
LOOK UNDER THE HOOD: COMPARE & CONTRAST OASIS-D FUNCTIONAL ABILITY ITEMS (GG & M18XX)

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OASIS-D FUNCTIONAL ASSESSMENT: COMPARE & CONTRAST GG & M ITEMS

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OVERVIEW & CONTENT

- OASIS-D GG0130 & GG0170 items include several functional activities that are named similarly to M18xx ADL/IADL items
- Careful analysis of item-specific guidance reveals:
 - Important definitions
 - Inclusion/exclusion criteria
 - Similarities & differences between these items
- Content:
 - Define the scope of each functional ability item (GG & M18xx items).
 - Identify similar GG & M18xx items for which identical or similar activities are assessed.
 - Describe assessment elements that are included (and/or excluded) when coding response options for similar functional ability items.

OASIS ITEMS THAT ADDRESS FUNCTION

□ **ADL/IADL items (combines multiple activities into one item)**

- M1800 Grooming
- M1810 Dressing Upper Body
- M1820 Dressing Lower Body
- M1830 Bating
- M1840 Toilet Transferring
- M1845 Toilet Hygiene
- M1850 Transferring

- M1860 Ambulation/ Locomotion
- M1870 Feeding & Eating

□ **Functional Ability items (each row assesses a single activity)**

- GG0130 Self-Care
- GG0170 Mobility

REVIEW: M18XX AND GG ITEMS [HANDOUT]

**OASIS-D Functional Assessment: Compare & Contrast GG & M items
(M18xx, GG0130, & GG0170 items)**

ADL/IADLs

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 Grooming utensils must be placed within reach before able to complete grooming activities. 2 Someone must assist the patient to groom self. 3 Patient depends entirely upon someone else for grooming needs.
(M1810) Current Ability to Dress <u>Upper</u> Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 Someone must help the patient put on upper body clothing. 3 Patient depends entirely upon another person to dress the upper body.
(M1820) Current Ability to Dress <u>Lower</u> Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to obtain, put on, and remove clothing and shoes without assistance. 1 Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 Patient depends entirely upon another person to dress lower body.
(M1830) Bathing: Current ability to wash entire body safely. <u>Excludes grooming (washing face, washing hands, and shampooing hair).</u>	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower. 1 With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 2 Able to bathe in shower or tub with the intermittent assistance of another person: <ul style="list-style-type: none"> (a) for intermittent supervision or encouragement or reminders, <u>OR</u> (b) to get in and out of the shower or tub, <u>OR</u> (c) for washing difficult to reach areas. 3 Able to participate in bathing self in shower or tub, <u>but</u> requires presence of another person throughout the bath for assistance or supervision. 4 Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 5 Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 6 Unable to participate effectively in bathing and is bathed totally by another person.

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely <u>and</u> transfer on and off toilet/commode.	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to get to and from the toilet and transfer independently with or without a device. 1 When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 2 <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3 <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4 Is totally dependent in toileting.
(M1845) Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to manage toileting hygiene and clothing management without assistance. 1 Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient. 2 Someone must help the patient to maintain toileting hygiene and/or adjust clothing. 3 Patient depends entirely upon another person to maintain toileting hygiene.
(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to independently transfer. 1 Able to transfer with minimal human assistance or with use of an assistive device. 2 Able to bear weight and pivot during the transfer process but unable to transfer self. 3 Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4 Bedfast, unable to transfer but is able to turn and position self in bed. 5 Bedfast, unable to transfer and is unable to turn and position self.
(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 3 Able to walk only with the supervision or assistance of another person at all times. 4 Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. 5 Chairfast, unable to ambulate and is <u>unable</u> to wheel self. 6 Bedfast, unable to ambulate or be up in a chair.
(M1870) Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none"> 0 Able to independently feed self. 1 Able to feed self independently but requires: <ul style="list-style-type: none"> (a) meal set-up; <u>OR</u> (b) intermittent assistance or supervision from another person; <u>OR</u> (c) a liquid, pureed or ground meat diet. 2 <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack. 3 Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy. 4 <u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. 5 Unable to take in nutrients orally or by tube feeding.

