

## Home Health GG Items: Digging Into the Details



Jennifer Osburn, RN, HCS-D, COS-C  
Clinical Consultant

Healthcare Provider Solutions, Inc.

[info@healthcareprovidersolutions.com](mailto:info@healthcareprovidersolutions.com)



1

## Jennifer Osburn, RN, HCS-D, COS-C Clinical Consultant

Jennifer Osburn is a credentialed OASIS and ICD-10 expert with over 30 years of home health experience. Jennifer brings a wealth of knowledge and expertise which includes education and training, agency management, quality, clinical case management, and software technology.

Jennifer has led numerous seminars for state associations, accrediting bodies, and agency clients for the past 12 years. She frequently authors industry publications and has assisted home health software companies with Medicare compliant solutions. Jennifer enjoys translating technical guidance into easily deployed information to facilitate quality care delivery and payment. Her areas of expertise experience include OASIS, ICD-10-CM Coding, Case Management, Medicare Home Health Conditions of Participation, Billing Requirements, Documentation Compliance for Quality



2

## Description

- The 2025 HHVBP Discharge Function Score relies on OASIS GG items rather than M1800s and impacts a whopping 20% of the Total Performance Score.
- Although home health agencies have had GG0130 and GG0170 OASIS items for five years, clinicians and clinical leadership staff often remain unable to accurately assess and score (code) the GG items.
- This session will briefly overview the Discharge Function Score calculation and then deep dive into guidance and tips for accurately coding the GG items.
- Meaningful, real-world scenarios and attention to the most misunderstood aspects of the GG items are included to make this information actionable immediately.



3

## The New Discharge Function Score for 2025

August 2024

4

## Final Rule Changes 2024 and Beyond

- The 2024 HH Final Rule (published 11-01-2023) finalized several changes to HHVBP and
- Beginning in CY 2025:
  - Removal of 5 VBP Measures
  - Addition of 3 NEW measures
  - Updated weights for all measures except HHCAHPS measures
  - Updated the HHVBP Baseline Year for all measures to 2023 (starting CY 2025)
  - Codified the measure removal factors (effective CY 2024)
  - Reminded HHAs and other stakeholders that public reporting of HHVBP performance data and payment adjustments will begin December 2024



5

## The New Discharge Function Score for CY 2025

- Beginning January 1, 2025, CMS will begin using a new set of OASIS items to score patient function for the Home Health Value Based Purchasing Model (HHVBP or VBP)
- Instead of using the current “Total Normalized Change in Mobility” (TNC Mobility) and “Total Normalized Change in Self-Care” (TNC Self Care) measures, a new “Discharge Function Score” (DFS) will be used
- TNC scores come from the MI800 items
- The new Discharge Function Score comes from **GG Items**



6

## Final Rule Changes 2024 and Beyond

Measure	Current 2024	CY 2025	Current Weight	Proposed New Weight	Notes
Improvement in Dyspnea	Y	Y	5.83	6.0	Proposed change in weight
Improvement in Management of Oral Medications	Y	Y	5.83	9.0	Proposed change in weight
Discharge to Community (DTC)	Y	Removed	5.83	---	Current OASIS based measure proposed to be replaced by DTC-PAC
Discharge to Community – Post Acute Care (DTC-PAC)	N	Replacement Measure	---	9.0	Claims-based measure to replace existing DTC measure
Emergency Department Use (ED Use)	Y	Removed	8.75	---	Proposed to be replaced by PPH
Acute Care Hospitalization (ACH)	Y	Removed	26.25	---	Proposed to be replaced by PPH
HH Within-Stay Potentially Preventable Hospitalization (PPH)	N	Replacement Measure	---	26.0	Proposed to replace existing ACH and ED Use Measures
TNC Change in Mobility	Y	Removed	8.75	---	Proposed to be replaced by DFS
TNC Change in Self-Care	Y	Removed	8.75	---	Proposed to be replaced by DFS
Discharge Function Score (DFS)	N	Replacement Measure	---	20.0	Proposed to replace TNC Mobility and TNC Self-Care



