


Section GG Updates


Effective October 1, 2023



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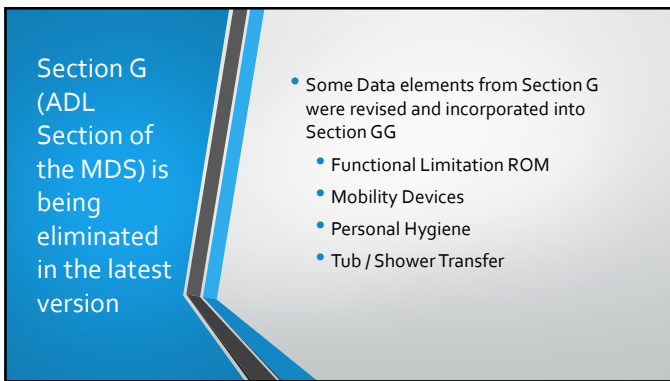


What's this all About?



- Purpose of this training session:
 - Ensure all staff have a working knowledge of the Changes and Clarifications made to Section GG in the latest version of the MDS
 - Review the Changes to our Section GG Processes

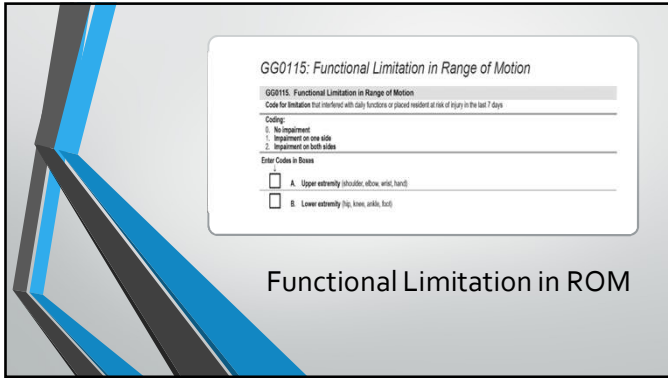
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Section G (ADL Section of the MDS) is being eliminated in the latest version

- Some Data elements from Section G were revised and incorporated into Section GG
 - Functional Limitation ROM
 - Mobility Devices
 - Personal Hygiene
 - Tub / Shower Transfer

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GG0115: Functional Limitation in Range of Motion

Code for limitation that interferes with daily functions or places resident at risk of injury in the last 7 days

Coding:

0. No impairment
1. Impairment on one side
2. Impairment on both sides

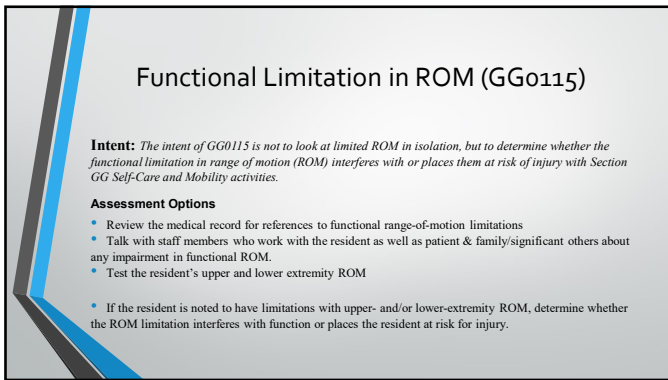
Enter Codes in Boxes

A. Upper extremity (shoulder, elbow, wrist, hand)

B. Lower extremity (hip, knee, ankle, foot)

Functional Limitation in ROM

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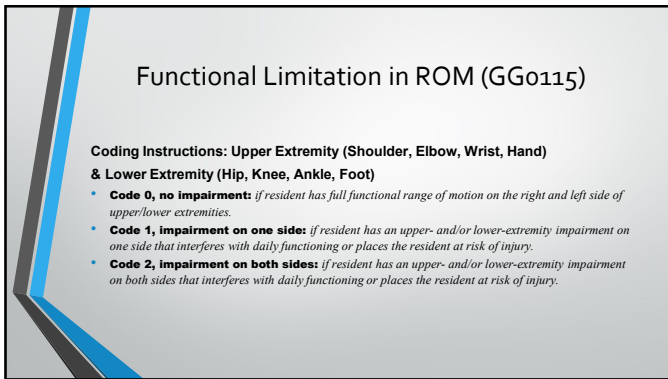
Functional Limitation in ROM (GG0115)