Section GG: Self-Care

SOC/ROC

GG0130. Self-Care		
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. <i>Activities may be completed with or without assistive devices.</i>		
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		
1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	B. Oral Hygiene: 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="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	E. Shower/bathe self: 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="text"/>	<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Follow-Up

GG0130. Self-Care	
Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up, code the reason.	
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.	
<i>Activities may be completed with or without assistive devices.</i>	
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	
4.	
Follow-Up Performance	
↓ Enter Codes in Boxes	
<input type="text"/> <input type="text"/>	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.
<input type="text"/> <input type="text"/>	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 the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/> <input type="text"/>	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.

Discharge

GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
<p>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.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p>	
3. Discharge Performance	
↓ Enter Codes in Boxes	
<input type="text"/>	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 placed before the patient.
<input type="text"/>	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 the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	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.
<input type="text"/>	E. Shower/bathe self: 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="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Section GG: Mobility

SOC/ROC

1. SOC/ROC Performance		2. Discharge Goal
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	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 feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	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.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If SOC/ROC performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb)</i>
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/>	<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step .
<input type="text"/>	<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	O. 12 steps: The ability to go and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
<input type="text"/>	<input type="text"/>	Q. Does patient use wheelchair/scooter? 0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Follow-Up

GG0170. Mobility

Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up code the reason.

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**

4. Follow-Up Performance	
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↓ **Enter Codes in Boxes**

<input type="text"/>	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.
<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	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 feet flat on the floor, and with no back support.
<input type="text"/>	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.
<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If Follow-Up performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step .
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail.
<input type="text"/>	Q. Does patient use wheelchair/scooter? 0. No → Skip GG0170R 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

Discharge

GG0170. Mobility

Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.

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**

3.	
Discharge Performance	
↓ Enter Codes in Boxes	
<input type="text"/>	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.
<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	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 feet flat on the floor, and with no back support.
<input type="text"/>	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.
<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).</i>
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step .
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail.
<input type="text"/>	O. 12 steps: The ability to go and down 12 steps with or without a rail.
<input type="text"/>	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
<input type="text"/>	Q. Does patient use wheelchair/scooter? 0. No → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="text"/>	RR3. Indicate the type of wheelchair or scooter used. 1.Manual 2.Motorized
<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	SS3. Indicate the type of wheelchair or scooter used. 1.Manual 2.Motorized

REVIEW: OASIS GUIDANCE MANUAL

Legend for source of guidance:

- Conventions for Collecting OASIS (from Chapter 1)
- Item-Specific Guidance & Coding Instructions (from Chapter 3, Section GG)

TIME PERIOD UNDER CONSIDERATION

- Understand the time period under consideration for each item. Report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance. **Day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent by the clinician in the home.**
- The **assessment timeframe is the maximum number of days within which to complete the comprehensive assessment** (at SOC=5 days; at ROC=2 days; at Recert=last 5 days of episode; at Other Follow-up=2 days; at Discharge=date of DC plus 4 preceding days).
- Code the patient's functional status based on a **functional assessment that occurs at or soon after the patient's SOC/ROC**—to reflect the patient's SOC/ROC baseline status (for example, prior to the start of therapy services to capture the patient's true baseline).

