

Section GG & PDPM

CPT STAFF RELIAS WEBINAR

Section GG & PDPM

PDPM Starts October 1, 2019

- Under PDPM, therapy will still be completing Section GG
- Section GG will be a significant factor under PDPM
 - Including payment implications
- Vital that staff are accurate

Admission GG REMINDERS...

All the same as
under current
model

- If there are **orders** for PT, PT is responsible for the Mobility Section
- If there are **orders** for OT, OT is responsible for the Self Care Section
- **If only 1 discipline has orders, nursing is responsible for the other disciplines' section**

Admission GG REMINDERS...

All the same as
under current
model

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
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- The Admission GG will consist of the same activities as it does now
 - As always, **Avoid** dashes on the **performance** line! CMS says this should be a rare occurrence because a dash means there is no information
- Discharge Goal:
 - Only 1 Activity in Self Care or Mobility *requires* a Goal.... **CPT recommends 1 Goal for Self Care and 1 Goal for Mobility**
- The rest of the **goals can be dashed**

Discharge GG REMINDERS...

All the same as
under current
model

- Do not complete the Discharge GG if the patient is discharged to the hospital
- If a discipline is not involved in the patient's care during those last 3 days of the Part A stay, nursing is responsible for that section of the Discharge GG

New! PDPM Interim GG

- **Brand new Section GG:** Completed each time there is an Interim Payment Assessment (IPA)
- Interim Payment Assessment (**IPA**)
 - **optional** assessment that may be completed between the 5 day (Initial Medicare) MDS and the Discharge MDS, to report a **change** in the patient's classification under PDPM. The facility will decide when these are done.
- The GG completed with the IPA has some of the same requirements as the Admission & Discharge GG:
 - PT responsible for the Mobility Section
 - OT responsible for the Self Care Section
 - It is based on the "usual performance" of the patient
 - **Avoid** dashes on the performance line!
 - Make sure the status is backed up in your documentation

New!
PDPM
Interim
GG

- Completed within the **last** 3 days of the Interim Payment Assessment
 - The ARD of the IPA & the **2 previous days**
- If a discipline is not involved in the patient's care during those last 3 days of the IPA, nursing is responsible for that section of the Interim GG

New!
PDPM
Interim
GG

RUGS to
PDPM
transition

- Each Resident transitioning between RUGs and PDPM will need a RUG assessment to pay through Sept 30th and an Interim Payment Assessment (IPA) to set the PDPM rate as of October 1
- CMS is requiring an IPA to be completed on all transitioning residents between **October 1 – October 7**
- The IPA Date will be chosen by the facility.
- Interim GG therefore required on **all transitioning patients** on the IPA date or the 2 previous days
- Vital we are aware of the IPA Date for each patient to ensure we are completing the Interim GG's on the correct date.

New! PDPM Interim GG

- **Not ALL activities are measured on the Interim GG – only those that count toward the Function score for PDPM**
- Self Care Items are:
 - Eating
 - Oral Hygiene
 - Toileting Hygiene
- Mobility Items are:
 - Sit to Lying
 - Lying to Sit on side of bed
 - Sit to Stand
 - Chair/Bed to Chair Transfer
 - Toilet Transfer
 - Walk 50' w/ 2 Turns
 - Walk 150'