7

## Overview of Measures and Changes

Category	Quality Measure	Performance Years	
		CY 2023 & CY 2024	CY 2025
OASIS-based Measures	Discharged to Community	X	
	Improvement in Dyspnea	X	X
	Improvement in Management of Oral Medications	X	X
	Total Normalized Composite (TNC) Change in Mobility	X	
	Total Normalized Composite (TNC) Change in Self-Care	X	
	Discharge Function Score (DC Function)		X
Claims-based Measures	Acute Care Hospitalization (ACH)	X	
	Emergency Department Use without Hospitalization (ED Use)	X	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		X
	Discharge to Community- Post Acute Care (DTC-PAC)		X
HHCAPHS Survey-based Measures	Care of Patients	X	X
	Communication Between Providers and Patients	X	X
	Specific Care Issues	X	X
	Overall Rating of Home Health Care	X	X
	Willingness to Recommend the Agency	X	X



8

Measure Category	Quality Measures	Finalized Redistributions			
		Current Measure Weights* (CY 2023, CY 2024)		Measure Weights Beginning CY 2025	
		Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-based Measures	Discharged to Community	5.83%	8.33%	-	-
	Improvement in Dyspnea	5.83%	8.33%	6.00%	8.57%
	Improvement in Management of Oral Medications	5.83%	8.33%	9.00%	12.86%
	TNC Change in Mobility	8.75%	12.5%	-	-
	TNC Change in Self-Care	8.75%	12.5%	-	-
	Discharge Function Score	-	-	20.00%	28.57%
	<b>Sum of OASIS-based measures</b>	<b>35.00%</b>	<b>50.00%</b>	<b>35.00%</b>	<b>50.00%</b>
Claims-based Measures	Acute Care Hospitalization	26.25%	37.50%	-	-
	Emergency Department Use	8.75%	12.50%	-	-
	Potentially Preventable Hospitalization	-	-	26.00%	37.14%
	Discharge to Community- Post Acute Care	-	-	9.00%	12.86%
	<b>Sum of Claims-based measures</b>	<b>35.00%</b>	<b>50.00%</b>	<b>35.00%</b>	<b>50.00%</b>
HHCAMPS Survey-based Measures	Care of Patients	6.00%	0.00%	6.00%	0.00%
	Communication Between Providers and Patients	6.00%	0.00%	6.00%	0.00%
	Specific Care Issues	6.00%	0.00%	6.00%	0.00%
	Overall Rating of Home Health Care	6.00%	0.00%	6.00%	0.00%
	Willingness to Recommend the Agency	6.00%	0.00%	6.00%	0.00%
	<b>Sum of HHCAMPS Survey-based measures</b>	<b>30.00%</b>	<b>0.00%</b>	<b>30.00%</b>	<b>0.00%</b>
<b>Sum</b>	<b>Sum of All Measures</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

## Overview of Finalized Redistributions



## Discharge Function Score

- Numerator:** Number of home health episodes with an observed discharge function score that is equal to or higher than the calculated expected discharge function score.
- Denominator:** Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.

**What's new?**  
Uses "GG" OASIS Questions instead of M1800s

## Discharge Function Score

Measure Category	OASIS-based
Data Source	Section GG – Self-Care (GG0130 three (3) items), Mobility (GG0170 eight (8) items)
Measure Description	Proportion of HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
Measure Calculation	<p><b>Numerator:</b> Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score.</p> <p><b>Observed score:</b> Sum of the individual items at discharge.  <b>Expected score:</b> Determined by applying a regression equation determined from risk adjustment to each home health episode.</p> <p><b>Denominator:</b> Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria.</p> <p><b>Measure-specific Exclusions:</b> Episodes that end with unexpected inpatient facility transfer, death, or discharge to hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.</p>
Measure Type	End Result Outcome – Health



