

*“A **Knowledgeable** and **Compassionate** partner”*



APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
 - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.
- **Live, virtual**
 - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
 - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 30 days



GG Coding

Learning Objectives



Review coding rules for each GG item



Who can document GG related items



How GG score impacts reimbursement

Overview

Section GG is a portion of the MDS assessment that measures a patient's performance on both Self-Care and Mobility items



Coding requirements for Section GG are significantly different than Section G



Section GG is required for SNF PPS assessments (Medicare and Medicare-like) as well as all patient in some states that utilize PDPM for Medicaid CMI calculation purposes.

G vs GG

Section G

- Captures the most need of a patient
- Follows the rule of 3 for coding and utilizes a 5-point scale
- Code for both self performance and support provided
- One code for activity did not occur

Section GG

- Captures the **usual** performance over a three day period
- Uses a 6 point scale based on helper assistance provided
- One code per activity
- Four codes for activity did not occur.

GG Coding Definitions

DEFINITIONS

CODE 06: Independent

Resident completes the activity by him/herself with no assistance from a helper.

CODE 05: Setup or Clean-Up Assistance

Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.

CODE 04: Supervision or Touching Assistance

Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

CODE 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

CODE 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.

CODE 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.

**Activity not attempted codes:*

Code 07, Resident Refused:

If the resident refused to complete the activity.

Code 09, Not applicable:

If the activity was not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.

Code 10, Not Attempted Due to Environmental Limitations

If the resident did not attempt this activity due to environmental limitations. Examples include lack of equipment and weather constraints.

Code 88, Not Attempted Due to Medical Condition or Safety Concerns:

If the activity was not attempted due to medical condition or safety concerns.

START HERE

**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.*

Does the resident need assistance (physical, verbal/ non-verbal cueing, setup/clean-up) to complete the self-care activity?

NO →

CODE 06:
Independent

↓ YES

Does the resident need only setup or clean-up assistance?

YES →

CODE 05:
Setup or Clean-up Assistance

↓ NO

Does the resident need only verbal/non-verbal cueing, or steadying/touching assistance?

YES →

CODE 04:
Supervision or Touching Assistance

↓ NO

Does the resident need lifting assistance or trunk support with the helper providing **less than half** of the effort?

YES →

CODE 03:
Partial/Moderate Assistance

↓ NO

Does the resident need lifting assistance or trunk support with the helper providing **more than half** of the effort?

YES →

CODE 02:
Substantial/Maximal Assistance

↓ NO

Does the helper provide all of the effort to complete the activity or require 2 helpers?

YES →

CODE 01:
Dependent

Coding

Code based on the resident's performance

Do ask questions of the resident, staff and family to get the whole picture.

If the activity requires a 2 person assist – code this as **DEPENDENT**

What does the GG score impact

PDPM reimbursement

- PT/OT
- Nursing category

Medicaid reimbursement (some states)

- Nursing category

PT/OT function score

Section GG Items Included in PT /OT Functional Measures	Score
GG0130A1 – Self-care: Eating	0-4
GG0130B1 – Self-care: Oral Hygiene	0-4
GG0130C1 – Self-care: Toileting Hygiene	0-4
GG0170B1 – Mobility: Sit to lying	0-4 (avg of 2 bed mobility items)
GG0170C1 – Mobility: Lying to sitting on side of bed	
GG0170D1 – Mobility: Sit to stand	0-4 (avg of 3 transfer items)
GG0170E1 – Mobility: Chair/bed-to-chair transfer	
GG0170F1 – Mobility: Toilet transfer	
GG0170J1 – Mobility: Walk 50 feet- 2 turns	0-4 (avg of 2 walking items)
GG0170K1 – Mobility: Walk 150 feet	

Scoring Response for GG	
Response	Score
05, 06 - Set-up assistance, Independent	4
04 - Supervision or touching assistance	3
03 - Partial/moderate assistance	2
02 - Substantial/maximal assistance	1
01, 07, 09, 10, 88 - Dependent, Refused, N/A, Not attempted, Res. Cannot Walk*	0

