

**Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	—	GG-2– GG-67	Page length changed due to revised content.
3	GG0100	GG-2	<p>Coding Tips</p> <ul style="list-style-type: none"> Record the resident’s usual ability to perform self-care, indoor mobility (ambulation), stairs, and functional cognition prior to the current illness, exacerbation, or injury. If no information about the resident’s ability is available after attempts to interview the resident or their family and after reviewing the resident’s medical record, code as 8, Unknown. Completing the stair activity for GG0100C indicates that a resident went up and down the stairs, by any safe means, with or without handrails or assistive devices or equipment (such as a cane, crutch, walker, or stair lift) and/or with or without some level of assistance. For the GG0100C stair activity, “by any safe means” may include a resident scooting up and down stairs on their buttocks. Going up and down a ramp is not considered going up and down stairs for coding GG0100C.

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0100	GG-2	<p>Examples for Coding Prior Functioning: Everyday Activities</p> <p>1. Self-Care: Resident T was admitted to an acute care facility after sustaining a stroke and subsequently admitted to the SNF for rehabilitation. Prior to the stroke, Resident T was independent in eating and using the toilet; however, Resident T required assistance for bathing and putting on and taking off their shoes and socks. The assistance needed was due to severe arthritic lumbar pain upon bending, which limited their ability to access their feet.</p> <p>Coding: GG0100A would be coded 2, Needed Some Help.</p> <p>Rationale: Resident T needed partial assistance from a helper to complete the activities of bathing and dressing. While Resident T did not need help for all self-care activities, they did need some help. Code 2 is used to indicate that Resident T needed some help for self-care.</p> <p>1. Self-Care: Resident R was diagnosed with a progressive neurologic condition five years ago. They live in a long-term nursing facility and were recently hospitalized for surgery and have now been admitted to the SNF for skilled services. According to Resident R's spouse, prior to the surgery, Resident R required complete assistance with self-care activities, including eating, bathing, dressing, and using the toilet.</p> <p>Coding: GG0100A would be coded 1, Dependent.</p> <p>Rationale: Resident R's spouse has reported that Resident R was completely dependent in self-care activities that included eating, bathing, dressing, and using the toilet. Code 1, Dependent, is appropriate based upon this information.</p>

**Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0100	GG-2	<p>3. Indoor Mobility (Ambulation): Approximately three months ago, Resident K had a cardiac event that resulted in anoxia, and subsequently a swallowing disorder. Resident K has been living at home with their spouse and developed aspiration pneumonia. After this most recent hospitalization, they were admitted to the SNF for a diagnosis of aspiration pneumonia and severe deconditioning. Prior to the most recent acute care hospitalization, Resident K needed some assistance when walking.</p> <p>Coding: GG0100B would be coded 2, Needed Some Help.</p> <p>Rationale: While the resident experienced a cardiac event three months ago, they recently had an exacerbation of a prior condition that required care in an acute care hospital and skilled nursing facility. The resident's prior functioning is based on the time immediately before their most recent condition exacerbation that required acute care.</p> <p>2. Indoor Mobility (Ambulation): Resident L had a stroke one year ago that resulted in their using a wheelchair to self-mobilize, as they were unable to walk. Resident L subsequently had a second stroke and was transferred from an acute care unit to the SNF for skilled services.</p> <p>Coding: GG0100B would be coded 9, Not Applicable.</p> <p>Rationale: The resident did not ambulate immediately prior to the current illness, injury, or exacerbation (the second stroke).</p>

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0100	GG-3	<p>5. Stairs: Prior to admission to the hospital for bilateral knee surgery, followed by their recent admission to the SNF for rehabilitation, Resident V experienced severe knee pain upon ascending and particularly descending their internal and external stairs at home. Resident V required assistance from their spouse when using the stairs to steady them in the event their left knee would buckle. Resident V's spouse was interviewed about their spouse's functioning prior to admission, and the therapist noted Resident V's prior functional level information in their medical record.</p> <p>Coding: GG0100C would be coded 2, Needed Some Help.</p> <p>Rationale: Prior to admission, Resident V required some help in order to manage internal and external stairs.</p> <p>3. Stairs: Resident P has expressive aphasia and difficulty communicating. SNF staff have not received any response to their phone messages to Resident P's family members requesting a return call. Resident P has not received any visitors since their admission. The medical record from their prior facility does not indicate Resident P's prior functioning. There is no information to code item GG0100C, but there have been attempts at seeking this information.</p> <p>Coding: GG0100C would be coded 8, Unknown.</p> <p>Rationale: Attempts were made to seek information regarding Resident P's prior functioning; however, no information was available.</p>