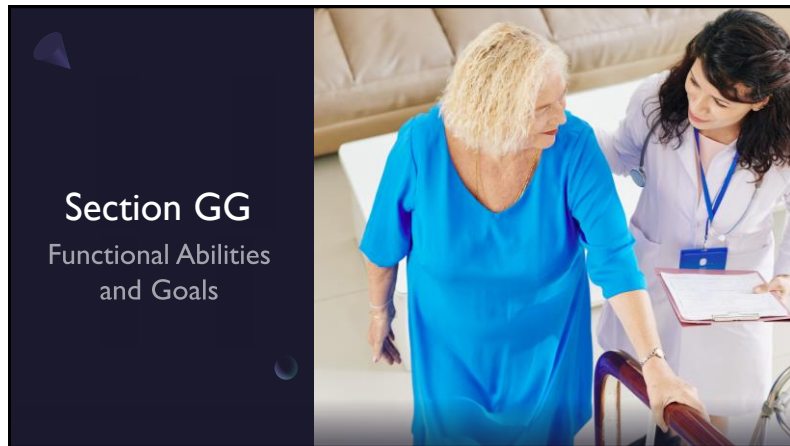
11

## Discharge Function Score (DFS) Items

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side of Bed
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 feet
GG0170J	Walk 50 Feet With 2 Turns
GG0170R	Wheel 50 Feet With 2 Turns



12




## Section GG

### Functional Abilities and Goals

13

## GG Items: Did You Know?

- GG0130 and GG0170 responses 07, 88, 09 and 10 are termed “Activity Not Completed” or “ANA” codes
- Incorrect use of these ANA codes can negatively impact the Discharge Function Score in VBP
  - For Inpatient Rehab Facilities, ANA codes are assigned a value of 1 (Dependent) for calculation of DFS scoring
    - Based on assumption that all Inpatient patients’ ANA code = due to their being dependent
  - For the HH DC Function Score, ANA codes will be calculated using a statistical imputation model and can be any value 1 – 6, where 01 = Dependent to 06 = Independent
  - For the new Discharge Function Score, if an item is coded 07, 09, 10, 88, dashed (-), skipped, or missing, the statistical imputation is used to estimate the item score for that item
- The Discharge Function Score also relies on **correct use** of Activity Not Attempted codes to determine if GG0170J, Walk 50 Feet with 2 Turns, or GG0170R, Wheel 50 Feet with 2 Turns, is included in the score



14

## GG Items: Did You Know?

- Wheelchair mobility items should be coded if the patient uses a wheelchair at any time
- A patient that can't swallow cannot eat (GG0130A, Eating)
- A patient that doesn't have teeth can still perform oral care (GG0130B, Oral hygiene)
- A patient that can't stand can't perform a sit to stand transfer (GG0170D, Sit to stand)
- A patient can take a break during a walking item, but only a **standing** break. (GG0170I, J, K, L)



15

## GG Items: Did You Know?

### If activity was not attempted, code reason:

- 07. Patient refused
- 09. Not applicable – Not attempted and the patient 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

- Responses 07, Patient refused, and 10, Not attempted due to environmental limitations, are often misused
- These should only be used when clinical judgement can't be used to determine a response
- 07, Patient refused, and 10, Not attempted due to environmental limitations, mean the patient could not be assessed, and the functional level cannot be determined
  - Use information gleaned from interdisciplinary conversations, your professional assessment, or collaboration during the assessment time frame to code patient function
  - Example: Checking orthostatic blood pressure changes, walking to the bathroom to demonstrate getting in and out of the tub/shower, collaborating with evaluating therapists



16



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- 88. Not attempted due to medical condition or safety concerns

- Response 09, Not applicable, doesn't mean "we aren't assessing or addressing this"
- All GG items are applicable to all patients
- Code 09, Not applicable, if the patient did not attempt to perform the activity, and did not perform the activity prior to the current illness, exacerbation, or injury
- "Can't now, couldn't before"
- The patient cannot safely perform the activity at this time, the activity cannot be safely performed with/by another person, and the patient could not perform the activity prior to the illness, exacerbation or injury [that led to their needing home health care at this time]



17

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- Response 88, Not attempted due to medical condition or safety concerns and response 01, Dependent, do not mean the same thing
- Response 88 does not mean "not observed"
- Often misinterpreted to mean "I didn't feel safe asking them to perform this task"
- Remember, OASIS Guidance says to code 88 if the activity was not attempted due to medical condition or safety concerns AND the activity was completed prior to the current illness, exacerbation, or injury
- "Could before, can't now, and cannot be safely performed by another person/person's assistance"



18

## GG Item Special Notes

- Unlike the M1800 items, the use of a device does **NOT** impact the patient's ability scores as it does in M1800 items.
- Be sure you understand the differences in item specific guidance for each of the GG items to ensure accurate coding/data collection
- Be sure you understand the time period under consideration or "look back period" for each item