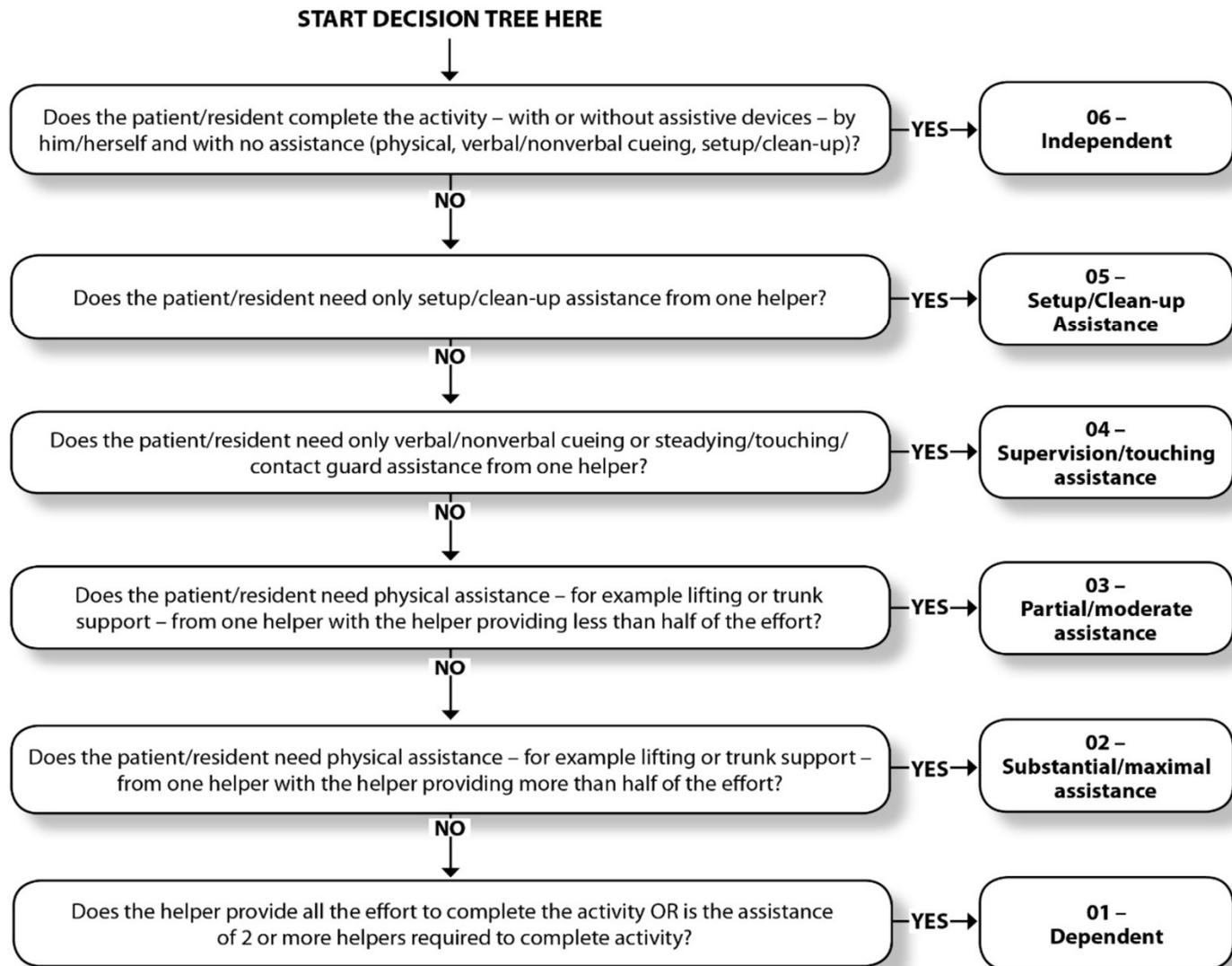
Coding Tips for Assist Levels

REMINDER....

Same as current model

- Status recorded should be based on Resident's **actual** performance, not based on their potential
- Residents should be allowed to perform activities as Independent as possible as long as they are safe
- Data entered in Section GG should be consistent with clinical documentation.
- Activities may be completed with or without an assistive device. **Use of an assistive device should not affect coding.**
 - Do not downgrade a resident if they need a device. If they are independent with a walker than they are independent per section GG

Coding
Decision Tree
Added to the
Medicare
Manual for
clarification



Coding Tip for
Not
Attempted
codes

*Only use the "activity not attempted codes" if the activity **did not occur**; that is, the resident did not perform the activity and a helper did not perform that activity for the resident.*

Coding Section GG

Not Attempted Reasons....

