



### ■ GG0130 Mobility

- A. Rolling Left and Right
- B. Sit to Lying
- C. Lying to Sitting on Side of Bed
- D. Sit to Stand
- E. Chair/Bed-to-Chair Transfer
- F. Toilet Transfer
- G. Car Transfer
- I. Walk 10 Feet
- J. Walk 50 Feet with Two Turns
- K. Walk 150 Feet
- L. Walking 10 Feet on Uneven Surfaces
- M. 1 Step/Curb
- N. 4 Steps
- O. 12 Steps
- P. Picking Up Objects
- Q1. Does patient use a wheelchair and/or scooter?
- R. Wheel 50 Feet with Two Turns
- RR1. Indicate the Type of Wheelchair or Scooter Used
- S. Wheel 150 Feet
- SS1. Indicate the Type of Wheelchair or Scooter Used

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### Scores

- **6. Independent:** Patient completes the activity by themselves with no assistance from a helper.
- **5. Setup or clean-up assistance:** Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- **4. Supervision or touching assistance:** Helper provides verbal cues or touching/steadying/contact guard assistance as a patient completes activity. Assistance may be provided throughout the activity or intermittently.
- **3. Partial/moderate assistance:** Helper does less than half the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half or exactly half of the effort.
- **2. Substantial/maximal assistance:** Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **1. 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.

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### Activity Did Not Occur Scores

- **7. Patient refused**, if the patient refused to complete the activity.
- **9. Not Applicable**, if the patient did not perform this activity prior to the current illness, exacerbation, or injury.
- **10. Not attempted due to environmental limitations** (lack of equipment, weather).
- **88. Not attempted due to medical condition or safety concerns**, if the activity was not attempted due to medical condition or safety concerns.

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### Steps for Assessment

- Complete as close to the time of admission or discharge as possible.
- Assess the patient's self-care status based on direct observation, incorporating the patient's self-report, family reports, and reports from clinicians, care staff, or family documented in the patient's medical record during the 3-day assessment period. CMS anticipates that an interdisciplinary team of clinicians is involved in assessing the patient during the assessment period.
- Patients should be allowed to perform activities as independently as possible, as long as they are safe regardless of how the patient performed the activity prior to the current illness, exacerbation, or injury. Activities may be completed with or without assistive device(s). This includes the use of any new or previously utilized assistive device or equipment. Use of a device or equipment may result in the patient needing less assistance from a helper.
- At the admission assessment, the self-care or mobility performance code should be based on a functional assessment that occurs soon after the patient's admission and reflects the patient's baseline ability to complete the activity. The assessment should occur prior to the patient benefiting from services.

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## Steps for Assessment

- "Prior to the benefit of services" means prior to provision of any care by your facility staff that would result in more independent coding. Introducing a new device should not automatically be considered as "providing a service." Code based on the type and amount of assistance that is required for the patient to complete the activity prior to the benefit of services provided.
- If the patient was not able to complete an activity prior to the benefit of services and you cannot determine performance based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities use the appropriate "activity not attempted" code.
- Assessment of the GG items is based on the patient's ability to complete the activity regardless of whether the activity is being/will be routinely performed.
  - Walking may be assessed for a patient who did/does/will use a wheelchair as their primary mode of mobility.
  - Stairs may be assessed for a patient not routinely accessing stairs.

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## Steps for Assessment

- Communicating an activity request to the patient (e.g., "Can you stand up from the toilet?") would not be considered verbal cueing. If additional prompts are required in order for the patient to safely complete the activity ("Push down on the grab bar", etc.), the assessing clinician may need to use clinical judgment to determine the most appropriate code.

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### Coding Tips

- When an activity is not completed entirely during one clinical observation, code based on the type and amount of assistance required to complete the entire activity.
  - If patient transfers bed-to-chair in the morning and chair-to-bed at night, code should reflect the entire activity.
- If the patient only completes a portion of the activity (e.g., performs a partial bath or transfers into but not out of a vehicle) and does not complete the entire activity during the assessment time period, use clinical judgment to determine if the situation allows the clinician to adequately assess the patient's ability to complete the activity. If the clinician determines that this observation is adequate, code based on the type and amount of assistance the patient requires to complete the ENTIRE activity. If the clinician determines the partial activity does not provide adequate information to support determination of a performance code, select an appropriate "activity not attempted" code.

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### Coding Tips

- 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.
- Documentation in the medical record is used to support assessment coding of Section GG and should be consistent with the clinical assessment documentation in the patient's medical record. This assessment can be conducted by appropriate healthcare personnel as defined by facility policy and in accordance with State and Federal regulations.
- Do not code self-care and mobility activities with use of a device that is restricted to patient use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems).

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## Coding Tips

- Record the patient's 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 record the patient's usual performance during the assessment period.
- Do not record the staff's assessment of the patient's *potential* capability to perform the activity.