PT/OT

Clinical Category	PT & OT Function Score	PT & OT Case Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
Other Orthopedic	6-9	TF	1.61	1.59
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.17
Medical Management	6-9	TJ	1.42	1.44
Medical Management	10-23	TK	1.52	1.54
Medical Management	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09

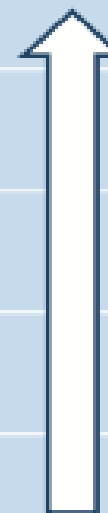
MDS Section GG Items		Score
GG0130A1	Self Care: Eating	0-4
GG0130C1	Self care: Toilet Hygiene	0-4
GG0170B1 GG0170C1	Mobility: Sit to Lying; Lying to sitting on Side of Bed	0-4 (avg of 2 items)
GG0170D1 GG0170E1 GG0170F1	Mobility: Sit to Stand; Chair/bed-to-chair transfer; Toilet Transfer	0-4 (avg of 3 items)

Nursing Function Score

Source: table 24 -25 final rule Federal Register Vol. 83 No. 158 8/8/18

- Uses 7 items
- Total score 0-16

Scoring Response for GG		Score
05 06	Set up assistance Independent	4
04	Supervision or Touching Assist	3
03	Partial/Moderate Assist	2
02	Substantial/Maximal Assist	1
01, 07, 09, 10, 88, -	Dependent, refused, not attempted	0



Nursing Category- Extensive Services

Function Score	Qualifying Criteria for Extensive Services	Group	Services Count	CMG	CMI	HIPPS Code
0-14	<ul style="list-style-type: none">• Tracheostomy• Ventilator or respirator• Infectious isolation	Extensive Services	Tracheostomy and ventilator/respirator	ES3	4.06	A
			Tracheostomy or ventilator/respirator	ES2	3.07	B
			Infectious isolation only	ES1	2.93	C

Nursing Category- Special Care High

Qualifying Criteria for Special Care High	CMG Group	Function Score	Depression Severity = or > 10	CMG	CMI	HIPPS Code
Received one of the following with a function score of at least 14: <ul style="list-style-type: none"> • Comatose and completely ADL dependent or ADL did not occur • Septicemia • Diabetes with both <ul style="list-style-type: none"> o Insulin injections all seven days and o Two or more days of insulin order changes • Quadriplegia with ADL score < 11 • COPD and SOB when lying flat • Parenteral/IV feedings • Respiratory therapy for all seven days • Fever and one of the following: <ul style="list-style-type: none"> o Pneumonia, o Vomiting, o Weight loss or o Feeding tube* 	Special Care High	0-5	Yes	HDE2	2.40	D
		0-5	No	HDE1	1.99	E
		6-14	Yes	HBC2	2.24	F
		6-14	No	HBC1	1.86	G

Nursing Category- Special Care Low

Qualifying Criteria for Special Care Low	CMG Group	Function Score	Depression Severity = or > 10	CMG	CMI	HIPPS Code
Received one of the following with a function score of at least 14: <ul style="list-style-type: none"> • Cerebral palsy with ADL score < 11 • Multiple sclerosis with ADL score < 11 • Parkinson's with ADL score < 11 • Respiratory failure and oxygen therapy while a resident • Feeding tube* • Two or more stage 2 pressure ulcers with <ul style="list-style-type: none"> o Two or more selected skin tx • Any stage 3 or 4 pressure ulcers with <ul style="list-style-type: none"> o Two or more selected skin tx • Two or more venous/arterial ulcers with <ul style="list-style-type: none"> o Two or more selected skin tx • One stage 2 and one venous/arterial ulcer with <ul style="list-style-type: none"> o Two or more selected skin tx • Foot infection, diabetic foot ulcer or other open lesion of the foot <ul style="list-style-type: none"> o With application of dressings to the foot • Radiation treatment while a resident • Dialysis treatment while a resident 	Special Care Low	0-5	Yes	LDE2	2.08	H
		0-5	No	LDE1	1.73	I
		6-14	Yes	LBC2	1.72	J
		6-14	No	LBC1	1.43	K

