

# Home Health Quality Reporting Program

## PRACTICE CODING SCENARIOS DAY 2



November 6 and 7, 2018  
The Lord Baltimore Hotel  
Baltimore, MD 21201

## Section GG: Functional Abilities and Goals

### GG0130A Practice Coding Scenario 1

Eating:

- Mr. R is unable to eat or drink by mouth since he had a stroke 1 week ago.
- He receives nutrition and hydration through a G-tube, which is administered by a helper.

### GG0130B Practice Coding Scenario 2

Oral Hygiene:

- The helper provides steadying assistance to Mr. S as he walks to the bathroom.
- The helper applies toothpaste onto Mr. S' toothbrush. Mr. S then brushes his teeth at the sink in the bathroom without physical assistance or supervision.
- Once Mr. S is done brushing his teeth and washing his hands and face, the helper returns and provides steadying assistance as the patient walks back to his bed.

### GG0170A Practice Coding Scenario 3

Roll left and right:

- At SOC, the physical therapist helps Mr. R turn onto his right side by instructing him to bend his left leg and roll to his right side. He then instructs him how to position his limbs to return to lying on his back and then to repeat a similar process for rolling onto his left side and then return to lying on his back.
- Mr. R completes the activity without physical assistance from a helper. Mr. R was moving about in bed without difficulty prior to hospitalization. The therapist expects Mr. R will roll left and right by himself by discharge.

## Section GG: Functional Abilities and Goals

### GG0170B Practice Coding Scenario 4

Sit to lying:

- Mr. A suffered multiple vertebral fractures due to a fall off a ladder. At SOC, he requires assistance from a therapist to get from a sitting position to lying flat on the bed because of significant pain in his lower back.
- The therapist supports his trunk and lifts both legs to assist Mr. A from sitting at the side of the bed to lying flat on the bed.
- Mr. A assists himself a small amount by raising one leg onto the bed and then bending both knees while transitioning into a lying position.

### GG0170D Practice Coding Scenario 5

Sit to stand:

- Mr. B is being admitted to home health for pressure ulcer care. He has complete tetraplegia from an injury one year ago and has been unable to bear weight in standing since the injury.
- At SOC, using a patient lift that does not require him to come to standing, he is transferred from his bed into a wheelchair with assistance.

### GG0170E Practice Coding Scenario 6

Chair/bed-to-chair transfer:

- Mr. L had a stroke and uses a wheelchair for mobility.
- When Mr. L gets out of bed at SOC, the therapist moves the wheelchair into the correct position and locks the brakes so that Mr. L can transfer into the wheelchair safely. Mr. L transfers into the wheelchair by himself without the need for supervision or assistance during the transfer.
- The family reports that Mr. L does transfer safely without the need for supervision, once the wheelchair is placed and locked. The nurse does not expect Mr. L's mobility status to change by discharge.

### GG0170F Practice Coding Scenario 7

Toilet transfer:

- At SOC, Mrs. S is on bedrest due to a new medical complication. She uses a bedpan for bladder and bowel management.
- The assessing clinician expects the patient will return to independent use of the bathroom toilet once the current condition resolves.

## Section GG: Functional Abilities and Goals

### GG0170G Practice Coding Scenario 8

Car Transfer:

- The day after being admitted to home health, Mrs. N works with an occupational therapist (OT) on transfers in and out of the passenger side of a car.
- When reviewing the therapist's evaluation, the assessing clinician reads that when performing car transfers, Mrs. N required verbal reminders for safety and contact guarding assistance from the OT for guidance and direction.
- The therapist instructed the patient on strategic hand placement while Mrs. N transitioned to sitting into the car seat. Documentation showed that the therapist opened and closed the car door.

### GG0170I Practice Coding Scenario 9

Walk 10 feet:

- Mr. L had bilateral amputations 3 years ago, and prior to this Home Health (HH) admission he used a wheelchair and did not walk.
- At SOC, Mr. L does not use prosthetic devices and only uses a wheelchair for mobility. Mr. L's care plan includes assisting with fitting and use of bilateral lower extremity prostheses.
- The therapist's care plan goal is for Mr. L to walk distances of 30 feet with supervision within his home and then discharge to outpatient therapy.

### GG0170J Practice Coding Scenario 10

Walk 50 feet with two turns:

- At SOC, Mr. B is recovering from a recent stroke and now has difficulty walking. Even with assistance, he is able to walk only 30 feet.
- Mr. B's care plan includes muscle strengthening and gait training.
- The therapist expects Mr. B will be able to walk 50 feet with two turns safely with the assistance of a caregiver for verbal cues and contact guard for steadying on the turns at discharge.

### GG0170K Practice Coding Scenario 11

Walk 150 feet:

- Mr. R has recent endurance limitations due to an exacerbation of heart failure and is only walking about 30 feet before he tires, loses strength and must sit and rest.
- He reports he was walking 150 feet or more with his cane prior to this exacerbation of his heart failure.

