

OASIS INTERIM GUIDANCE UPDATE

ADVANCED WEBINAR

JULY 29TH, 2021

Presented by:

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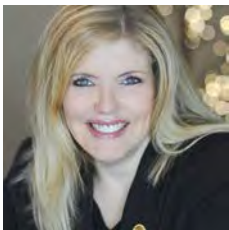


TODAY'S PRESENTERS



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WEBINAR OVERVIEW



- This advanced webinar is not intended to provide basic or comprehensive OASIS training, and assumes the learner has a good foundational knowledge of OASIS items and data collection guidelines.
- For select OASIS items, this advanced webinar will highlight important OASIS guidance refinements that have become available since the current OASIS-D Guidance Manual became effective January 1st, 2019, referred to as “Interim Guidance”.
- Upon completion of this webinar, learners will be able to:
 - Identify new guidance concepts
 - Apply new guidance to patient coding scenarios



TARGET AUDIENCE



- Home care clinicians with:
 - A working familiarity with OASIS items
 - Knowledge of OASIS guidance as outline in the guidance manual and posted Q&As
 - Familiarity with CMS OASIS resources
 - OASIS-D Guidance Manual
 - OASIS Q&As



ACRONYMS

CMS = Centers for Medicare & Medicaid Services

DC = Discharge

DCPAC = Division of Chronic and Post-Acute Care

DTI = Deep Tissue Injury

HHA = Home Health Agency

NPIAP = National Pressure Injury Advisory Panel

OASIS = Outcome and Assessment Information Set

OTC = Over the Counter

PT = Physical Therapy

ROC = Resumption of Care

SN = Skilled Nursing

SOC = Start of Care

TPN = Total Parenteral Nutrition



AGENDA

M1033 – Risk for Hospitalization

M1306 – Unhealed Pressure Ulcer/Injury at Stage 2 or Higher

M1311 – Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

M2420 – Discharge Disposition

Interim Coding Guidance for GG0130 & GG0170

GG0170C – Lying to Sitting on side of bed

GG0170G – Car Transfer

GG0170 – Walking Activities

GG0170 – Stair Activities

GG0170Q – Does patient use wheelchair and/or scooter?

Q&A

Submit questions related to today's Webinar to the Home Health Quality Help Desk at: homehealthqualityquestions@cms.hhs.gov



RISK FOR HOSPITALIZATION

M1033



For foundational guidance on this item review:

- ☐ OASIS-D Guidance Manual – Ch.3
- ☐ Q&As related to M1033

Learners will benefit from having a working knowledge of the following guidance concepts for this item prior to listening to this advanced webinar:

- Time periods under consideration associated with each response option
- Definitions of each response option



M1033 – RISK FOR HOSPITALIZATION

M1033. Risk for Hospitalization

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

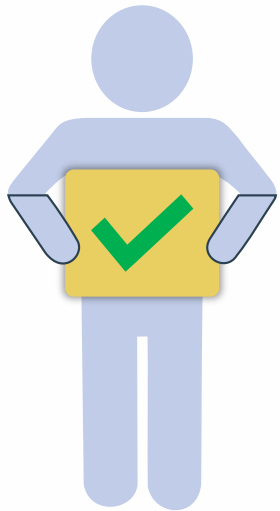
↓ Check all that apply

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months) |
| <input type="checkbox"/> | 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months |
| <input checked="" type="checkbox"/> | 3. Multiple hospitalizations (2 or more) in the past 6 months |
| <input checked="" type="checkbox"/> | 4. Multiple emergency department visits (2 or more) in the past 6 months |
| <input checked="" type="checkbox"/> | 5. Decline in mental, emotional, or behavioral status in the past 3 months |
| <input type="checkbox"/> | 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months |
| <input checked="" type="checkbox"/> | 7. Currently taking 5 or more medications |
| <input type="checkbox"/> | 8. Currently reports exhaustion |
| <input type="checkbox"/> | 9. Other risk(s) not listed in 1-8 |
| <input type="checkbox"/> | 10. None of the above |



M1033: WHEN SHOULD *RESPONSE 3 – MULTIPLE HOSPITALIZATIONS (2 OR MORE) IN THE PAST 6 MONTHS* BE SELECTED?

