

**Track Changes
from Chapter 3 Section GG v1.16
to Chapter 3 Section GG v1.17.1**

Chapter	Section	Page	Change												
3	GG0100	GG-1	<p>Replaced screenshot.</p> <p>OLD</p> <table border="1"> <thead> <tr> <th>Section GG</th> <th>Functional Abilities and Goals - Admission (Start of SNF PPS Stay)</th> </tr> </thead> <tbody> <tr> <td colspan="2">GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury</td> </tr> <tr> <td> <p>Coding:</p> <p>3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</p> <p>2. Needed Some Help - Resident needed partial assistance from another person to complete activities.</p> <p>1. Dependent - A helper completed the activities for the resident.</p> <p>8. Unknown.</p> <p>9. Not Applicable.</p> </td> <td> <p align="center">↓ Enter Codes in Boxes</p> <p><input type="checkbox"/> A. 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3	GG0100	GG-3	<p>6. Indoor Mobility (Ambulation): Approximately three months ago, Mr. K had a cardiac event that resulted in anoxia, and subsequently a swallowing disorder. Mr. K has been living at home with his wife and developed aspiration pneumonia. After this most recent hospitalization, he was admitted to the SNF for a diagnosis of aspiration pneumonia and severe deconditioning. Prior to the most recent acute care hospitalization, Mr. K needed some assistance when walking.</p>												

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3	GG0110	GG-5	<p>Replaced screenshot.</p> <p>OLD</p> <table border="1"> <tr> <td colspan="2">GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury</td> </tr> <tr> <td align="center">↓</td> <td>Check all that apply</td> </tr> <tr> <td><input type="checkbox"/></td> <td>A. Manual wheelchair</td> </tr> <tr> <td><input type="checkbox"/></td> <td>B. Motorized wheelchair and/or scooter</td> </tr> <tr> <td><input type="checkbox"/></td> <td>C. Mechanical lift</td> </tr> <tr> <td><input type="checkbox"/></td> <td>D. Walker</td> </tr> <tr> <td><input type="checkbox"/></td> <td>E. Orthotics/Prosthetics</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Z. None of the above</td> </tr> </table> <p>NEW</p> <table border="1"> <tr> <td colspan="2">GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury</td> </tr> <tr> <td colspan="2">Complete only if A0310B = 01</td> </tr> <tr> <td align="center">↓</td> <td>Check all that apply</td> </tr> <tr> <td><input type="checkbox"/></td> <td>A. Manual wheelchair</td> </tr> <tr> <td><input type="checkbox"/></td> <td>B. Motorized wheelchair and/or scooter</td> </tr> <tr> <td><input type="checkbox"/></td> <td>C. Mechanical lift</td> </tr> <tr> <td><input type="checkbox"/></td> <td>D. Walker</td> </tr> <tr> <td><input type="checkbox"/></td> <td>E. Orthotics/Prosthetics</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Z. None of the above</td> </tr> </table>	GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury		↓	Check all that apply	<input type="checkbox"/>	A. Manual wheelchair	<input type="checkbox"/>	B. Motorized wheelchair and/or scooter	<input type="checkbox"/>	C. Mechanical lift	<input type="checkbox"/>	D. Walker	<input type="checkbox"/>	E. Orthotics/Prosthetics	<input type="checkbox"/>	Z. None of the above	GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury		Complete only if A0310B = 01		↓	Check all that apply	<input type="checkbox"/>	A. Manual wheelchair	<input type="checkbox"/>	B. Motorized wheelchair and/or scooter	<input type="checkbox"/>	C. Mechanical lift	<input type="checkbox"/>	D. Walker	<input type="checkbox"/>	E. Orthotics/Prosthetics	<input type="checkbox"/>	Z. None of the above
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3	GG0110	GG-6	<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. 																																		