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0100	GG-3	<p>4. Functional Cognition: Resident K has mild dementia and recently sustained a fall resulting in complex multiple fractures requiring multiple surgeries. Resident K has been admitted to the SNF for rehabilitation. Resident K’s caregiver reports that when living at home, Resident K needed reminders to take their medications on time, manage their money, and plan tasks, especially when they were fatigued.</p> <p>Coding: GG0100D would be coded 2, Needed Some Help.</p> <p>Rationale: Resident K required some help to recall, perform, and plan regular daily activities as a result of cognitive impairment.</p> <p>8. Functional Cognition: Resident R had a stroke, resulting in a severe communication disorder. Their family members have not returned phone calls requesting information about Resident R’s prior functional status, and their medical records do not include information about their functional cognition prior to the stroke.</p> <p>Coding: GG0100D would be coded 8, Unknown.</p> <p>Rationale: Attempts to seek information regarding Resident R’s prior functioning were made; however, no information was available.</p>
3	GG0110	GG-4	<p>Coding Tips</p> <ul style="list-style-type: none"> For GG0110D, Prior Device Use - Walker: “Walker” refers to all types of walkers (for example, pickup walkers, hemi-walkers, rolling walkers, and platform walkers). GG0110C, Mechanical lift, includes sit-to-stand, stand assist, stair lift, and full-body-style lifts. Clinical judgment may be used to determine whether other devices meet the definition provided.

**Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0130 and GG0170	GG-10– GG-17	GG0130: Self-Care and GG0170: Mobility subsection added to consolidate shared guidance from the respective GG0130 and GG0170 individual item subsections. Guidance that applies to both items has been merged and moved to this new subsection; moves are not annotated as a change. Only additions to the guidance are annotated as a change within subsection GG0130: Self-Care and GG0170: Mobility.
3	GG0130 and GG0170	GG-12	<p>2. For the purposes of completing Section GG items GG0130 and GG0170, a “helper” is defined as facility staff who are direct employees and facility-contracted employees (e.g., rehabilitation staff, nursing agency staff). Thus, “helper” does not include individuals hired, compensated or not, by individuals outside of the facility’s management and administration such as hospice staff, nursing/certified nursing assistant students, etc. Therefore, when helper assistance is required because a resident’s performance is unsafe or of poor quality, consider only facility staff when scoring according to the amount of assistance provided.</p>
3	GG0130 and GG0170	GG-12	<p>Coding Tips</p> <ul style="list-style-type: none"> Assessment of the GG self-care and mobility items is based on the resident’s ability to complete the activity with or without assistance and/or a device. This is true regardless of whether or not the activity is being/will be routinely performed (e.g., walking might be assessed for a resident who did/does/will use a wheelchair as their primary mode of mobility, stair activities might be assessed for a resident not routinely accessing stairs).

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

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3	GG0130 and GG0170	GG-17	<p>Performance Coding Tips</p> <p>General coding tips</p> <ul style="list-style-type: none"> • The assessment timeframe is up to 3 calendar days based on the target date. During the assessment timeframe, some activities may be performed by the resident multiple times, whereas other activities may only occur once. • A dash (–) indicates “<i>No information.</i>” CMS expects dash use to be a rare occurrence. • CMS does not provide an exhaustive list of assistive devices that may be used when coding self-care and mobility performance. 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. <ul style="list-style-type: none"> ○ 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).
3	GG0130 and GG0170	GG-17	<p>Coding tips for coding the resident’s usual performance</p> <ul style="list-style-type: none"> • If two or more helpers are required to assist the resident in completing the activity, code as 01, Dependent.

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0130	GG-21	<p>Examples and Coding Tips</p> <p>Note: The following are coding examples and coding tips for self-care items. Some examples describe a single observation of the resident completing the activity; other examples describe a summary of several observations of the resident completing an activity across different times of the day and different days.</p> <p>Coding Tips for GG0130A, Eating</p> <ul style="list-style-type: none"> 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. The adequacy of the resident's nutrition or hydration is not considered for GG0130A, Eating.
3	GG0130	GG-22	<p>Examples for Coding Performance</p> <p>Note: The following are coding examples for each Self Care item. Some examples describe a single observation of the person completing the activity; other examples describe a summary of several observations of the resident completing an activity across different times of the day and different days.</p> <p>Examples for GG0130A, Eating</p> <ol style="list-style-type: none"> Eating: Resident S has multiple sclerosis, affecting their endurance and strength. Resident S prefers to feed themselves as much as they are capable. During all meals, after eating three-fourths of the meal by themselves, Resident S usually becomes extremely fatigued and requests assistance from the certified nursing assistant to feed them the remainder of the meal. <p>Coding: GG0130A would be coded 03, Partial/moderate assistance.</p> <p>Rationale: The certified nursing assistant provides less than half the effort for the resident to complete the activity of eating for all meals.</p>

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0130	GG-28	<ul style="list-style-type: none"> For residents with a single lower extremity amputation with or without use of a prosthesis, the activity of putting on/taking off footwear could apply to the intact limb or both the limb with the prosthesis and the intact limb. <ul style="list-style-type: none"> If the resident performed the activity of putting on/taking off footwear for the intact limb only, then code based upon the amount of assistance needed to complete the activity. If the resident performed the activity of putting on/taking off footwear for both the intact limb and the prosthetic limb, then code based upon the amount of assistance needed to complete the activity. Consider an item that covers all or part of the foot as footwear, even if it extends up the leg, and do not also consider it as a lower-body dressing item. If the resident wears just shoes or just socks (e.g., grip socks) that are safe for mobility, then GG0130H, Putting on/taking off footwear, may be coded.
3	GG0170	GG-39	<p>Coding Tips for GG0170A, Roll left and right; GG0170B Sit to lying; and GG0170C, Lying to sitting on side of bed</p> <ul style="list-style-type: none"> For GG0170A, Roll left and right; GG0170B, Sit to lying; and GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a “lying” position for the resident. For example, a clinician could determine that a resident’s preferred slightly elevated resting position is “lying” for a resident. 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).
3	GG0170	GG-39	Coding Tip for GG0170A, Roll left and right