Intent: *The intent of GG0115 is not to look at limited ROM in isolation, but to determine whether the functional limitation in range of motion (ROM) interferes with or places them at risk of injury with Section GG Self-Care and Mobility activities.*

Assessment Options

- Review the medical record for references to functional range-of-motion limitations
- Talk with staff members who work with the resident as well as patient & family/significant others about any impairment in functional ROM.
- Test the resident's upper and lower extremity ROM
- If the resident is noted to have limitations with upper- and/or lower-extremity ROM, determine whether the ROM limitation interferes with function or places the resident at risk for injury.

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Functional Limitation in ROM (GG0115)

Coding Instructions: Upper Extremity (Shoulder, Elbow, Wrist, Hand) & Lower Extremity (Hip, Knee, Ankle, Foot)

- **Code 0, no impairment:** *if resident has full functional range of motion on the right and left side of upper/lower extremities.*
- **Code 1, impairment on one side:** *if resident has an upper- and/or lower-extremity impairment on one side that interferes with daily functioning or places the resident at risk of injury.*
- **Code 2, impairment on both sides:** *if resident has an upper- and/or lower-extremity impairment on both sides that interferes with daily functioning or places the resident at risk of injury.*

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Functional Limitation in ROM (GG0115)

Coding Instructions in Net Health:

The Upper Extremity (Shoulder, Elbow, Wrist, Hand) Assessment: Located in the Self Care Admission GG; for OT to complete

Lower Extremity (Hip, Knee, Ankle, Foot) Assessment: Located in the Mobility Admission GG; for PT to complete

Code this Assessment since admission or since Medicare day 1

The instructions state it is a 7-day assessment.
We however are completing it within the 3-day time frame
We are contributing to the 7-day assessment, not completing it.

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GG0120: Mobility Devices

GG0120. Mobility Devices
Check all that were normally used in the last 7 days

- A. Cane/crutch
- B. Walker
- C. Wheelchair (manual or electric)
- D. Limb prosthesis
- Z. None of the above were used

Mobility Devices

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Mobility Devices (GG0120)

Assessment Options

- Review the medical record for references to locomotion.
- Talk with staff members who work with the resident as well as the patient & family/significant others about devices used for mobility since admission.
- Observe the resident during locomotion.

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Mobility Devices (GG0120)

Coding Instructions

Record the type(s) of mobility devices the resident normally uses for locomotion (in room and in facility). **Check all that apply:**

- **Check Cane/crutch:** if the resident used a cane or crutch, including single-prong, tripod, quad cane, etc.
- **Check Walker:** if the resident used a walker or hemi-walker, including an enclosed frame-wheeled walker with or without a posterior seat and lap cushion. Also check this item if the resident walks while pushing a wheelchair for support.
- **Check Wheelchair (manual or electric):** if the resident normally sits in a wheelchair when moving about. Include wheelchairs that are hand propelled, motorized, or pushed by another person. Do not include geri-chairs, reclining chairs with wheels, positioning chairs, scooters, and other types of specialty chairs.
- **Check Limb prosthesis:** if the resident used an artificial limb to replace a missing extremity.
- **Check None of the above:** if the resident used none of the mobility devices listed in GG0120 or locomotion did not occur during the observation period.

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Mobility Devices (GG0120)

Coding Instructions in Net Health:

- Located in the Mobility Admission GG for PT to complete
- **Code this Assessment since admission or since Medicare day 1**

The Instructions state it is a 7-day assessment.
We however are completing it within the 3-day time frame
We are contributing to the 7-day assessment, not completing it.