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3	GG0130	GG-8	<p style="background-color: yellow;">GG0130: Self-Care (3-day assessment period) Interim Performance (Interim Payment Assessment - Optional)</p> <div style="border: 1px solid black; padding: 5px;"> <p>GG0130. Self-Care (Assessment period is the last 3 days)</p> <p>Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.</p> <p>Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</p> <p>If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - 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 (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 15%;">5. Interim Performance</td> <td></td> </tr> <tr> <td style="text-align: center;">Enter Codes in Boxes ↓</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td>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.</td> </tr> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td>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.</td> </tr> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td>C. 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.</td> </tr> </table> </div>	5. Interim Performance		Enter Codes in Boxes ↓		<input type="text"/> <input type="text"/>	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.	<input type="text"/> <input type="text"/>	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.	<input type="text"/> <input type="text"/>	C. 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.
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3	GG0130	GG-9– GG-67	Page length changed due to revised content.										
3	GG0130	GG-10– GG-31	Continued page title revised. <p style="background-color: yellow;">GG0130: Self-Care (3-day assessment period) Admission/Interim/Discharge (Start/Interim/End of Medicare Part A Stay) (cont.)</p>										

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Chapter	Section	Page	Change
3	GG0130	GG-10	<p>Steps for Assessment</p> <p>1. Assess the resident’s self-care performance based on direct observation, as well as the incorporating resident’s self-reports and reports from qualified clinicians, care staff, or family documented in the resident’s medical record during the three-day assessment period. CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period. For Section GG, the admission assessment period is the first three days of the Part A stay starting with the date in A2400B, the Start of Most Recent Medicare Stay. On admission, these items are completed only when A0310B = 01 (5-Day PPS assessment). For the Interim Payment Assessment (A0310B=08), the assessment period for Section GG is the last 3 days (i.e., the ARD and two days prior).</p>
3	GG0130	GG-10	<p>5. The admission functional assessment, when possible, should be conducted prior to the person resident benefitting from treatment interventions in order to determine-reflect the resident’s true admission baseline functional status-on admission. If treatment has started, for example, on the day of admission, a baseline functional status assessment can still be conducted. Treatment should not be withheld in order to conduct the functional assessment.</p>
3	GG0130	GG-11	<p>Admission, Interim, or Discharge Performance Coding Instructions</p>
3	GG0130	GG-11	<ul style="list-style-type: none"> • Code 04, Supervision or touching assistance: if the helper provides verbal cues or touching/steadying/contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. For example, the resident requires verbal cueing, coaxing, or general supervision for safety to complete activity; or resident may require only incidental help such as contact guard or steadying assist during the activity.

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3	GG0130	GG-12	<p>Decision Tree</p> <p>Use this decision tree to code the resident’s performance on the assessment instrument. If helper assistance is required because the resident’s performance is unsafe or of poor quality, score according to the amount of assistance provided. 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.</p> <pre> graph TD Start([START DECISION TREE HERE]) --> Q1{Does the patient/resident complete the activity – with or without assistive devices – by him/herself and with no assistance (physical, verbal/nonverbal cueing, setup/clean-up)?} Q1 -- YES --> C06([06 – Independent]) Q1 -- NO --> Q2{Does the patient/resident need only setup/clean-up assistance from one helper?} Q2 -- YES --> C05([05 – Setup/Clean-up Assistance]) Q2 -- NO --> Q3{Does the patient/resident need only verbal/nonverbal cueing or steadying/touching/contact guard assistance from one helper?} Q3 -- YES --> C04([04 – Supervision/touching assistance]) Q3 -- NO --> Q4{Does the patient/resident need physical assistance – for example lifting or trunk support – from one helper with the helper providing less than half of the effort?} Q4 -- YES --> C03([03 – Partial/moderate assistance]) Q4 -- NO --> Q5{Does the patient/resident need physical assistance – for example lifting or trunk support – from one helper with the helper providing more than half of the effort?} Q5 -- YES --> C02([02 – Substantial/maximal assistance]) Q5 -- NO --> Q6{Does the helper provide all the effort to complete the activity OR is the assistance of 2 or more helpers required to complete activity?} Q6 -- YES --> C01([01 – Dependent]) </pre>
3	GG0130	GG-13	<ul style="list-style-type: none"> Interim Performance (Optional): The Interim Payment Assessment (IPA) is an optional assessment that may be completed by providers in order to report a change in the resident’s PDPM classification. For Section GG on the IPA, providers will use the same 6-point scale and activity not attempted codes to complete the column “Interim Performance,” which will capture the interim functional performance of the resident. The ARD for the IPA is determined by the provider, and the assessment period is the last 3 days (i.e., the ARD and the 2 calendar days prior). It is important to note that the IPA changes payment beginning on the ARD and continues until the end of the Medicare Part A stay or until another IPA is completed. The IPA does not affect the variable per diem schedule.