Nursing Category- Clinically Complex

Qualifying Criteria for Clinically Complex	CMG Group	Function Score	Depression Severity = or > 10	CMG	CMI	HIPPS Code
Received one of the following with a function score of at least 14: <ul style="list-style-type: none">• Pneumonia• Hemiplegia/hemiparesis with ADL score < 11• Surgical wounds or open lesions with any selected skin tx:<ul style="list-style-type: none">o Surgical wound careo Application of dressing or ointment (not to feet)• Burns – 2nd or 3rd degree• Chemotherapy while a resident• Oxygen therapy while a resident• IV medications while a resident• Transfusions while a resident	Clinically Complex	0–5	Yes	CDE2	1.87	L
		0–5	No	CDE1	1.62	M
		6–14	Yes	CBC2	1.55	N
		15–16	Yes	CA2	1.09	O
		6–14	No	CBC1	1.34	P
		15–16	No	CA1	0.94	Q
NOTE: resident with function score of 15–16 and meeting criteria for extensive services, special care high and low will qualify in clinically complex CMG.						

Nursing Category- Behavioral

Qualifying Criteria for Behavioral Symptoms and Cognitive Performance	CMG Group	Function Score	Restorative Nursing Services	CMG	CMI	HIPPS Code
<ul style="list-style-type: none">• BIMS summary score < or = 9• One of the following exists<ol style="list-style-type: none">1. Coma and completely ADL dependent or ADL did not occur2. C1000 = 33. Two or more of the following present<ul style="list-style-type: none">♦ B0700 = 1, 2 or 3♦ C0700 = 1♦ C1000 > 0 and♦ One or more of the following are present<ul style="list-style-type: none">B0700 > = 3C1000 > = 3 <p>If none of the cognitive conditions are met, does resident have the following?</p> <ul style="list-style-type: none">• Hallucinations• Delusions• Physical/verbal behaviors directed toward others (2 or 3)• Other behaviors not directed toward others (2 or 3)• Rejection of care (2 or 3)• Wandering (2 or 3)	Behavioral Symptoms and Cognitive Performance	11-16	2 or more	BAB2	104	R
		11-16	0-1	BAB1	0.99	S
NOTE: resident with a function score less than 11, skip to reduced physical function category.						

Nursing Category- Reduced Physical

Qualifying Criteria for Reduced Physical Function	CMG Group	Function Score	Restorative Nursing Services	CMG	CMI	HIPPS Code
<p>Residents who do not meet any previous CMG or meet criteria for behavior symptoms and cognitive performance but have an ADL score greater than 11.</p> <p>Restorative nursing services:</p> <ul style="list-style-type: none"> • Urinary and/or bowel toileting program • Passive and/or active ROM • Splint or brace assistance • Bed mobility and/or walking training • Dressing and/or grooming training • Transfer training • Eating and/or swallowing training • Amputation/prosthesis care • Communication training 	Reduced Physical Function	0-5	2 or more	PDE2	1.57	T
		0-5	0 or 1	PDE1	1.47	U
		6-14	2 or more	PBC2	1.22	V
		15-16	2 or more	PA2	0.71	W
		6-14	0 or 1	PBC1	1.13	X
		15-16	0 or 1	PA1	0.66	Y

GG Documentation Sources

- Interdisciplinary Approach
- Therapy documentation
- Nursing documentation
- CNA documentation
- Staff interviews

How to get nursing involved

- Floor nurses documenting GG items
- Build GG into the skilled documentation
- Add GG documentation into POC
- Build a daily GG assessment

Thank You

Thank you for attending.

Please complete post survey form that you will receive in your email to gain CEUs