All result in a
“zero” score
under PDPM

Coding the reason an activity was not attempted is still based on the same 4 point scale. We want to highlight the red area below:

- 07, Resident refused: if the resident refused to complete the activity.
- 09, **Not applicable:** if the activity was not attempted **and the resident did not perform this activity prior to the current illness, exacerbation, or injury.**
- 10, Not attempted due to environmental limitations: if the resident did not attempt this activity due to environmental limitations. Examples include lack of equipment and weather constraints.
- 88, Not attempted due to medical condition or safety concerns: if the activity was not attempted due to medical condition or safety concerns.
- (-) no information

Coding Tips for Section GG

Frequent errors

- **Eating** involves bringing food and liquids to the mouth and swallowing food. The administration of tube feedings and parenteral nutrition is not considered when coding this activity, so should be coded as “Not attempted due to medical condition or safety concerns.”
- When coding **UB dressing and LB dressing**, helper assistance with buttons and/or fasteners is considered touching assistance.
- The **Car transfer** item includes the resident’s ability to transfer in and out of the **passenger seat** of a car or car simulator.
- If the resident walks and is not learning how to mobilize in a **wheelchair**, and only uses a wheelchair for transport between locations within the facility or for staff convenience (e.g., because the resident walks slowly), code the wheelchair gateway items at admission and/or discharge as follows:
 - Does the resident use a wheelchair/scooter?—No (o), and skip all remaining wheelchair questions.
- If the resident is learning how to mobilize in a wheelchair & cannot complete the task, the helper can complete the task for the resident and the item should be coded as such

How GG Coding Effects PDPM

- **Under PDPM, only certain items will impact the PT and OT Functional Score**
- The items chosen were all found to be highly predictive of PT and OT costs per day. Once again those items are:
- Self Care:
 - Eating
 - Oral Hygiene
 - Toileting Hygiene
- Mobility:
 - Sit to Lying
 - Lying to Sit on side of bed
 - Sit to Stand
 - Chair/Bed to Chair Transfer
 - Toilet Transfer
 - Walk 50' w/ 2 Turns
 - Walk 150'
- Just because these are the only items used for the PDPM scoring does not mean the other Activities on the Admission and Discharge GG can be ignored.

All items still need to be completed

How
GG Coding
Effects
PDPM

Depending on how each of those items are coded on GG will determine the Function Score under PDPM

The Function Scores range from 0 to 4
Increasing score means increasing independence

How GG Coding Effects PDPM

The scoring algorithm for items related to the PT and OT Functional Score:

PT and OT Function Score Construction (Non-Walking Items)

Response	Description	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, missing	Dependent, Refused, N/A, Not attempted due to environmental limitations, Not Attempted	0

PT and OT Function Score Construction for Walking Items

Response	Description	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, Not attempted due to environmental limitations, Resident Cannot Walk*	0

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

The Final Functional Score will be the total of these items

The following chart shows the Section GG Items included in the PT and OT Functional Score.

Section GG Items Included in PT and OT Functional Score

Item	Description	Score Range
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
GG0170C1	Mobility: Lying to sitting on side of bed	(average of 2 items)
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0-4
GG0170K1	Mobility: Walk 150 feet	(average of 2 items)

Functional Score under PDPM

The Function Score will help to determine payment under PDPM, BUT there is **not a direct linear relationship between increasing dependence and increasing payment like under RUGs.**

- The methodology used to reflect payment is based on data that PT and OT utilization is highest for patients with moderate functional independence and lower for patients with both the highest levels of functional dependence and highest levels of independence.
 - Highest Level of Functional Dependence: may be too impaired to handle intense therapy
 - Highest Level of Functional Independence: may require less therapy because they already have a high level of functional independence

CMS believes PDPM appropriately assigns payment according to the observed relationship between functional independence and PT/OT utilization.

So scoring GG accurately to the patient's level of function is vital!



Thank you for your
time and attention