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Personal Hygiene

- Added to Self Care GG
- Admission, Interim and DC Assessments all include this item

GG0130: Self-Care (3-day assessment period) Admission

GG0130: Self-Care (Interim period) is the first 3 days of the stay.
Complete (Interim) Code AD1014 - 01, Complete (Admission) IAD1018 + 01.
(Interim) AD1013 - 01, the day begins on 02/01, (Interim) AD1013 - 01, the day begins on 02/01.
Code the resident's usual performance at the start of the stay (admission) for each activity using the 5-point scale. If activity was not attempted at the start of the stay (admission), code the resident's usual performance for each activity using the 5-point scale. Use of codes 01, 02, 03, or 04 is permitted to indicate end of stay (PFS use, discharge, death).

Admission Performance	Discharge Code	Scale
<input type="checkbox"/>	<input type="checkbox"/>	5
<input type="checkbox"/>	<input type="checkbox"/>	4
<input type="checkbox"/>	<input type="checkbox"/>	3
<input type="checkbox"/>	<input type="checkbox"/>	2
<input type="checkbox"/>	<input type="checkbox"/>	1
<input type="checkbox"/>	<input type="checkbox"/>	0

Enter Codes in Boxes:

A. Grooming: The ability to clean, wash, or brush the hair and face and to use a comb or hairbrush. The ability to use a hairbrush and comb on the head and face before the resident leaves the room.

B. Oral hygiene: The ability to use suitable items to clean teeth. (Division of appliances). The ability to insert and remove dentures into and from the mouth, and to change dentures before wearing and to clean dentures.

C. Toileting hygiene: The ability to maintain personal hygiene, which includes before and after voiding or having a bowel movement. (Including using a commode, toilet paper, the ability to not crumple equipment.)

D. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (includes washing of back and hair). Does not include transferring in/out of bathroom.

E. Open body dressing: The ability to dress and undress above the waist, including beltless, if applicable.

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

G. Putting on/adjusting footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for self mobility, wearing, if applicable.

H. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing, using soap, cosmetics, manicures, pedicures, haircuts, showers, and teeth hygiene.

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Personal Hygiene in Self Care GG

Coding Tips:

- Personal hygiene involves the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, and washing and drying face and hands (excludes baths, showers, and oral hygiene).
- Code set up or clean-up assistance if helper needs to retrieve personal hygiene items

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Tub / Shower Transfer

- Added to Mobility GG
- Admission, Interim and DC Assessments all include this item

GG0170: Mobility (3-day assessment period) Admission

Category: Mobility
 Description: The ability to move from sitting or standing to standing, and from standing to sitting, and vice versa, without the use of a wheelchair, walker, or other assistive device.

Item	Code	Description
<input type="checkbox"/>	A	Partial weight: The ability to lift from lying or kneeling to sitting or standing on the feet.
<input type="checkbox"/>	B	Weight bearing: The ability to move from sitting or kneeling to standing on the feet.
<input type="checkbox"/>	C	Transfer: The ability to move from lying or kneeling to sitting on the floor or from sitting on the floor to standing on the feet.
<input type="checkbox"/>	D	Transfer: The ability to move from sitting on the floor to standing on the feet.
<input type="checkbox"/>	E	Transfer: The ability to move from sitting on the floor to standing on the feet.
<input type="checkbox"/>	F	Transfer: The ability to get on and off a toilet or commode.
<input type="checkbox"/>	G	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	H	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	I	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	J	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	K	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	L	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	M	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	N	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	O	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	P	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	Q	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	R	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	S	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	T	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	U	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	V	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	W	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	X	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	Y	Transfer: The ability to get on and off a wheelchair.
<input type="checkbox"/>	Z	Transfer: The ability to get on and off a wheelchair.

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Tub / Shower Transfer in Mobility GG

Coding Tips:

- Tub/shower transfers involve the ability to get into and out of the tub or shower.
- Do not include washing, rinsing, drying, or any other bathing activities in this item.