USUAL ABILITY OR STATUS

- ❑ If the patient's ability or status varies on the day of the assessment, report the patient's **"usual status"** or what is true greater than 50% of the assessment time frame, unless the item specifies differently.
- ❑ If the patient's ability varies between the different tasks included in a multi-task item, report what is true in a **majority of the included tasks**, giving more weight to tasks that are more frequently performed.
 - If the patient's ability varies during the assessment timeframe, record the **usual ability to perform each activity**. Do not report patient's best performance or worst performance, report usual performance—what is true > 50% of the assessment timeframe.
 - The **"majority of tasks" convention applies to the M18xx ADL/IADL items, but does not apply to GG0130/GG0170**. For activities that include multiple tasks (e.g., upper body dressing for a patient who wears undershirt, blouse, and sweater), code using the 6-point scale based on the patient's ability to complete all relevant tasks. [Jan 2019 Quarterly Q&A #8]

ASSESSMENT STRATEGIES

- ❑ Combine **observation, interview, collaboration** with other agency staff and other relevant strategies to complete any and all OASIS items as needed, unless otherwise noted in guidance. When assessing physiologic or functional health status, **direct observation** is the preferred strategy.
 - Licensed clinicians may assess the patient's performance based on **direct observation (preferred) as well as reports from the patient, clinicians, care staff, and/or family**.
- ❑ The use of the term **"specifically"** means scoring of the item should be limited to only the circumstances listed. The use of **"for example"** means the clinician may consider other relevant circumstances to attributes when scoring the item.
- ❑ Understand what **tasks are included and excluded** in each item and select the OASIS response based only on included tasks.

ASSESSMENT STRATEGIES, CONTINUED

- Activities may be completed with or without assistive device(s). **Use of assistive device to complete an activity does not affect coding of the activity.**
 - ❑ Consider **medical restrictions** when determining ability. For example, if the physician has ordered activity restrictions, consider this when selecting the best response to functional items related to ambulation, transferring, bathing, etc.
 - ❑ Some items allow a dash response. A dash (—) value indicates that no information is available. **CMS expects dash use to be a rare occurrence.**
 - A **dash value ("not assessed/no information") is a valid response for GG0130/GG0170.** Use rarely and document rationale when used.
-
-

COLLABORATION

- ❑ The comprehensive assessment including OASIS is part of the patient's legal agency clinical record. **While only the assessing clinician is responsible for accurately completing /signing a comprehensive assessment, s/he may collaborate to collect data for all OASIS items,** if policy allows. Collaboration may consider information from patient, caregivers, and other health care personnel (such as physician, pharmacist, and/or other agency staff) who had **direct contact with the patient or some other means of gathering information** to contribute to OASIS data collection. When used, collaboration must occur within the appropriate timeframe and consistent with data collection guidance.
- When possible, CMS invites a **multi-disciplinary approach** to patient assessment.

ABILITY & SAFE PERFORMANCE

- ❑ Report patient's **physical & cognitive ability** to perform a task. Do not report patient's preference or willingness to perform a specified task.
- ❑ The **level of ability refers to the level of assistance** (if any) that the patient requires to safely complete a specified task.
- ❑ When an OASIS item refers to **assistance**, this means assistance from another person (physical hands-on, verbal cueing, and/or supervision).
- ❑ While the **presence or absence of a caregiver** may impact the way a patient carries out an activity, it does not impact the assessing clinician's ability to assess the patient in order to determine and report the level of assistance that the patient requires to safely complete a task.
- Patients should be allowed to **perform activities as independently as possible, as long as they are safe.**
- If assistance is required because patient's (independent) performance is unsafe or poor quality, **score according to amount of assistance provided.**
- Code based on **the patient's need for assistance** to perform the activity safely.