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## Scoring "88"

### When is using "88" appropriate?

- The patient is unable to complete the activity.
  - The distance is too far.
  - The patient needed too much help with an easier activity (i.e., 1 step), so assessing the patient with a harder activity is not advisable.
- The patient is unable to initiate the activity when cues or after hands-on assistance is offered.
- The activity is being completed in an unsafe manner and cueing does not result in a change in behavior.
- The activity is being completed in an unsafe manner and hands-on assistance does not result in a change in behavior.
- The patient is unable to complete the activity safely without hands-on assistance without first benefiting from education and therapeutic services.
- Medical issues prevent the patient from participating in an assessment.

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### Documentation for "88"

- If a patient is unable to complete a task and the clinician decides the most appropriate score to use is "88", the documentation in the record should indicate why "88" was selected.
- Examples of statements to support the use of "88" follow:
  - It was unsafe to complete the task due to the following medical reason \_\_\_\_\_.
  - It was unsafe to complete the task without education, which was provided to the patient. Following education, the patient performed the activity with \_\_\_\_\_ amount of assistance.
  - The patient was isolated, and I was unable to simulate the environment to complete an activity.

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### Role of Assistive Devices

- You should not automatically score a patient "88" when they need an assistive device to complete a task.
- Determine whether intervention is needed to use the device.
- If the patient is given a device and they are able to complete the task, select the score 1-6 that reflects the patient's performance of the activity.
- If you give the patient a device that they do not know how to use, provide assistance and score according to the amount of assistance needed.
- If the patient is given a device and they are unable to safely use the device even when help is given, the task would be scored "88" since it was not safe to complete.

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**What is intervention?**

- Instructions, multiple cues, directions
- Setting up the environment or positioning the patient
- Changing the surface height based on clinical judgement of potential need
- Showing the patient how to complete a task

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**Examples of appropriate use of "88"**

- Patient must maintain spinal precautions, so she is unable to bend over to pick up an object.
- Unable to assess rolling in both directions due to posterior hip precautions.
- Unable to assess toilet transfer because patient was unable to push up from the bed and required 2-person assistance to come to standing.
- Unable to position bilateral lower extremities in the car due to lack of knee flexion, so car transfer could not be assessed.
- Oral hygiene assessment was not completed due to aspiration precautions.
- Upper and lower body dressing tasks not completed due to unresponsiveness.

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### Examples of inappropriate use of "88"

- Patient required skilled intervention to don/doff a TLSO brace. She was able to complete the remaining portion of the upper body dressing with supervision.
- Oral hygiene assessment was not completed due to aspiration precautions. However, nursing indicated the task was completed.
- Upper and lower body dressing tasks not completed due to unresponsiveness. However, nursing scored the tasks as "1" on the first day.
- Lower body dressing was scored "88" because there were safety concerns regarding sitting at the edge of the bed to thread a brief. (But was the patient dressed?)

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### Where do you stand?

- All section GG items were reported with a 1-6 for:
  - 83.53% for all payers
  - 83.62% for Medicare and Medicare Advantage patients

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- **Review outcomes reports regularly.**

- Total admission scores.
  - Isolate the CMG related GG items or QRP related GG items.
- Total discharge scores.
  - Be sure to compare discharge scores to the same measure used at admission when evaluating your change.
- Individual item averages.
  - To determine problem areas.
- Trend reports.
  - To see how consistent your performance is among time periods.

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- **CMS Care Compare reports discharge scoring differently than typical outcomes measures.**

- Instead of providing the hospital's average performance, Care Compare evaluates each patient.
- Looks at a patient as a pass/fail. Either the patient met the expected discharge value or they did not.
- Measures discharge scores against an expected value. This is a risk adjusted value based on predicted scores when you report an activity not attempted code at discharge.
- If the patient's total discharge score does not meet the expected discharge score, the patient is not counted as "met" in the Care Compare report.
- The hospital's score reflects the percentage of patients that met or exceeded the expected discharge values.

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- **Risk adjustment coefficients used in the CMS Discharge Function Score Measure:**

- Age
- Admission function – continuous and squared form
- Admission impairment
- Interaction between admission function and admission impairment
- Prior surgery, functioning, and device use
- Pressure injuries
- Cognitive function, BIMS score at admission
- Bladder and bowel continence
- History of falls
- Nutritional approaches at admission
- High/low BMI
- Hierarchical condition category (HCC) that can be assigned to an assessment based on the comorbidities present. CMS has a crosswalk for ICD-10 code to HCCs.

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- **It is important to evaluate patient level data or performance if you are concerned about Care Compare reporting.**

- Patient metrics.
  - Lists admission scores with benchmark data.
  - Lists discharge scores with benchmark data.
- Track discharge scores.
  - Determine who met the facility average, national average, or regional average or set your own target.
- Use the information obtained to guide your education plan.

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- **Address functional scoring with nursing and therapy staff quarterly.**

- Annual training class
- Case studies
- Testing
- Q&A based on information gleaned from chart reviews

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*Questions?*

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