

MDS Alert

Get Ahead Of The Curve: Learn From 6 Section GG Coding Scenarios

When coding, pay close attention to what exact activity the resident is performing.

When you're figuring out how to code Section GG [] Functional Abilities and Goals, you probably feel like you need all the help you can get. Get your feet wet with a few illustrative coding examples from the **Centers for Medicare & Medicaid Services** (CMS):

Peg Effort Amount at the Halfway Mark

Scenario #1: Mrs. Smith has multiple sclerosis, affecting her endurance and strength. She prefers to feed herself as much as she is capable. During all meals, after eating three-fourths of the meal by herself, Mrs. Smith usually becomes extremely fatigued and requests assistance from the CNA to feed her the remainder of the meal.

How to code: Code GG0130A [] Eating as 03 [] Partial/moderate assistance, because the CNA provides less than half the effort for the resident to complete the activity of eating for all meals.

Understand Setup/Clean-Up Coding

Scenario #2: In the morning and at night, Mr. Brown brushes his teeth while sitting on the side of the bed. Each time, the CNA gathers his toothbrush, toothpaste, water, and an empty cup and places them on the bedside table for him before leaving the room. Once Mr. Brown is finished brushing his teeth, which he does without any help, the CNA returns to gather his items and dispose of the waste.

How to code: Code GG0130B [] Oral hygiene as 05 [] Setup or clean-up assistance, because the helper provides setup and clean-up assistance, but the resident brushes his teeth without any help.

How Many Helpers?

Scenario #3: Mr. Jones is morbidly obese and has a diagnosis of debility. He requests the use of a bedpan when voiding or having bowel movements and requires two CNAs to pull down his pants and underwear, and then mobilize him onto and off the bedpan. He is unable to complete any of his perineal/perianal hygiene. Both CNAs help Mr. Jones pull up his underwear and pants.

How to code: Code GG0130C \square Toileting hygiene as 01 \square Dependent, because the resident needed the assistance of two helpers to complete the toileting hygiene activity.

When Staffer is Doing the Heavy Lifting

Scenario #4: Mrs. Hays requires assistance from a CNA to get from a sitting position to lying flat on the bed because of postsurgical open reduction internal fixation healing fractures of her right hip and left and right wrists.

The CNA cradles and supports her trunk and right leg to transition Mrs. Hays from sitting at the side of the bed to lying flat on the bed. Mrs. Hays assists herself a small amount by bending her elbows and left leg while pushing her elbows and left foot onto the mattress only to straighten her trunk while transitioning into a lying position.



How to code: Code GG0170B [] Sit to lying as 02 [] Substantial/maximal assistance, because the helper provided more than half the effort for the resident to complete the sit-to-lying activity.

Look for 'Touching' Assistance

Scenario #5: Mr. Anderson pushes up from the bed to get himself from a lying to a seated position. The CNA provides steadying (touching) assistance as he scoots himself to the edge of the bed and lowers his feet onto the floor.

How to code: Code GG0170C \(\subseteq \) Lying to sitting on side of bed as 04 \(\subseteq \) Supervision or touching assistance, because the helper provided touching assistance as the resident moved from a lying to a sitting position.

Separate Out This Series of Activities

Scenario #6: Mrs. Price is unable to bear any weight on her right leg due to a recent fracture. The CNA provides steadying assistance when transferring Mrs. Price from the bed into the wheelchair. Once in the wheelchair, Mrs. Price propels herself about 60 feet down the hall using her left leg and makes two turns without any physical assistance or supervision.

How to code: Code GG0170R \square Wheel 50 feet with two turns as 06 \square Independent, because the resident wheeled herself more than 50 feet. Although the CNA provided assistance with the transfer, you wouldn't consider this when scoring GG0170R, but instead you would consider it when scoring bed-to-chair transfers in item GG0170E \square Chair/bed-to-chair transfer.

Understand When to Code 88

Scenario #7: Mr. Barnes has complete tetraplegia and is currently unable to stand when getting out of bed. He transfers from his bed into a wheelchair with assistance. The activity of sit-to-stand is not attempted due to his medical condition.

How to code: Code GG0170D [] Sit to stand as 88 [] Not attempted due to medical condition or safety concern, because the resident didn't attempt the activity due to his diagnosis of complete tetraplegia.

Similarly, if a resident is on bedrest due to a medical complication, for instance, and she uses a bedpan for bladder and bowel management, you would code $GG0170F \square Toilet$ transfer as 88. This resident doesn't transfer onto or off a toilet due to being on bedrest.

Another example of when to code 88 is for a resident who is unable to eat by mouth due to a medical condition. If the resident receives all nutrition through a gastrostomy tube (G-tube), which is administered by nurses, you would code GG0130A as 88. Assistance with G-tube feedings isn't considered when coding this item.