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0170	GG-42	<p>Coding Tips for GG0170C, Lying to sitting on side of bed</p> <ul style="list-style-type: none"> • The activity includes resident transitions from lying on their back to sitting on the side of the bed without back support. The resident’s ability to perform each of the tasks within this activity and how much support the residents require to complete the tasks within this activity is assessed. • For item GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a “lying” position for a particular resident. • Back support refers to an object or person providing support for the resident’s back. • If the qualified clinician determines that bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, then code the activities GG0170A, Roll left and right, GG0170B, Sit to lying, and GG0170C, Lying to sitting on side of bed, as 88, Not attempted due to medical condition or safety concern.
3	GG0170	GG-45	<p>Coding Tips for GG0170E, Chair/bed-to-chair transfer</p> <ul style="list-style-type: none"> • Depending on the resident’s abilities, the transfer may be a stand-pivot, squat-pivot, or a slide board transfer. • For item GG0170E, Chair/bed-to-chair transfer: <ul style="list-style-type: none"> ○ If the resident uses a recliner as their “bed” (preferred or necessary sleeping surface), assess the resident’s need for assistance using that sleeping surface when coding GG0170E, Chair/bed-to-chair transfer.
3	GG0170	GG-49	<p>Coding Tips for GG0170G, Car transfer</p> <ul style="list-style-type: none"> • Any vehicle model appropriate and available may be used for the assessment of GG0170G, Car transfer.

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0170	GG-50	<ul style="list-style-type: none"> In the event of inclement weather or if an indoor car simulator or outdoor car is not available during the entire assessment period, then use code 10, Not attempted due to environmental limitations. If at the time of the assessment the resident 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. Clinicians may use clinical judgment to determine if observing a resident performing a portion of the car transfer activity (e.g., getting into the car) allows the clinician to adequately assess the resident's ability to complete the entire GG0170G, Car transfer, activity (transferring in and out of a car). If the clinician determines that this observation is adequate, code based on the type and amount of assistance required to complete the activity.
3	GG0170	GG-51	<ul style="list-style-type: none"> Walking activities do not need to occur during one session. Allowing a resident to rest between activities or completing activities at different times during the day or on different days may facilitate completion of the activities. When coding GG0170 walking items, do not consider the resident's mobility performance when using parallel bars. Parallel bars are not a portable assistive device. If safe, assess and code walking using a portable walking device. Do not code walking activities with the use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems). If the resident who participates in walking requires the assistance of two helpers to complete the activity, code 01, Dependent. If the only help a resident requires to complete the walking activity is for a helper to retrieve and place the walker and/or put it away after resident use, then enter code 05, Setup or clean-up assistance.

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0170	GG-56	<ul style="list-style-type: none"> While a resident may take a break between ascending or descending the 4 steps or 12 steps, once they start the activity, they must be able to ascend (or descend) all the steps, by any safe means, without taking more than a brief rest break to consider the stair activity completed. Getting to/from the stairs is not included when coding the curb/step activities. Do not consider the sit-to-stand or stand-to-sit transfer when coding any of the step activities.

Track Changes
from Chapter 3 Section GG v1.19.1
to Chapter 3 Section GG v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	GG0170	GG-61	<p>Examples for GG0170S, Wheel 150 feet and GG0170SS, Indicate the type of wheelchair/scooter used</p> <p>1. Wheel 150 feet: Resident G always uses a motorized scooter to mobilize themselves down the hallway and the certified nursing assistant provides cues due to safety issues (to avoid running into the walls).</p> <p>Coding: GG0170S would be coded 04, Supervision or touching assistance.</p> <p>Rationale: The helper provides verbal cues to complete the activity.</p> <p>2. Indicate the type of wheelchair/scooter used: In the example above, Resident G uses a motorized scooter.</p> <p>Coding: GG0170SS would be coded 2, Motorized.</p> <p>Rationale: Resident G used a motorized scooter during the assessment period.</p> <p>1. Wheel 150 feet: Resident N uses a below-the-knee prosthetic limb. Resident N has peripheral neuropathy and limited vision due to complications of diabetes. Resident N's prior preference was to ambulate within the home and use a manual wheelchair when mobilizing themselves within the community. Resident N is assessed for the activity of 150 feet wheelchair mobility. Resident N's usual performance indicates a helper is needed to provide verbal cues for safety due to vision deficits.</p> <p>Coding: GG0170S would be coded 04, Supervision or touching assistance.</p> <p>Rationale: Resident N requires the helper to provide verbal cues for their safety when using a wheelchair for 150 feet.</p>