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3	GG0130	GG-14	Coding Tips: Admission, Interim, or Discharge Performance
3	GG0130	GG-15	<p>Coding Tips for GG0130A, Eating</p> <ul style="list-style-type: none"> • Resident receives tube feedings or total parenteral nutrition (TPN) GG0130A, 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. The following is guidance for some situations in which a resident receives tube feedings or parenteral nutrition: <ul style="list-style-type: none"> ○ If the resident does not eat or drink by mouth and relies solely on nutrition and liquids through tube feedings or total parenteral nutrition (TPN) because of a new (recent-onset) medical condition, code GG0130A as 88, Not attempted due to medical condition or safety concerns. Assistance with tube feedings or TPN is not considered when coding Eating. ○ If the resident does not eat or drink by mouth at the time of the assessment, and the resident did not eat or drink by mouth prior to the current illness, injury, or exacerbation, code GG0130A as 09, Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. Assistance with tube feedings or TPN parenteral nutrition is not considered when coding Eating. ○ If the resident eats and drinks by mouth, and relies partially on obtaining nutrition and liquids via tube feedings or TPN parenteral nutrition, code Eating based on the amount of assistance the resident requires to eat and drink by mouth. Assistance with tube feedings or TPN parenteral nutrition is not considered when coding Eating.
3	GG0130	GG-16	Examples for Coding Admission, Interim, Performance or Discharge Performance

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3	GG0130	GG-21	1. Toileting hygiene: Mrs. J uses a bedside commode. The certified nursing assistant provides steadying (touching) assistance as Mrs. J pulls down her pants and underwear before sitting down on the toilet toilet commode . When Mrs. J is finished voiding or having a bowel movement, the certified nursing assistant provides steadying assistance as Mrs. J wipes her perineal area and pulls up her pants and underwear without assistance.
3	GG0130	GG-21	3. Toileting hygiene: Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the certified nursing assistant to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself and pulls her underwear back up, and adjusts her gown.
3	GG0130	GG-23	2. Shower/bathe self: Mrs. E has a severe and progressive neurological condition that has affected her endurance as well as her fine and gross motor skills. She is transferred to the shower bench with partial/moderate assistance. Mrs. E showers while sitting on a tub shower bench and washes her arms and chest using a wash mitt. A certified nursing assistant then must help wash the remaining parts of her body, as a result of Mrs. E's fatigue, to complete the activity. Mrs. E uses a long-handled shower hand-held showerhead to rinse herself but tires halfway through the task. The certified nursing assistant dries Mrs. E's entire body.
3	GG0130	GG-25	Rationale: Mrs. Y dresses and undresses her upper body and requires a helper only to retrieve and put away her clothing, that is, setting up the clothing for her use. The description refers to Mrs. Y as "independent" (when removing clothes), but she needs setup assistance, so she is not independent with regard to the entire activity of upper body dressing.

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3	GG0130	GG-26	<p>1. Lower body dressing: Mr. D is required to follow hip precautions as a result of recent hip surgery. The occupational therapist in the acute care hospital instructed him in the use of adaptive equipment to facilitate lower body dressing. He requires a helper to retrieve his clothing from the closet. Mr. D uses his adaptive equipment to assist in threading his legs into his pants. Because of balance issues, Mr. D needs the helper to steady him when standing to manage pulling on or pulling down his pants/undergarments. Mr. D also needs some assistance to put on and take off his socks and shoes.</p>
3	GG0130	GG-27	<p>3. Lower body dressing: Mrs. R has peripheral neuropathy in her upper and lower extremities. Each morning, Mrs. R needs assistance from a helper to place her lower limb into, or to take it out of (don/doff), her lower limb prosthesis. She needs no assistance to put on and remove her underwear or slacks.</p> <p>Coding: GG0130G would be coded 03, Partial/moderate assistance.</p> <p>Rationale: A helper performs less than half the effort of lower body dressing (with a prosthesis considered a piece of clothing). The helper lifts, holds, or supports Mrs. R's trunk or limbs, but provides less than half the effort for the task of lower body dressing. In contrast, coding level 04, Supervision or touching assistance, is used if the helper provides either verbal cues and/or only touching/steadying assistance as the resident completes the activity.</p>