19

## Functional Items: GG and M1800s

- Should Functional Items GG and M1800 match?
- Early in the inclusion of GG items in the OASIS data set it was believed that these items should match
- Scrubbers that alert on these items can be confusing and may provide incorrect information
- GG Functional and M1800 Functional items have different item-specific guidance and are not intended to match
  - For GG items, only the specific tasks listed are considered
  - M1800 items consider amount of assistance needed to safely get to or access items needed to perform the tasks
  - The "majority of tasks" convention only applies to M1800s (not the GG items)



20

## General Instructions for Coding GG0130 and GG0170 Items

- These items identify the patient's ability to perform the listed self-care and mobility activities on the day of assessment and the discharge goals established
- Clinician observation is the preferred assessment method; supplement with patient/caregiver report, assessment of similar activities and/or collaboration with other agency staff who have had direct contact with the patient or some other means of gathering patient information
- Patients should be allowed to perform activities as independently as possible as long as they are safe
- Communicating the activity request is not considered verbal cueing (Can you stand up from the toilet?)
- Code based on the **type and amount of assistance needed**, with or without a device, to **complete the activity safely**
  - not based on the availability of such assistance



21

## Coding Scale for GG0130 and GG0170

Options are from most independent to most dependent

### Coding:

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06 **Independent** – Patient completes the activity by himself with no assistance from a helper.
- 05 **Setup or clean-up assistance** – Helper sets up or cleans up; patient 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 patient 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. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

- 07 **Patient refused**
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- 10 **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88 **Not attempted due to medical condition or safety concerns**



22

## Understanding Coding Scale for GG0130 and GG0170

- Code **Safety and Quality of Performance** based on the amount of assistance needed to complete the task, with or without a device
- 06. Independent** – Patient completes the activity by themselves with *no assistance from a helper*
- 05. Setup or Clean-up assistance**– Helper sets up or cleans up [ONLY]; patient completes activity. [One] *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 patient completes the activity. Assistance may be provided throughout the activity or intermittently [by one helper]*
- 03. Partial/Moderate assistance** – Helper does **LESSTHAN HALF** the effort. [One] Helper lifts or holds trunk or limbs and provides less than half the effort
- 02. Substantial/maximal assistance** – Helper does **MORETHAN HALF** the effort. [One] Helper lifts or holds trunk or limbs and provides more than half the effort
- 01. Dependent** – *Helper does ALL of the effort. Patient does none of the effort to complete the activity. OR, the assistance of 2 or more helpers is required for the patient to complete the activity.*



23

## Understanding Coding Scale for GG0130 and GG0170

- If activity **was not attempted**, code reason:
    - 07. Patient refused**
    - 09. Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury [that initiated this episode of care]
    - 10. Not attempted due to environmental limitations** – (e.g., lack of equipment, weather constraints)
    - 88. Not attempted due to medical condition or safety concerns**
- Tips:**
- Remember collaboration can be used, within the assessment time frame, to assess patient ability versus coding one of the activity not attempted codes above
- You can use your observation, professional judgement, medical record documentation, interview of patient and caregiver, collaboration with other disciplines to complete the GG items.



24

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25

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26

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  - Use information gleaned from interdisciplinary conversations, your professional assessment, or collaboration during the assessment time frame to code patient function
  - Example: Checking orthostatic blood pressure changes, walking to the bathroom to demonstrate getting in and out of the tub/shower; collaborating with evaluating therapists



27

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- "Can't now, couldn't before"
- The patient cannot safely perform the activity at this time, the activity cannot be safely performed with/by another person, and the patient could not perform the activity prior to the illness, exacerbation or injury [that led to their needing home health care at this time]



28

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- Response 88, Not attempted due to medical condition or safety concerns and response 01, Dependent, do not mean the same thing
- Response 88 does not mean “not observed”
- Often misinterpreted to mean “I didn’t feel safe asking them to perform this task”
- Remember, OASIS Guidance says to code 88 if the activity was not attempted due to medical condition or safety concerns AND the activity was completed prior to the current illness, exacerbation, or injury
- “Could before, can’t now, and cannot be safely performed by another person/person’s assistance”



29

## GG Items: Ensuring Accuracy

If activity was not attempted, code reason:

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- Use of these ANA codes should **ONLY** be used *after determining the activity is not completed* and the patient’s performance cannot be determined based on:
  - Patient/caregiver report
  - Collaboration with other agency staff
  - Assessment of similar situations
- You will follow your agency’s policy on multi-disciplinary assessment and coordination to accurately complete the comprehensive assessment of patients within the allowable assessment time period



30

## GG Items: Ensuring Accuracy

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- 88. Not attempted due to medical condition or safety concerns

- Use the responses correctly:
  - 88 and 09 – the patient has been assessed and functional level has been determined
    - The patient cannot perform the activity now and the activity cannot be performed by another person(s)
    - Response 88 vs. 09 will depend on whether the patient could perform the activity before this illness, exacerbation or injury that led to home health care
  - 07 and 10 – the patient cannot be assessed, and the functional level cannot be determined, because the patient refused (07) or the environment did not allow the patient to perform (10)



31

## GG Items: Ensuring Accuracy

If activity was not attempted, code reason:

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- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

- Be sure to understand the difference between responses 88 and 01!
- Response 88, Not attempted due to medical condition or safety concerns:
  - The person cannot safely perform the activity at this time, even with up to 99% assistance from another person(s) AND
  - The activity cannot be safely performed by a helper when the patient is doing 0% of the effort
  - If they could before = 88, if couldn't before = 09
  - Note: another person cannot perform ambulation for the patient – the patient must be performing SOME of the effort
- Response 01, Dependent:
  - The patient cannot safely perform the activity at this time, even with up to 99% assistance from another AND
  - The activity can be safely performed by the helper(s), where the patient is doing 0% of the effort
  - Another person can bathe and dress the patient, and/or place the patient on the toilet, into a chair, or into a wheelchair



32



### Is the Patient Dependent or Unable?

They are **dependent** if:

- The helper provides all the activity for completion of the task

OR

- Assistance of two or more helpers is required to complete the activity, even if one of the helpers is for stand-by only; "just in case"

**START DECISION TREE HERE**

Does the patient/resident complete the activity - with or without assistive devices - by themselves and with no assistance (physical, verbal/nonverbal cueing, setup/clean-up)?

YES → **00 - Independent**

NO

Does the patient/resident need only setup/clean-up assistance from one helper?

YES → **05 - Setup/clean-up assistance**

NO

Does the patient/resident need only verbal/nonverbal cueing or steadying/touching/contact guard assistance from one helper?

YES → **04 - Supervision/touching assistance**

NO

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?

YES → **03 - Partial/moderate assistance**

NO

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?


YES → **02 - Substantial/moderate assistance**

NO

Does the helper provide all the effort to complete the activity OR is the assistance of two or more helpers required to complete the activity?

YES → **01 - Dependent**


The patient is providing some effort in the second part of this!



### GG0130 Self Care (SOC and ROC Version)

	1. SOC/ROC Performance ↓ Enter Codes in Boxes ↓	2. Discharge Goal	
	<input type="checkbox"/>	<input type="checkbox"/>	A. <b>Eating:</b> 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 patient.
	<input type="checkbox"/>	<input type="checkbox"/>	B. <b>Oral Hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures from and to the mouth, and manage equipment for soaking and rinsing them.
	<input type="checkbox"/>	<input type="checkbox"/>	C. <b>Toileting Hygiene:</b> 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.
	<input type="checkbox"/>	<input type="checkbox"/>	E. <b>Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
	<input type="checkbox"/>	<input type="checkbox"/>	F. <b>Upper body dressing:</b> The ability to dress and undress above the waist, including fasteners, if applicable.
	<input type="checkbox"/>	<input type="checkbox"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
	<input type="checkbox"/>	<input type="checkbox"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

This column is removed in OASIS E-I



## GG0130A: Eating

**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 patient.

- If patient can eat and drink, but needs supervision or cueing to safely swallow, code based on type and amount of assistance needed for feeding AND safe swallowing
  - If the patient swallows safely, exclude swallowing from consideration when coding
- If the patient eats/drinks by mouth *and* supplements nutrition or liquids via feedings or parenteral nutrition, code based on amount of assistance needed to eat/drink
- Code **88, Not attempted due to medical condition or safety concerns**, if the patient does not eat or drink by mouth *and* relies solely on nutrition and liquids by tube or TPN due to a new (recent-onset) medical condition
- Code **09, Not applicable**, if the patient does not eat or drink by mouth at the time of the assessment and did not eat or drink by mouth prior to the current illness



35

## GG0130B: Oral Hygiene

**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 mouth, and manage denture soaking and rinsing with use of equipment.