SOC/ROC PERFORMANCE "SKIP" INSTRUCTION & DISCHARGE GOAL

- SOC/ROC Performance guidance for GG0170I-Walk 10 Feet, GG0170M-1 step (curb), and GG0170N-4 steps instruct a "skip" to a later item when a "Not Attempted Code" is used. **Skip instruction does not apply to the Discharge Goal column.** When activity performance is coded "Not Attempted" or skipped, a discharge goal may still be coded using the 6-point scale (or a dash is permissible if a discharge goal will not be established). [Jan 2019 Quarterly Q&A #23]

ACTIVITY NOT ATTEMPTED DUE TO LACK OF EQUIPMENT

- If car transfer (GG0170G) or stair activities (GG0170M/N/O) are **not completed because no car or stairs are available & patient's status cannot be determined based on patient/caregiver report or by clinical judgment & assessment of patient in a similar activity, enter Code 10.** Assessing clinicians can use clinical judgment to determine if a car transfer, stair activity, or other GG self-care or mobility activity may be assessed using a similar activity as an acceptable alternative. For example, for GG0170O 12 Stairs, the combination of going up and down 4 steps 3 times consecutively meets the intention of this activity. [Jan 2019 Quarterly Q&A #26 & #28]

CODING INSTRUCTIONS FOR GG0130 & GG0170

- ❑ GG0130 and GG0170 have identical coding instructions for the 6-point scale – these codes are used when the activity was completed (with or without devices) with varying levels of patient effort and/or assistance from a helper.
- ❑ The assessing clinician may code the functional assessment by utilizing:
 - Direct observation (preferred),
 - Patient/family/caregiver report, and
 - Collaboration with agency staff

6 – POINT SCALE

- ❑ **Code 06 Independent:** Patient completes activity by him/herself—NO assistance from any helper before, during, or after activity (NO physical hands-on, verbal cues, stand-by, supervision)
 - ❑ **Code 05 Setup or clean-up assistance:** Patient completes activity when ONE helper assists ONLY prior to and/or following the activity (helper provides setup and/or clean-up but no assistance DURING activity)
 - ❑ **Code 04 Supervision or touching assistance:** Patient completes activity when ONE helper provides ONLY verbal/non-verbal cueing, coaxing, touching/steadying, supervision, and/or contact guard (this type of assistance may be provided intermittently or throughout activity)
-
-

6 – POINT SCALE, CONTINUED

- ❑ **Code 03 Partial/moderate assistance:** Patient completes activity when ONE helper provides physical assistance—lifts, holds, supports trunk or limbs (helper provides LESS THAN HALF the effort)
- ❑ **Code 02 Substantial/maximal assistance:** Patient completes activity when ONE helper provides physical assistance—lifts, holds, supports trunk or limbs (helper provides MORE THAN HALF the effort)
- ❑ **Code 01 Dependent:** Patient contributes none of the effort and helper provides ALL of the effort to complete the activity

<OR>

Patient completes the activity when TWO or more helpers provide assistance of any type (any combination of physical hands-on, verbal cues, coaxing, stand-by, supervision, touching/steadying, contact guard, setup/clean-up, etc.)

IMPORTANT: "DEPENDENT" GUIDANCE

- "Dependent" in a GG item due to 2 or more helpers does NOT automatically make patient dependent in a similar M18xx item (where despite the number of helpers, the patient who is actively participating in the ADL/IADL is not considered dependent)

NOT ATTEMPTED CODES

- **Code 07 – Patient Refused**
 - Patient refused to attempt activity AND clinician unable to determine functional ability per report from patient, caregivers, family, or other collaborating clinicians
- **Code 10 – Not Attempted Due to Environmental Limitations**
 - Patient did not attempt activity due to an environmental limitation such as weather constraints, lack of equipment, or similar factors determined through clinical judgment

NOT ATTEMPTED CODES, CONTINUED

❑ Code 09 – Not Applicable

- Patient could not attempt activity at time of assessment AND also could not perform activity prior to the current illness, exacerbation, or injury

[CHRONIC REASON]

❑ Code 88 – Not Attempted Due to Medical Condition or Safety Concerns

- Patient could not perform activity at time of assessment BUT could perform activity prior to the current illness, exacerbation, or injury

[ACUTE REASON]