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Coding Tips

Additional GG coding Tips in General

- Residents with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the resident's need for assistance to perform the activity safely.
- CMS does not provide an exhaustive list of assistive devices that may be used when coding self-care and mobility activities. Clinical assessments may include any device or equipment that the resident can use to allow them to safely complete the activity as independently as possible.
- Do not code self-care and mobility activities with use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems).

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Coding Tips

Additional GG coding Tips in General

- Code 05, Setup or clean-up assistance: if the helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity, but not during the activity. For example, the resident requires assistance cutting up food or opening a container, or requires **setup of hygiene item(s) or assistive device(s) prior to an activity.**
- Code 01, Dependent: if two helpers are required for the safe completion of an activity
 - even if the second helper provides supervision/stand-by assist only and does not end up needing to provide hands-on assistance.
 - Even if the second helper is there to manage the necessary equipment to allow the activity to be completed

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Coding Tips

Additional Coding Tips for Mobility Items

Rolling

- *If the resident does not sleep in a bed, clinicians should assess bed mobility activities using the alternative furniture on which the resident sleeps (for example, a recliner).*

Sit to stand

- *Code as 05, Setup or clean-up assistance, if the only help a resident requires 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.*

Toilet Transfer

- *Code as 05, Setup or clean-up assistance, if the resident requires a helper to position/set up the bedside commode before and/or after the resident's bed-to-commode transfers (place at an accessible angle/location next to the bed) and the resident does not require helper assistance during Toilet transfers.*

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Coding Tips

Additional Coding Tips for Mobility Items

12 Steps

- If a resident's environment does not have 12 steps, the combination of going up and down 4 stairs three times consecutively in a safe manner is an acceptable alternative to comply with the intention and meet the requirements of this activity.

Picking up object from floor

- Picking up the object must be assessed while the resident is in a standing position. If the resident is not able to stand, the activity did not occur, and the appropriate "not attempted" code would be used.

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Coding Tips

Additional Coding Tips for Self Care Items

Eating:

The intent of GG0130A, Eating is to assess the resident's 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.

- If a resident requires assistance (e.g., supervision or cueing) to swallow safely, code based on the type and amount of assistance required for feeding and safe swallowing.
- If a resident swallows safely without assistance, exclude swallowing from consideration

Oral Hygiene:

- For a resident who is edentulous, code Oral hygiene based on the type and amount of assistance required from a helper to clean the resident's gums

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Coding Tips

Additional Coding Tips for Self Care Items

Toilet Hygiene Includes:

- managing clothing (including undergarments and incontinence products, such as incontinence briefs or pads) before and after voiding or having a bowel movement.
- Performing perineal hygiene
- When the resident requires different levels of assistance to perform toileting hygiene after voiding versus after a bowel movement, code based on the type and amount of assistance required to complete the ENTIRE activity.
- If a resident manages an ostomy or indwelling catheter, toilet hygiene includes any cleaning but does not include management of the equipment

Shower / Bathe self:

- Code 05, Setup or clean-up assistance, if the resident can complete bathing tasks only after a helper retrieves or sets up supplies necessary to perform the included tasks.
- Code 05, Setup or clean-up assistance, if the only help the resident requires is assistance before the bathing activity to cover wounds or devices for water protection during bathing.

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Interim Self Care GG Additions

- Went from 3 items to 8 items
- Added shower/bathing, UB dressing, LB dressing, putting on / taking off footwear, & personal hygiene

GG0130: Self-Care (OBRA/Interim)

OBRA/Interim
Date Code to Issue

GG0130: Self-Care (Assessment period is the RUG plus 2 previous calendar days)
Complete sections A through H and I. Do not complete section J unless ADL100 = 04.
 Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

- 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 resident.
- 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 personal hygiene, adjust clothes before and after voiding or having a bowel movement, if necessary to ensure comfort during the activity but still managing equipment.
- E. Shower/bath/safe:** The ability to bathe well, including washing, rinsing, and drying self (includes washing of back and hair). Does not include hair drying or removal 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.
- I. Personal hygiene:** The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/bathing face and hands (includes bath, showers, and oral hygiene).

