lying to sitting	-	03	03	**03**
Sit to stand	-	03	Improved/PT	**03**
Chair transfer	-	03	Improved/PT	**03**
Toilet transfer	-	02	Improved/PT	**02**
Walk with turns	-	02	Improved/PT	**02**
Walk 150 feet	-	88	88	**88**

PT/OT Function Score = 6

Nrsg Function Score = 6

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Nursing Assessment

GG Item	Day 1	Day 2	Day 3	Usual Performance
Eating	02	02	03	**02**
Oral hygiene	-	04	03	**03**
Toilet hygiene	01	02	02	**02**
Sit to lying	01	02	02	**02**
Lying to sitting	01	02	02	**02**
Sit to stand	01	01	Improved/PT	**01**
Chair transfer	01	02	Improved/PT	**01**
Toilet transfer	01	02	Improved/PT	**01**
Walk with turns	88	88	88	**88**
Walk 150 feet	88	88	88	**88**

PT/OT Function Score = 5

Nrsg Function Score = 3

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Collaboration

GG Item	Day 1		Day 2		Day 3		Usual Performance
	Nrsg	Rehab	Nrsg	Rehab	Nrsg	Rehab	
Eating	02	-	02	-	03	-	**02**
Oral hygiene	-	-	04	-	03	04	**04**
Toilet hygiene	01	-	02	-	02	03	**02**
Sit to lying	01	-	02	02	02	03	**02**
Lying to sitting	01	-	02	03	02	03	**02**
Sit to stand	01	-	01	03	Improved/PT		**01**
Chair transfer	01	-	01	03	Improved/PT		**01**
Toilet transfer	01	-	02	02	Improved/PT		**02**
Walk with turns	88	-	88	02	Improved/PT		**02**
Walk 150 feet	88	-	88	88	88	88	**88**

PT/OT Function Score = 7

Nrsg Function Score = 3

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16 Possible Case-Mix Classification Groups for PT and OT

Clinical Category	Section GG Function Score	PT-OT Case-mix Group	PT Case-mix Index	OT Case-mix Index
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
Other Orthopedic	6-9	TF	1.61	1.59
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.17
Medical Management	6-9	TJ	1.42	1.44
Medical Management	10-23	TK	1.52	1.54
Medical Management	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09

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Nursing Function Score

Nursing Category	Function Score	Depressed?	Nursing Group	CMI
Clinically Complex	0-5	Yes No	CDE2 CDE1	1.86 1.62
	6-14	Yes No	CBC2 CBC1	1.54 1.34
	15-16	Yes No	CA2 CA1	1.08 0.94

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PDPM Reimbursement Impact

Resident Characteristics	Therapy GG Data	IDT GG Data
Primary Diagnosis Category	Non-Surgical Orthopedic	Non-Surgical Orthopedic
Extensive Services Received?	No	No
PT/OT Function Score (0-24)	6	7
Nursing Function Score (0-16)	6	3
SLP Cognitive Impairment	Mild Impairment	Mild Impairment
Swallowing Disorder?	No	No
Mechanically Altered Diet?	Yes	Yes
SLP Comorbidity?	No	No
NTA Comorbidity Score	0	0
Results		
PT Group (CMI)	TF (1.61)	TF (1.61)
OT Group (CMI)	TF (1.59)	TF (1.59)
SLP Group (CMI)	SE	SE
NTA Group (CMI)	NE	NE
Nursing Group (CMI)	CBC1 (1.34)	CDE1 (1.62)
HIPPS Code	FEP5	FEM5
PDPM Payment	**$541.14**	**$570.11**

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IDT Collaboration

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Who completes Section GG?

- Nurse Assessment Coordinator (MDS)?
- Resident and Family?
- Therapy?
- Nursing?
- IDT?

Yes

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Collaboration and Documentation

- Determining Usual Performance may require input from multiple persons/resources
- Certain items may be assessed by only one discipline
- Consider processes to evaluate assessment information and determine coding responses
  - Post-assessment period f/u meeting
  - Documentation review tool
  - Clinical meeting discussion
- Documentation must be present in the medical record

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Collaboration and Documentation

Resident: _____ **Room #:** _____ **Medical Record #:** _____

Directions: Assess the resident's self-care & mobility status based on direct observations, the resident's self-report, family reports, & direct care staff reports. This assessment must be completed within 3 calendar days from the start of the most recent Medicare stay. The assessment should occur prior to the start of therapeutic intervention in order to capture the resident's true admission baseline usual performance.
*Residents should be coded performing the activities based on their "usual performance", not the most independent or dependent performance over the assessment period. Resident's should perform the activities as independently as possible, as long as they are safe. Activities may be completed with or without assistive devices.

Self-Care & Mobility Tasks **Therapeutic Intervention Start Date:** _____	Admission Date Date:			Day 2 Date:			Day 3 Date:			*Usual Performance Score*	*Discharge Goal*
	Day	Eve	Noc	Day	Eve	Noc	Day	Eve	Noc		
Eating: ability to use suitable utensils to bring food *and/or liquid* to mouth and swallow food *and/or liquid* once the meal is *placed before the resident.*											
Oral Hygiene: ability to use suitable items to clean teeth. *Dentures (if applicable): ability to insert and remove dentures into and from the mouth and manage denture soaking and rinsing with use of equipment*											
Toilet Hygiene: 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											
Shower/bathe self: *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*											
Upper body dressing: *ability to dress and undress above the waist; including fasteners, if applicable*											
Lower body dressing: *ability to dress and undress below the waist, including fasteners; does not include footwear*											
Putting on/taking off footwear: *ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable*											
Roll left and right: *ability to roll from lying on back to left and right side, and return to lying on back on the bed*											
Sit to Lying: ability to move from sitting on side of bed to lying flat on bed											

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Collaboration and Documentation

- Documentation in the medical record:
  - Must be documented within the 3-day assessment period
  - Resident and/or family self-report can assist with Discharge Goal planning
  - Other disciplines (i.e., CNAs, Activities, Dietary, Social Services) may have observed, or provided assistance with, activities which should be documented and considered when determining 'usual performance'

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Discussion Points

- Who currently completes Section GG at the facility?
- Does Section GG accurately represent the resident's usual performance and function score?
- Are there documentation protocols to support GG coding decisions?

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Tips for Success

- Understand importance of functional improvement and how to best facilitate resident progress
- Review and adapt current GG coding practices to ensure a collaborative approach to coding determination
- Review 6-point rating scale and activity not attempted codes
- Establish documentation protocols to support GG coding decisions
- Practice coding a variety of scenarios
- Review (audit) GG items for accuracy on an ongoing basis

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Thank you!

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