“NOT ATTEMPTED” NOT AN OPTION FOR M18XX

- ### ❑ THINK ABOUT IT: “Not Attempted” is an acceptable response for GG0130 & GG0170, however the M18xx ADL/IADL items require the assessing clinician to select a response that best describes the patient’s physical & cognitive ability and level of assistance needed to safely complete the activity

- There is no “not attempted” code for M18xx

- ### ❑ Each OASIS item must be evaluated and coded based on its own unique guidance and instruction

DASH VALUE

- ❑ The dash (-) is a valid response for GG0130 & GG0170
- ❑ **NOTE:** *A dash value indicates no information is available (software displays the dash response as “not assessed/no information”).*
- ❑ **CMS EXPECTS DASH USE TO BE A RARE OCCURRENCE**—*the assessing clinician should be able to code Performance using the 6-point scale when activity is completed OR one of the Not Attempted Codes 07, 09, 10, or 88.*
- ❑ *In the rare use of the dash value, document the rationale.*



COMPARE/CONTRAST GG & M18XX

**DUE TO DIFFERENCES IN GUIDANCE, RESPONSES TO
GG & M18XX
MAY NOT ALWAYS ALIGN**

COMPARE/CONTRAST GG & M18XX: SELF-CARE

GG0130 Self-Care	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0130A— Eating	⇐ ⇒ After food/liquid is placed in front of patient ⇐ ⇒ Feed self—use suitable utensils to bring food and/or liquid to mouth, chew, & swallow ⇐ Tube feedings or TPN is <u>not</u> included ⇒ Oral intake supplemented by tube feeding (M1870, Response 3) ⇒ No oral intake – tube feeding exclusively (M1870, Response 4) ⇒ No oral intake OR tube feeding – intravenous only (M1870, Response 5)	M1870— Feeding or Eating



COMPARE/CONTRAST GG & M18XX: SELF-CARE

GG0130 Self-Care	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0130B— Oral Hygiene	⇐ ⇒ Use suitable items to clean teeth (for dentures: insert/remove & manage soak & rinse) ⇒ Includes other personal hygiene tasks—washing face & hands, hair care (excludes shampooing), shaving or makeup, and fingernail care ⇒ Includes ACCESS to grooming utensils (patient requires assistance—either to take grooming items to the patient OR to take patient to the needed items or location)	M1800— Grooming

GG0130 Self-Care	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0130C— Toileting Hygiene	⇐ ⇒ Maintain perineal hygiene, adjust clothing (including incontinence products) before & after voiding and/or bowel movement (using toilet, commode, bedpan, urinal) ⇐ ⇒ If managing ostomy used for urinary or bowel elimination, includes wiping but not managing equipment ⇒ Includes hygiene related to catheter care ⇐ If patient completes tasks only after a helper retrieves or sets up supplies, code 05 ⇒ Includes ACCESS to toilet hygiene supplies (patient’s ability to manage clothing and cleansing once at the location where toileting occurs)	M1845— Toileting Hygiene



GG0130 Self-Care	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0130E— Shower/ Bathe Self	⇐ ⇒ Bathe self (washing & rinsing body) ⇐ Includes drying self ⇐ ⇒ Excludes shampooing hair ⇐ Excludes washing back (compare: M1830 bathe <u>ENTIRE</u> body) ⇒ Excludes washing face & hands ⇒ Includes ability to ACCESS (get to) the bathing location ⇒ Includes transferring in/out of the tub/shower ⇒ Excludes ability to access bathing supplies and/or preparation of water in tub/shower ⇒ Response options specifically include bathing at alternate location than tub/shower (Resp 4—sets up water basin or accesses water at sink; Resp 5—requires assistance) ⇐ Patient bathes at sink and only requires assistance to set up water basin, code 05 ⇐ Location of bathing activity is NOT limited to tub/shower	M1830— Bathing