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Interim Mobility GG Additions

- Went from 8 items to 11 items
- Added Rolling, Tub/shower Transfer, & W/C Items

GG0170: Mobility (OBRA/Interim)

OBRA/Interim
Date Code to Issue

GG0170: Mobility (Assessment period is the RUG plus 2 previous calendar days)
Complete sections A through H and I. Do not complete section J unless ADL100 = 04.
 Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

- 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. Laying to sitting on side of bed:** The ability to move from lying on the back or sitting on the side of the bed and with no back support.
- D. Sit to stand:** The ability to move from a sitting position from sitting in a chair, wheel chair, 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.
- F1. Toilettower transfer:** The ability to get in and out of a toilettower.
- F2. Walk 10 feet with knee brace:** Once standing, the ability to walk at least 10 feet in a corridor or similar space. If performance in the last 7 days is **01**, **02**, **03**, **04**, or **05**, then **06** through **09** must be used to indicate the reason for not completing the activity.
- K. Walk 100 feet:** Once standing, the ability to walk at least 100 feet in a corridor or similar space.
- 01** Does the resident use a wheelchair or walker?
- H. Transfer 50 feet with leg brace:** Once standing, the ability to walk at least 50 feet with leg brace.
- I. Transfer 100 feet with leg brace:** Once standing, the ability to walk at least 100 feet with leg brace.
- J. Walk 100 feet:** Once standing, the ability to walk at least 100 feet in a corridor or similar space.

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Good News for Supervisors

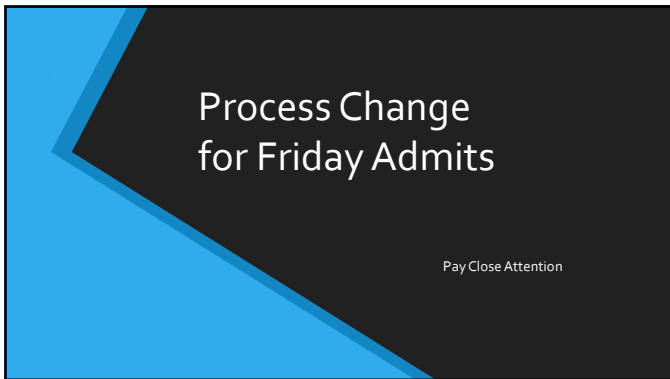
No longer need to pull over GG into PCC

No longer need to sign the GG in PCC

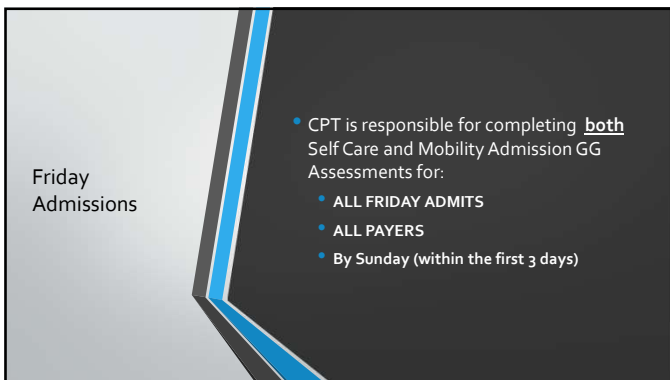
RCC's will be reviewing our GG assessments but will also consider nursing info to complete GG in PCC

Need to ensure that all skilled patients have both Self Care & Mobility GG completed timely but...

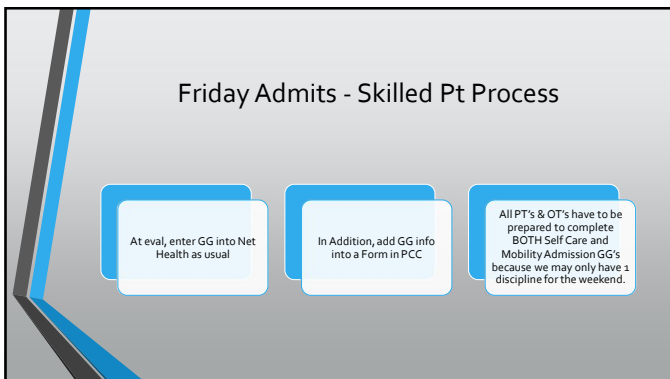
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Friday Admits- Non-Skilled Pt. Process