- If patient did not perform oral hygiene during the home visit, determine ability based on performance of similar activities, patient/caregiver report, or collaboration with agency staff
- For patients who are edentulous, code based on type and amount of assistance needed to clean the patient's gums
- For patients with dentures, code based on type and amount of assistance needed to insert, remove, manage soaking and rinsing dentures
- Unlike the M1800 items, getting to where the toothpaste, toothbrush, denture cup, water, etc. is stored is not part of the item being assessed



36

## GG0130C: Toileting Hygiene

**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.

- Includes performing perineal hygiene and managing clothing (e.g. undergarments, incontinence briefs, pants) before and after voiding or having a BM
  - For some this includes episodes of incontinence or bowel toileting in bed.
- When patient requires different levels of assistance after voiding vs after a BM, code type and amount of assistance to complete the ENTIRE activity
- If patient manages an ostomy, wiping the opening of the ostomy or colostomy bag is included, but not managing the equipment
- If patient has an indwelling urinary catheter:
  - and has BMs, code based on type and amount of assistance needed when moving their bowels
  - Includes hygiene to the catheter site but not management of the equipment



37

## GG0130C vs MI845 Toileting Hygiene Scenario

Mr. F declines to pull his pants on and off or allow home health staff to accompany him to the bathroom during the visit. He reports that his wife will help him with getting pants and underwear "adjusted." When asked if he also requires assistance with toilet hygiene, he rolls his eyes and walks away.

How would you code Mr. F's ability to manage toileting hygiene?

- **GG0130C Toilet Hygiene** 03 Partial/moderate assistance or 02 Substantial/maximal assistance based on whether the patient performs more or less than half the effort required for completing toileting hygiene tasks
- Note: For MI845, the answer would be Response 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing. The assessing clinician must code the *amount* of assistance needed for the GG item (more than 50%, less than 50% in this case)



38

## GG0170 Mobility Coding Scale

### GG0170. Mobility

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

#### Coding:

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper.

05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient 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 patient 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. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

#### If activity was not attempted, code reason:

07. **Patient refused**

09. **Not applicable** – Not attempted and the patient 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 conditions or safety concerns**



39

## Coding GG0170A, GG0170B, and GG0170C

- Applicable for GG0170A-Roll left and right, GG0170B-Sit to lying, and GG0170C-Lying to sitting on side of bed:
  - If patient does not sleep in a bed, assess using the preferred/necessary sleeping surface used
  - Clinical judgement should be used regarding what is considered a “lying” position; a patient's preferred slightly elevated resting position could be “lying” for that patient
  - If the patient is unable to lie flat at time of assessment due to medical condition or restrictions, but could perform this activity prior to this current illness, exacerbation or injury [that led to this episode of home health care], code **88, Not attempted due to medical or safety concerns**
  - **Code 09, Not applicable**, if the patient is unable to lie flat at the time of the assessment and could not perform the activity prior to the current illness



40

## GG0170A Roll Left and Right

**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

**Intent:** Assess patient's ability to roll, from lying on back, to left and right side, and return to lying on back in the bed.

- If bed mobility cannot be assessed because the patient's head of bed must be elevated due to medical condition(s), code using the appropriate "activity not attempted" code
- If patient does not sleep in a bed, assess on their preferred sleeping surface (recliner for example)



41

## GG0170A Roll Left and Right Scenario

PT is completing the SOC Comprehensive Assessment on Mrs. A, who is recovering from recent back surgery. Mrs. A is afraid to move in bed from a supine position. The physical therapist instructs her on how to safely roll, then bend her leg and roll to the opposite side. With this instruction, she can repeat the same process rolling to the other side. She reports she was able to roll from side in the bed prior to surgery. The therapist decides Mrs. A will be able to roll left to right in the bed without any instruction at discharge.

How would you code Mrs. A for GG0170A SOC Performance?

- **Answer: GG0170A is 04-Supervision or touching assistance-** the helper provides verbal cues and/or contact guard assist at times or throughout the activity but the patient completes the activity
- **Rationale:** The patient required only verbal cues to complete the activity and is scored based on ability, not willingness to perform the task.