COMPARE/CONTRAST GG & M18XX: SELF-CARE

GG0130 Self-Care	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18x ADL/IADL
GG0130F— Upper Body Dressing	⇐ ⇒ Dress and undress above the waist, including fasteners (such as zippers, buttons, snaps) ⇐ ⇒ Assess ability with <u>routine</u> upper body clothing (“routine” is type of clothing patient usually wears & will continue to wear OR modified clothing with no expectation of return to previous style of dressing [NOTE: Jan 2019 Quarterly Q&A #12 includes this for GG0130F (*see GG013G for additional information)]) ⇒ Includes ability to <u>obtain</u> upper body clothing from the usual storage area ⇐ ⇒ Includes support devices applied to upper body (such as upper extremity prosthetic, cervical collar, arm sling)	M1810— Dressing Upper Body



GG0130 Self-Care	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0130G— Lower Body Dressing	⇐ ⇒ Dress and undress below the waist, including fasteners ⇐ Does not include footwear ⇒ Assess ability with <u>routine</u> lower body clothing (“routine” is type of clothing patient usually wears & will continue to wear OR modified clothing with no expectation of return to previous style of dressing [*GG0130G not specifically in Q&A]) ⇒ Includes ability to <u>obtain</u> lower body clothing & shoes from the usual storage area ⇐ ⇒ Includes support devices applied to lower body (such as lower extremity prosthetic) [GG0130G excludes AFO & TED]	M1820— Dressing Lower Body
GG0130H— Putting On/ Taking Off Footwear	⇐ ⇒ Put on and take off socks/nylons and shoes (or other footwear appropriate for safe mobility, AFO, foot orthotics, compression stockings) including fasteners, if applicable ⇐ Items that cover all or part of the foot (even if it extends up the leg) are footwear	

COMPARE/CONTRAST GG & M18XX: MOBILITY

GG0170 Mobility	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170A— Roll Left and Right	⇐ ⇒ Roll from lying on back to both left and right side, and return to lying on back ⇒ GG0170A is part of M1850 Transfer (supine to sitting on side of bed) and for bedfast positioning	M1850— Transfer
GG0170B— Sit to Lying	⇐ ⇒ Move from sitting on side of bed to lying flat on the bed ⇒ GG0170B is part of M1850 Transfer (back to bed from sitting position on side of bed to lying supine in bed)	

(GG0170 Compare/Contrast to M1850 Transfer continued on next page)

COMPARE/CONTRAST GG & M18XX: MOBILITY

GG0170 Mobility	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170C— Lying to Sitting on Side of Bed	⇐ ⇒ Move from lying on back to sitting on side of bed with feet flat on the floor ⇐ With no back support ⇐ Footstool may be used to accommodate flat foot placement; BKA patient may wear prosthetic leg/foot or may dangle without touching floor ⇒ GG0170C is part of M1850 Transfer (from supine position to sitting on side of bed)	M1850— Transfer

(GG0170 Compare/Contrast to M1850 Transfer continued on next page)

GG0170 Mobility	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170D— Sit to Stand	⇐ Come to standing position from sitting in chair, wheelchair, or on side of bed ⇒ GG0170D may be part of M1850 Transfer (if stand is assessed from seated on side of bed & also a stand from seated on chair)	M1850—Transfer [DEFINITION: <i>Supine in bed to sitting position at side of bed (current sleeping surface), then some type of standing, stand-pivot, or sliding board transfer to a second sitting surface (such as a chair), and then back to bed from the chair or sitting surface</i>]
GG0170E— Chair/Bed- to- Chair Transfer	⇐ Transfer from sitting (in chair, wheelchair, at edge of bed) to sitting in a chair, wheelchair, or at the edge of bed ⇒ GG0170E may be part of M1850 Transfer (if assessed bed- to-chair and chair-to-bed) ⇐ NOTE: may include a transfer between <u>ANY</u> two seated surfaces (e.g., chair-to-chair)	

Note the “Definition” of the Transfer in M1850. Consider planning GG0170 assessment strategies in order to “assess once & use twice” – maximize overlap.



