

MDS Alert

Resident Assessment: Know The Coding, Care Plan Ropes For Section G4 (Functional Limitation In Range Of Motion)

Avoid common mistakes that will get the F tags rolling.

If you don't know how the scoring works for G4, you could end up with a losing survey. Start by making sure you only code G4 when you're supposed to do so. Otherwise, you'll have surveyors up in arms when they see your rehab or nursing care plans don't address the resident's problem coded on the MDS.

Key point: "If the resident has a limitation of range of motion that doesn't interfere with his functioning or doesn't present a risk of injury, then don't code it at G4," instructs **Rena Shephard, RN, MHA, FACDONA**, president of **RRS Healthcare Consulting Inc.** in San Diego. She notes that "the industry as a whole tends to look at G4 as a joint range of motion measurement assessment," although a lot more people "these days know that's not the intent."

But if the MDS team does identify that a resident has functional limitation and codes it at G4, make sure that rehab therapy focuses on the "identified joint posing the functional limitation or risk of injury," Shephard advises. "You don't always see a direct connection between functional limitation coded at G4 and the rehabilitation plan of care," she says.

A resident coded as impaired at G4 doesn't necessarily need ongoing intervention, says physical therapist **Pauline Franko, PT, MCSP**, president of **Encompass Consulting and Education LLC** in Tamarac, FL. If the patient had a recent illness or injury causing the impairment, then he'd probably be receiving treatment, she says.

But a patient who has suffered a stroke, for example, may have an ongoing impairment that therapy can't resolve. In that case, the coding at G4 will remain the same, she says. "But the care plan should show how the facility is managing the problem," including safety risks and the resident's difficulties in doing ADLs, adds Franko. Nursing care plan goals for a resident with permanent functional impairment in range of motion would include maintain range of motion in the affected area and prevent contractures, says **Mary Mondero, RN**, an MDS coordinator at **Isabella Geriatric Center** in New York City. Also, if you check that you're providing restorative at P3 for someone coded as impaired at G4, make sure you code that you're providing range of motion as a restorative intervention, if that's the case, Mondero advises.