## Section GG: Functional Abilities and Goals

### GG0170L Practice Coding Scenario 12

Walk 10 feet on uneven surfaces:

- Mrs. N has severe joint degenerative disease and is recovering from sepsis.
- When walking on the uneven driveway was attempted yesterday when Mrs. N came home from the hospital, she reports that her neighbor had to hold her belt and help lift her a little during a few steps. The neighbor also provided help to advance the walker across the gravel driveway as the patient walked.

### GG0170M Practice Coding Scenario 13

1 step (curb):

- Mrs. Z had a stroke and needs to learn how to step up and down one step to enter and exit her home.
- At SOC, the physical therapist provides needed verbal cueing as Mrs. Z uses her quad cane to aid her balance in stepping up and back down one step. The therapist does not provide any physical assistance.

### GG0170N Practice Coding Scenario 14

4 steps:

- At SOC, Mr. J has lower body weakness, and the physical therapist provides light touching assistance when he ascends 4 steps.
- While descending 4 steps, the physical therapist faces the patient and descends the stairs, providing minimal trunk support, with one hand on the patient's hip and the other holding the gait belt, as Mr. J holds the stair railing.

### GG0170O Practice Coding Scenario 15

12 steps:

- At SOC, Ms. Y is recovering from a stroke and has 12 stairs with a railing and she needs to use these stairs to enter and exit her home.
- The physical therapist uses a gait belt around her trunk and at times is required to support much of the patient's weight as Ms. Y ascends and then descends 12 stairs.

## Section GG: Functional Abilities and Goals

### GG0170P Practice Coding Scenario 16

Picking up object:

- Mrs. C has recently undergone a hip replacement.
- At SOC, she walks with a walker without assistance. When she drops a hair brush from her walker basket, she asks her daughter to locate her long-handled reacher and bring it to her.
- Using the reacher, Mrs. C is able to bend slightly, and safely pick up the hair brush with the reacher, without need of additional assistance or verbal cues.

### GG0170R Practice Coding Scenario 17

Wheel 50 feet with two turns:

- At SOC, Mrs. M is unable to bear any weight on her right leg due to a recent fracture.
- The nurse observes as the certified nursing assistant in the assisted living facility provides steadying assistance when transferring Mrs. M from the bed into her manual wheelchair.
- Once in her wheelchair, Mrs. M propels herself safely about 60 feet down the hall using her left leg and safely makes two turns without any necessary physical assistance or supervision.

### GG0170S Practice Coding Scenario 18

Wheel 150 feet:

- Mr. N uses a below-the-knee prosthetic limb. Mr. N has peripheral neuropathy and limited vision due to complications of diabetes.
- Via observation and patient report, the assessing clinician determines that Mr. N's usual performance is that a helper is needed to provide verbal cues for safety due to vision deficits, and the patient mobilizes his manual wheelchair a distance of 150 feet within his home.

# Drug Regimen Review Conducted with Follow-Up for Identified Issues

## M2001 Practice Coding Scenario 1

- During the comprehensive assessment visit to Mr. K, the PT reviews all the patient's medications and identifies no problems except that the patient's newly prescribed pain medication is not in the home.
- The wife, Nancy, states they were only going to pick it up from the pharmacy if "the pain got bad enough."
- The PT reviews the physician's instructions for the new medication with Mr. K and Nancy; they agree the medication should be on hand and to follow physician's instructions for administration.
- Prior to the PT leaving the home, the wife has gone to the drugstore and returned with the medication.

## M2001 Practice Coding Scenario 2

- During the SOC comprehensive assessment, Nurse Richard completes all elements of the DRR except for checking for drug-drug interactions.

## M2003 Practice Coding Scenario 3

- During the SOC comprehensive assessment visit, the RN completes a drug regimen review and identifies that the patient is taking two antihypertensives: one which was newly prescribed during his recent hospital stay, and another that he was taking prior to his hospitalization.
- During the home visit, the RN contacts the physician's office and leaves a message with office staff providing notification of the potential duplicative drug therapy and a request for clarification.
- The next day, the RN returns to the home to complete the comprehensive assessment and again contacts the physician from the patient's home.
- The physician's office nurse reports to the agency and patient that the physician would like the patient to continue with only the newly prescribed antihypertensive and discontinue the previous medication.

# Drug Regimen Review Conducted with Follow-Up for Identified Issues

## M2005 Practice Coding Scenario 4

- During the Discharge Assessment visit, the RN reviews the patient's medication list and confirms that no potential clinically significant medication issues are present.
- In reviewing the clinical record, there is documentation that a drug regimen review was conducted at SOC, and no potential clinically significant medication issues were identified.
- There is no other documentation to indicate that potential or actual clinically significant medication issues occurred during the episode of care.

## M2005 Practice Coding Scenario 5

- During the SOC comprehensive assessment, the RN completes the drug regimen review and identifies a potential clinically significant medication issue.
- On that day of admission, the RN calls and leaves a message with the physician's office related to the medication issue.
- The physician does not return her call until after midnight of the next calendar day.
- No other medication issues arise during the episode, and the patient is discharged from home health.