

MDS Alert

CODING QUIZZER: How Functional Is Your Coding For G4A And G4B?

Example No. 1: Mrs. X is a diabetic who sustained a CVA two months ago. She can only turn her head slightly from side to side and tip her head towards each shoulder (limited neck range of motion). She can perform all arm, hand and leg motions on the right side, with smooth coordinated movements. She is unable to move her left side (limited arm, hand and leg motion) because she has a flaccid left hemiparesis. She is able to extend her right leg flat on the bed. She has no feet. She has no other limitations.

Example No. 2: How would you code a resident with a below-the-knee amputation on one side and a fully intact leg on the other who can ambulate well using crutches or even hop on one foot a few feet in her room?

Coding Options:

G4A:

0. No limitation - Resident has full function range of motion on the right and left side.
1. Limitation on one side of the body (either right or left side) that interferes with daily functioning or places the resident at risk of injury.
2. Limitation on both sides of the body that interferes with daily functioning or places the resident at risk of injury.

G4B:

0. No loss of voluntary movement. Resident moves body part to complete the required task. Movements are smooth and coordinated.
1. Partial loss of voluntary movement - Resident is able to initiate and complete the required task but movements are slow, spastic, uncoordinated, rigid, choreiform, frozen, etc., on one or both sides. Residents with full loss of voluntary movement on one side of the body and full range on the other would be coded (1) partial loss of voluntary movement. Residents with partial loss on one side and full loss on the other would be coded (1) partial loss of voluntary movement.
2. Full loss of voluntary movement. The resident is not able to initiate the required task. There is no voluntary movement on either side.

Example: No. 1: The coding for G4A and G4B would be as follows:

(A) Limitation in Range of Motion (B) Loss of Voluntary Movement

- a. Neck 2 0
- b. Arm 1 1
- c. Hand 1 1
- d. Leg 1 1
- e. Foot 2 2
- f. Other 0 0

Coding rationale: In this example, the resident is only able to turn her head slightly from side to side and tip her head toward each shoulder. Cervical ROM is an important component in everyday activities. For example, cervical rotation is extremely important during walking. From a safety standpoint, a person can normally walk and move her head to look for potential obstacles, not only on the ground, but also to the side. If cervical ROM is not functional, then the person may be a potential fall risk. In this example, the resident has limited rotation and lateral flexion bilaterally.

Source: RAI user's manual, chapter 3.

Example No. 2:

The resident with the below-the-knee amputation would be coded at G4Ad as a "1" and at G4Bd as a "1".

Coding rationale: For G4A, coding for an amputation is always limited for the amputated site, either "1" for single amputation or "2" for bilateral ones. For G4B, an amputation is coded as "1" if it is unilateral and "2" if it is bilateral.

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