42

## GG0170C Lying to Sitting on Side of Bed

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 no back support.

**Intent:** Assess ability to move from lying on the back to sitting on the side of the bed with no back support

- It is not required that the patient's feet be flat on the floor (this early OASIS E guidance was removed)
- Back support refers to an object or person providing support for the patient's back
- Like guidance for GG0170 A and B, if the patient cannot lie flat due to a medical condition, use the appropriate "activity not attempted" code



43

## GG0170C Lying to Sitting on Side of Bed Scenario

Mr. F is recovering from a recent exacerbation of his CHF and COPD. He sleeps in his recliner with his head elevated at about 45 degrees. The RN assesses his ability to lower the recliner's footrest and come to a sitting upright position in the recliner. His daughter must help with the footrest lever on the manual recliner before Mr. F can lower his feet. She also has to assist with moving the back of the chair to an upright position as Mr. F becomes very short of breath during the activity.

How would you code GG0170C?

**Answer:** GG0170C = 01 Dependent-Helper does all of the effort to complete the task.

**Rationale:** The patient's preferred or required sleeping surface is a recliner rather than bed. At SOC, the helper does all the work of lowering the footrest and raising the back of the recliner to a sitting position.



44

## GG0170D Sit to Stand

**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.

**Intent:** Assess ability to stand from sitting in a chair, wheelchair, or on the side of the bed

- The patient can be assessed standing from any sitting surface
- If the only help the patient needs is to retrieve an assistive device (ex: walker) or adaptive equipment (AFO), code **05, Setup or Clean-up assistance**
- If a mechanical lift is used to assist the patient in transferring, and even with assistance the patient is not able to complete sit to stand activity, code with the appropriate "activity not attempted" code
- If the patient requires the assistance of 2 helpers to get from sitting to standing position, code **01, Dependent**



45

## GG0170E Chair/Bed-to-Chair Transfer

**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).

**Intent:** Assess current ability to transfer to and from a bed to a chair or wheelchair

- Includes and reflects a transfer between (to and from) *any* two sitting surfaces and is separate from Sit to Lying (GG0170B) and Lying to sitting on side of bed (GG0170C)
- Depending on patient abilities, TF could be a stand-pivot, squat-pivot, or slide board transfer
- When possible, the TF should be assessed in an environmental situation where taking more than a few steps would not be necessary to complete the transfer
- If a mechanical lift is used to assist in transferring a patient from chair/bed-to-chair TF and the patient requires two helper to assist in TF, code 01, Dependent, even if the patient assists with some of the process



46

## GGG0170F Toilet Transfer

F. Toilet transfer: The ability to get on and off a toilet or commode.

**Intent:** Assess ability to get on and off a toilet, with or without a raised toilet seat, or bedside commode

- If patient needs a helper to set up the bedside commode (place at an accessible angle or location near the bed) or retrieve and place a toilet seat riser before and after, but the patient does not require helper assistance during the toilet transfer, **code 05, Setup or clean-up assistance**
- If the patient requires assistance of 2 or more helpers to get on and off the toilet or commode, **code 01, Dependent**



47

## GG0170I, J Walking Items General Tips

- Assessment of walking activities begins with the patient in a standing position
- Code based on type and amount of assistance required, whether an assistive device or adaptive equipment is required
- The patient must complete ambulation for the entire stated distance but may take a brief standing rest break
- If the patient requires a sitting rest break during walking activity, consider the patient unable to complete the activity and code the appropriate "activity not attempted" code
- Clinicians can use clinical judgement to determine how the patient assessment of walking is conducted:
  - Clinician may choose to combine the assessment of multiple walking activities and determine the type and amount of assistance needed for each
  - Can assess activities that overlap or occur sequentially to determine type and amount of assistance needed for each individual activity



48



## GG0170I Walk 10 Feet Scenario

I. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.  
*If SOC/ROC performance is coded 07, 09, 10 or 88, →Skip to GG0170M, 1 step (curb)*

The patient had a total hip replacement last week and is continuing PT at home. While assessing patient's ability to ambulate, the PT noted that, once standing, the patient was able to ambulate 8 feet with the rolling walker before having to take a brief rest break, turn and walk back 8 feet to the chair due to pain. The patient required supervision due to taking narcotic pain medications that he states have made him feel weak and dizzy at times.