COMPARE/CONTRAST GG & M18XX: MOBILITY		
GG0170 Mobility	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170F— Toilet Transfer	⇐ ⇒ Get on and off a toilet or commode ⇒ Includes getting to and from the toilet or commode	M1840—Toilet Transferring
GG0170G— Car Transfer	⇐ Transfer in & out of car or van on passenger side (excludes open/close door or fasten seat belt) ⇐ Activity is restricted to the car transfer; does not include getting to/from vehicle	No similar M item

COMPARE/CONTRAST GG & M18XX: MOBILITY

GG0170 Mobility	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170I— Walk 10 Feet	⇐ Once standing, walk at least 10 feet in a room, corridor, or similar space	⇒ Once in standing position, ability to walk on the typical surfaces in the patient's environment (even, uneven, stairs/steps)
GG0170J— Walk 50 Feet with Two Turns	⇐ Once standing, walk 50 feet and make two 90 degree turns—in same or different directions & at any time during 50 foot walk	
GG0170K— Walk 150 Feet	⇐ Once standing, walk at least 150 feet in a corridor or similar space—may include turns	

(GG0170 Compare/Contrast to M1860 Ambulation continued on next page)



COMPARE/CONTRAST GG & M18XX: MOBILITY

GG0170 Mobility	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170L— Walk 10 Feet on Uneven Surfaces	⇐ Walk 10 feet on uneven or sloping surfaces (indoor or outdoor)	⇒ Once in standing position, ability to walk on the typical surfaces in the patient's environment
GG0170M— 1 Step (curb)	⇐ Go up and down a curb and/or up and down one step ⇐ Non-ambulatory patient may negotiate curb in wheelchair	

(GG0170 Compare/Contrast to M1860 Ambulation continued on next page)

COMPARE/CONTRAST GG & M18XX: MOBILITY

GG0170 Mobility	LEGEND:	⇔ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170N— 4 Steps	⇐	Go up and down four steps with or without a rail	M1860—Ambulation/ Locomotion [Responses 0-3]
GG0170O— 12 Steps	⇐	Go up and down 12 steps with or without a rail	
	⇐	Use of stair lift is <u>not</u> included (code a Not Attempted code)	
GG0170P— Pick Up Object	⇐	Bend/stoop from a standing position to pick up a small object from the floor	No similar M item



GG0170 Mobility	LEGEND:	⇔ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item	M18xx ADL/IADL
GG0170Q— Use Wheelchair and/or Scooter?	⇐	Patient learning to self-mobilize due to medical condition or safety OR used wheelchair prior to assessment	M1860—Ambulation/ Locomotion [responses 4-5]
	⇔ ⇒	Ambulatory patient who only uses wheelchair due to endurance factors, e.g. distances outdoors (GG0170Q code 0-No; for M1860 code an ambulatory response 0-3, not chairfast)	
	⇒	Once seated, ability to propel manual or powered wheelchair in patient's environment [M1860 does not require a specific distance or turns]	

(GG0170 Compare/Contrast to M1860 Locomotion continued on next page)

COMPARE/CONTRAST GG & M18XX: MOBILITY

GG0170 Mobility	LEGEND: ⇐ ⇒ Applies to BOTH GG & M items ⇐ Applies ONLY to GG item ⇒ Applies ONLY to M item		M18xx ADL/IADL
GG0170R— Wheel 50 Feet with Two Turns	⇐ Once seated, wheel at least 50 feet and make two 90 degree turns (same or different directions).	⇒ Once in seated position, ability to propel manual or powered wheelchair in patient’s environment	M1860—Ambulation/ Locomotion <i>[responses 4-5]</i>
GG0170S— Wheel 150 Feet	⇐ Once seated, wheel at least 150 feet— may include turns	<i>[M1860 does not require a specific distance or turns]</i>	