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3	GG0130	GG-28	<p>2. Putting on/taking off footwear: Mrs. F was admitted to the SNF for a neurologic condition and experiences visual impairment and fine motor coordination and endurance issues. She requires setup for retrieving her socks and shoes, which she prefers to keep in the closet. Mrs. F often drops her shoes and socks as she attempts to put them onto her feet or as she takes them off. Often a certified nursing assistant must first thread her socks or shoes over her toes, and then Mrs. F can complete the task. Mrs. F needs the certified nursing assistant to initiate taking off her socks and unstrapping the Velcro used for fastening her shoes.</p> <p>Coding: GG0130H would be coded 03, Partial/moderate assistance 02, Substantial/maximal assistance.</p>																				
3	GG0170	GG-34	<p>GG0170: Mobility (3-day assessment period) Interim Performance (Interim Payment Assessment - Optional)</p> <p>GG0170. Mobility (Assessment period is the last 3 days)</p> <p>Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.</p> <p>Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</p> <p>If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - 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 (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns</p> <table border="1"> <thead> <tr> <th>5. Interim Performance</th> <th></th> </tr> </thead> <tbody> <tr> <td>Enter Codes in Boxes</td> <td></td> </tr> <tr> <td><input type="text"/></td> <td>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</td> </tr> <tr> <td><input type="text"/></td> <td>C. 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.</td> </tr> <tr> <td><input type="text"/></td> <td>D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.</td> </tr> <tr> <td><input type="text"/></td> <td>E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).</td> </tr> <tr> <td><input type="text"/></td> <td>F. Toilet transfer: The ability to get on and off a toilet or commode.</td> </tr> <tr> <td><input type="text"/></td> <td>I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100C, Appliances</td> </tr> <tr> <td><input type="text"/></td> <td>J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.</td> </tr> <tr> <td><input type="text"/></td> <td>K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.</td> </tr> </tbody> </table>	5. Interim Performance		Enter Codes in Boxes		<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	<input type="text"/>	C. 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.	<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100C, Appliances	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
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**Track Changes
from Chapter 3 Section GG v1.16
to Chapter 3 Section GG v1.17.1**

Chapter	Section	Page	Change
3	GG0170	GG-37	<p>1. Assess the resident’s mobility performance based on direct observation, as well as the resident’s self-report and the reports of incorporating resident and reports from qualified clinicians, direct-care staff, or family documented in the resident’s medical record during the three-day assessment period. CMS anticipates that a multidisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period. For Section GG, the assessment period is the first three days of the Part A stay, starting with the date in A2400B, Start of Most Recent Medicare Stay. On admission, these items are completed only when A0310B = 01 (5-Day PPS assessment). For the Interim Payment Assessment (A0310B=08), the assessment period for Section GG is the last 3 days (i.e., the ARD and two days prior).</p>
3	GG0170	GG-37	<p>5. The admission functional assessment, when possible, should be conducted prior to the person resident benefitting from treatment interventions in order to determine a reflect the resident’s true admission baseline functional status on admission. If treatment has started, for example, on the day of admission, a baseline functional status assessment can still be conducted. Treatment should not be withheld in order to conduct the functional assessment.</p>
3	GG0170	GG-38	<ul style="list-style-type: none"> • Code 04, Supervision or touching assistance: if the helper provides verbal cues or touching/steadying/contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. For example, the resident requires verbal cueing, coaxing, or general supervision for safety to complete the activity; or resident may require only incidental help such as contact guard or steadying assistance during the activity.
3	GG0170	GG-37– GG-67	<p>Continued page title revised.</p> <p>GG0170: Mobility (3-day assessment period) Admission/Interim/Discharge (Start/Interim/End of Medicare Part A Stay) (cont.)</p>

**Track Changes
from Chapter 3 Section GG v1.16
to Chapter 3 Section GG v1.17.1**

Chapter	Section	Page	Change
3	GG0170	GG-38	Admission, Interim, or Discharge Performance Coding Instructions
3	GG0170	GG-38	<ul style="list-style-type: none"> For additional information on coding the resident's performance on the assessment instrument, refer to the Decision Tree on page GG-12.
3	GG0170	GG-39	Admission, Interim, or Discharge Performance Coding Tips
3	GG0170	GG-39	<ul style="list-style-type: none"> Interim Performance (Optional): The Interim Payment Assessment (IPA) is an optional assessment that may be completed by providers in order to report a change in the resident's PDPM classification. For Section GG on the IPA, providers will use the same 6-point scale and activity not attempted codes to complete the column "Interim Performance," which will capture the interim functional performance of the resident. The ARD for the IPA is determined by the provider, and the assessment period is the last 3 days (i.e., the ARD and the 2 calendar days prior). It is important to note that the IPA changes payment beginning on the ARD and continues until the end of the Medicare Part A stay or until another IPA is completed. The IPA does not affect the variable per diem schedule.
3	GG0170	GG-40	Admission, Interim, and Discharge Performance Coding Tips
3	GG0170	GG-40	<p>General Coding Tips</p> <ul style="list-style-type: none"> When reviewing the medical record, interviewing staff, and observing the resident, be familiar with the definition for each activity. For example, when assessing GG0170J, Walk 50 feet with two turns, determine the type and amount of assistance required as the resident walks 50 feet and negotiates two turns.
3	GG0170	GG-41	Examples and Coding Tips for Admission, Interim, or Discharge Performance