How would you code GG0170I SOC Performance?

- **Answer:** GG0170I = 04, Supervision or touching assistance.
- **Rationale:** At SOC, the therapist used clinical judgement to assess that the patient could walk 16 feet total in one attempt with the walker and one standing rest break.



49

## GG0170J Walk 50 Feet With Two Turns

J. **Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.

- Starting from standing, assess ability to walk 50 feet making two turns
- The turns are 90 degree turns and may occur at any time during the 50-foot walk
- The turns may be in the same direction or may be in different directions
- The 90-degree turn should occur at the patient's ability level and can include the use of an assistive device



50

## GG0170J Walk 50 Feet with Two Turns Scenario

Mr. F is attempting to walk 50 feet with a rollator and therapist supervision using a gait belt (without supporting any weight) and with the caregiver following with the wheelchair. Mr. F becomes winded and unsteady after 10 feet and wants to 'sit down for a minute' to recover. He doesn't attempt to stand as he feels too weak and unable to attempt to walk the rest of the distance. He is wheeled back to his recliner as he is too weak to wheel himself.

How would you code GG0170J1, SOC Performance?

- **Answer:** SOC performance = **88, not attempted due to medical conditions or safety concerns.**
- **Rationale:** At the start of care assessment visit, the patient was unable to safely attempt the task of walking 50 feet with 2 turns.
  - Using this same information, the assessing clinician could also code 0170I, Walking 10 feet, and 0170R, Wheeling self 50 feet with two turns
  - Walking 10 feet = 04, Supervision or touching assistance and wheeling self 10 feet would be 01, Dependent using this information



51

## GG0170R, Wheel 50 Feet General Guidance

- For the wheelchair items, clinicians can use judgement to determine how the patient assessment of wheelchair mobility is conducted
- If a clinician chooses to combine the assessment of multiple wheelchair activities, use clinical judgement to determine the type and amount of assistance for each individual activity
- A helper can assist a patient to complete the wheelchair distance or make turns if required
- When a patient is unable to complete the wheel the entire distance themselves, the activity can still be completed, and a performance code assigned based on the type and amount of assistance required from the helper



52

## GG0170R Wheel 50 Feet With Two Turns

**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

- The turns included are 90-degree turns.
- The turns may occur any time during the 50-foot distance
- The turns may be in the same direction or in different directions
- The 90-degree turn should occur at the patient's ability level
- IF at the time of assessment, the patient uses both a manual and motorized wheelchair or scooter to complete the wheel 50 feet with two turns activity, code the activity based on the type of wheelchair/scooter with which the patient requires the most assistance



53

## GG Item Accuracy

- **Documentation** is KEY for supporting accuracy
- Describe the patient's ability to participate and the role of each helper
- Remember 05, Setup/clean-up assistance, is not a default when the patient seems independent, but we don't want to state that
  - Verbal cues are considered assistance in both 05, Setup/cleanup assistance, and 04, Supervision or touching assistance needed
- A patient that does not use the shower or tub can bathe
- A patient that doesn't use the toilet can (and should) be assessed for toilet transfers
- Use of ANA codes should always be the last choice, not the first choice
- Collaboration with the team within the assessment time frame can be a game changer



54

## Additional Thoughts


- Knowing what to assess as well as attention to details during the assessment will help determine accurate ability coding
  - Use a blended professional assessment and OASIS Walk method, instead of following a question-by-question interview based on the software's presentation
- Coding how much assistance is needed to safely complete the task is the goal of the GG items in GG0130 and GG0170
- Understanding the patient performance rating scales and ANA codes is of major importance for these GG items
- ANA code use will result in CMS calculating what they think the patient should be able to achieve by discharge, and this will be compared to what the patient's actual ability is at discharge



55



56




**Thank You for Participating!**

**Jennifer Osburn, RN, HCS-D, COS-C**  
Clinical Consultant

Healthcare Provider Solutions, Inc.  
402 BNA Drive, Suite 212  
Nashville, TN 37217

615.399.7499  
[info@healthcareprovidersolutions.com](mailto:info@healthcareprovidersolutions.com)



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