APPLICATION SCENARIOS

**OASIS-D Functional Assessment: Compare & Contrast GG & M items
(SCENARIOS)**

- While supine in bed, Mr. Colorado is able to scoot his body to the edge of the bed. Due to weakness and post-surgical knee pain, he requires hands-on assistance from a family member to come to a seated position. The patient contributes very little effort while the helper lifts the patient's upper body. Suzy RN places the patient's walker in place and also provides supervision and verbal cueing for safety throughout the transition from supine in bed to seated on edge of bed then stand-pivot and seated on his bedside chair. Therapy services are planned during the episode for strengthening. Mr. Colorado states he hopes to be able to return to his pre-surgical status – safely able to complete this process without assistance.

How will Suzy complete GG0170C & M1850 for this SOC?

GG0170. Mobility	
<p>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).</p>	
<p>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. <i>Activities may be completed with or without assistive devices.</i></p>	
<p>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.</p>	
<p>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</p>	
1. SOC/ROC Performance	2. Discharge Goal
↓ Enter Codes in Boxes ↓	
<input type="text"/>	<input type="text"/>
<p>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 feet flat on the floor, and with no back support.</p>	

(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	
Enter Code <input type="text"/>	<p>0 Able to independently transfer. 1 Able to transfer with minimal human assistance or with use of an assistive device. 2 Able to bear weight and pivot during the transfer process but unable to transfer self. 3 Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4 Bedfast, unable to transfer but is able to turn and position self in bed. 5 Bedfast, unable to transfer and is unable to turn and position self.</p>

2. At Discharge, Mrs. Nevada is able to safely obtain her clothing from their storage locations. Regarding her upper body dressing, she only requires assistance putting on & taking off her bra. She manages her t-shirt and sweater by herself while dressing in the mornings and undressing for bed.

What are the accurate responses to M1810 & GG0130F?

(M1810) Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	
Enter Code <input type="checkbox"/>	0 Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 Someone must help the patient put on upper body clothing. 3 Patient depends entirely upon another person to dress the upper body.
GG0130. Self-Care	
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.	
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. <i>Activities may be completed with or without assistive devices</i> 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	
3. Discharge Performance	
↓ Enter Codes in Boxes	
<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.

3. During the ROC visit, Suzy RN asks Mr. Idaho regarding ability to complete the car transfer. He refuses to go out to his son's car. The son relates that the trip home yesterday from the hospital was uneventful. "Dad had no trouble getting into or out of the car, things were pretty routine. I use his belt to support him as he lowers into the passenger seat. He is able to swivel into the seat and lift his legs in by himself. When we get to the house, he is able to swing his legs out and turn toward me. My car is pretty low to the ground, so I grab his belt again to help get him started on getting up and out."

Will Suzy document code 07-Patient Refused in GG0170G, SOC/ROC Performance?

GG0170. Mobility	
<p>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).</p>	
<p>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. <i>Activities may be completed with or without assistive devices.</i></p>	
<p>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.</p>	
<p>If activity was not attempted, code reason:</p>	
<p>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</p>	
1. SOC/ROC Performance	2. Discharge Goal
↓ Enter Codes in Boxes ↓	
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<p>G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.</p>	

ANSWER KEY:

1. Scenario 1:
 - a. GG0170C SOC/ROC Performance – code 01 Dependent
 - b. GG0170C Discharge Goal – code 06 Independent
 - c. M1850 – code 2 Able to bear weight & pivot during the transfer process but unable to transfer self

2. Scenario 2:
 - a. M1810 – code 0 Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
 - b. GG0130F – code 03 Partial/moderate assistance

3. Scenario 3:
 - a. GG0170G SOC/ROC Performance – code 03 Partial/moderate assistance
 - b. NOTE: The scenario did not ask for determination of a Discharge Goal

STAY INFORMED AND INVOLVED

Resources: CMS OASIS-D Guidance

- OASIS Guidance Manual

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

- OASIS Q&As

<https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>

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