**Track Changes
from Chapter 3 Section GG v1.16
to Chapter 3 Section GG v1.17.1**

Chapter	Section	Page	Change
3	GG0170	GG-48	<p>5. Chair/bed-to-chair transfer: Mr. U had his left lower leg amputated due to gangrene associated with his diabetes mellitus and he has reduced sensation and strength in his right leg. He has not yet received his below-the-knee prosthesis. Mr. U uses a transfer board for chair/bed-to-chair transfers. The therapist places the transfer board under his buttock. Mr. U then attempts to scoot from the bed onto the transfer board. Mr. U has reduced sensation in his hands and limited upper body strength, but assists with the transfer. The physical therapist assists him in side scooting by lifting his buttocks/trunk in a rocking motion across the transfer board and into the wheelchair.</p>
3	GG0170	GG-51	<p>Coding Tips for GG0170G, Car transfer</p> <ul style="list-style-type: none"> • For item GG0170G, Car transfer, use of an indoor car can be used to simulate outdoor car transfers. These half or full cars would need to have similar physical features of a real car for the purpose of simulating a car transfer, that is, a car seat within a car cabin. • The Car transfer item does not include transfers into the driver's seat, opening/closing the car door, fastening/unfastening the seat belt. The Car transfer item includes the resident's ability to transfer in and out of the passenger seat of a car or car simulator. • In the event of inclement weather or if an indoor car simulator or outdoor car is not available during the entire 3-day 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.
3	GG0170	GG-53	<p>4. Walk 10 feet: Mr. O has bilateral upper extremity tremors, lower extremity weakness, and Parkinson's disease. A therapyphysical therapist assistant guides and steadies the shaking, rolling walker forward while cueing Mr. O to take larger steps. Mr. O requires steadying at the beginning of the walk and progressively requires some of his weight to be supported for the last two feet of the 10-foot walk.</p>

**Track Changes
from Chapter 3 Section GG v1.16
to Chapter 3 Section GG v1.17.1**

Chapter	Section	Page	Change
3	GG0170	GG-54	4. Walk 50 feet with two turns: Mr. T walks 50 feet with the therapist providing trunk support and the therapy assistant providing supervision. He also requires a second helper, the rehabilitation aide, who provides supervision and follows closely behind with a wheelchair for safety. Mr. T walks the 50 feet with two turns with the assistance of two helpers.
3	GG0170	GG-57	<ul style="list-style-type: none"> 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—GG0170Q1 and/or GG0170Q3, Does the resident use a wheelchair/scooter?—as 0, No, and skip all remaining wheelchair questions.
3	GG0170	GG-58	3. Wheel 50 feet with two turns: Mr. R is very motivated to use his motorized wheelchair with an adaptive throttle for speed and steering. Mr. R has amyotrophic lateral sclerosis, and moving his upper and lower extremities is very difficult. The therapy physical therapist assistant is required to walk next to Mr. R for frequent readjustments of his hand position to better control the steering and speed throttle. Mr. R often drives too close to corners, becoming stuck near doorways upon turning, preventing him from continuing to mobilize/wheel himself. The therapy physical therapist assistant backs up Mr. R's wheelchair for him so that he may continue mobilizing/wheeling himself.
3	GG0170	GG-59	5. Wheel 50 feet with two turns: Mr. V had a spinal tumor resulting in paralysis of his lower extremities. The therapy physical therapist assistant provides verbal instruction for Mr. V to navigate his manual wheelchair in his room and into the hallway while making two turns.
3	GG0170	GG-61	9. Wheel 150 feet: Mr. A has a cardiac condition with medical precautions that do not allow him to participate in propel his own wheelchair mobilization. Mr. A is completely dependent on a helper to wheel him 150 feet using a manual wheelchair.