- No formal eval
GG will only be entered onto a form in PCC, NOT Net Health
- In order to code without an eval, may need to rely on interviewing staff, patient and family as well as having patient complete tasks
- All PT & OT staff (including assistants) have to be prepared to complete BOTH Self Care and Mobility GG's because we may only have 1 discipline for the weekend.
- This is a service we are providing to Alden; no orders are needed

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Friday Admits- Non-Skilled Process

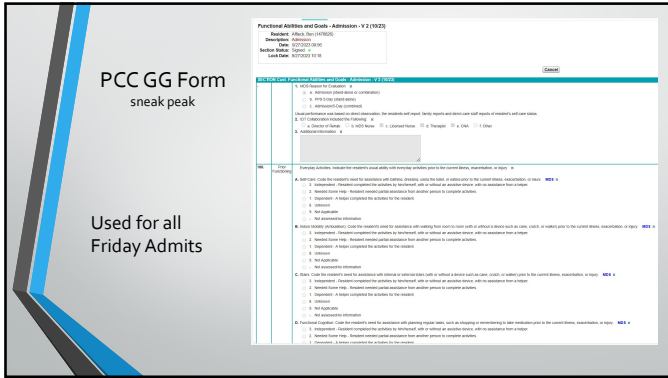
- Supervisor must monitor PCC for all Friday Admits
- Need to have a Therapist or an Assistant available every weekend in case a Friday admit occurs and be sure they have PCC Access to your site, so plan ahead!
- Supervisor will schedule the non-skilled GG Assessments via Pre-admit
- Supervisor to add the following in the Notes section for Pre-Admit:
 - list of patient names & room #s identify them as non-skilled GG's
 - Identify which GG's to complete

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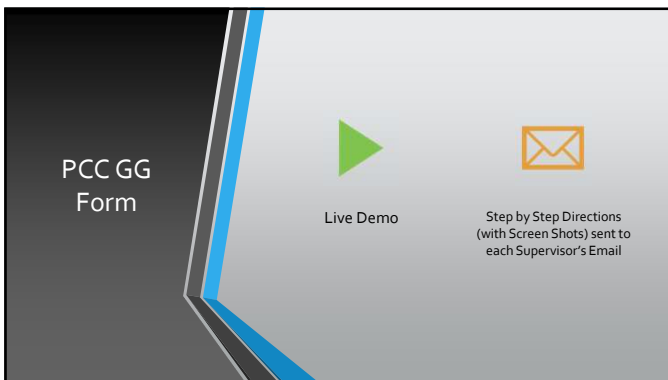
Friday Admits- Non-Skilled Process

- There will be **no** case opened for these Patients in Net Health
- Staff will only record the time spent completing these GG Assessments in NPC Time
 - A Special Category has been created in the NPC Log for GG Assessments
- If you are only completing GG's on non-skilled patients while at facility, expect to be 0% productive – THIS IS OK!

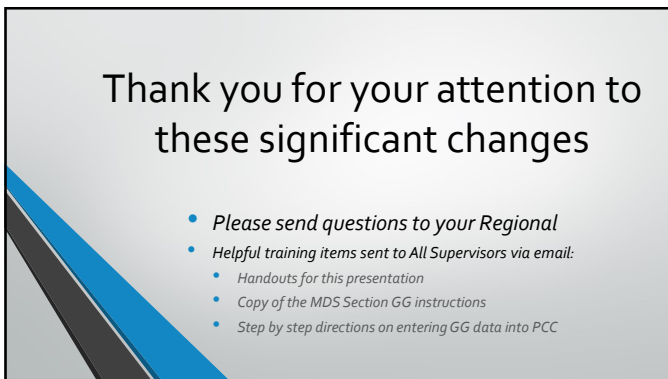
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