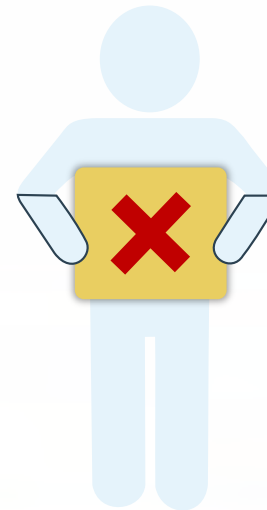
Yes



Includes:

- Acute Care Hospitalizations only
Definition: Admitted for 24 hours or longer to an inpatient acute bed for more than just diagnostic testing

No

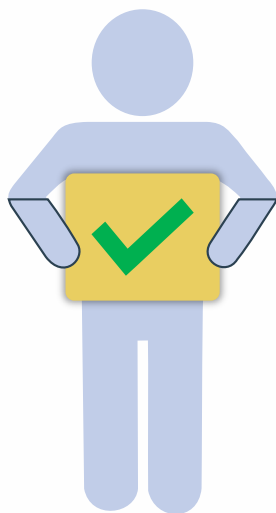


Excludes:

- Inpatient Psychiatric Hospitals
- Long-term Care Hospitals
- Observations Stays

M1033: WHEN SHOULD *RESPONSE 4 – MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 MONTHS* BE SELECTED?

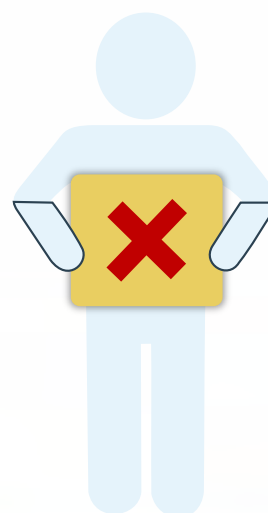
Yes



Includes:

- Hospital Emergency Departments only!

No



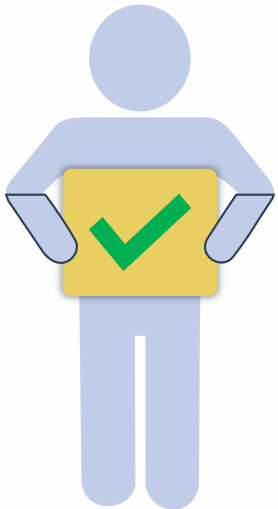
Excludes:

Services received at:

- Urgent care centers
- Walk-in clinics

M1033: WHEN SHOULD *RESPONSE 5 – DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS* BE SELECTED?

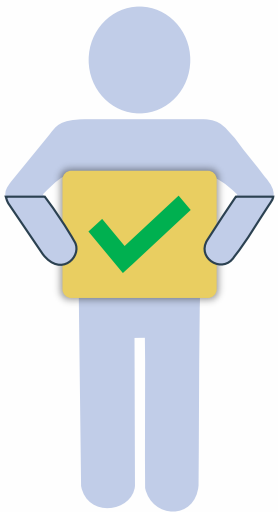
Yes



- Considered any change/decline regardless of the cause
- Can be identified by:
 - Patient
 - Family/caregiver
 - Physician
- May be temporary or permanent
- Physician consultation or treatment may or may not have occurred

M1033: WHEN SHOULD *RESPONSE 7 – CURRENTLY TAKING 5 OR MORE MEDICATIONS* BE SELECTED?

Yes



Includes:

Medications administered by any route noted on the reconciled med profile

- Prescribed and OTC
- Nutritional supplements
- Vitamins
- Homeopathic
- Herbal products
- TPN
- Oxygen

PRESSURE ULCER/ INJURY ITEMS

M1306

M1311



For foundational guidance on this item review:

- ☐ OASIS-D Guidance Manual – Ch.3
- ☐ Staging Criteria on NPIAP webpage
- ☐ Q&As related to M1306 & M1311

Learners will benefit from having a working knowledge of the following guidance concepts prior to listening to this advanced webinar:

- Staging of pressure ulcers/injuries
- Definitions of each stageable and unstageable pressure ulcer/injury response option for M1311
- Definition of “present at the most recent SOC/ROC”
- Coding guidance for M1311 at different OASIS time points



M1306 – UNHEALED PRESSURE ULCER/INJURY AT STAGE 2 OR HIGHER

M1306. Does this patient have at least one **Unhealed Pressure Ulcer/Injury at Stage 2 or Higher** or designated as Unstageable?
(Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries)

Enter Number

0. **No** → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC
1. **Yes**



M1311 – CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT EACH STAGE

Discharge	
M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
Enter Number <input type="text"/>	A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ulcers – If 0 → Skip to M1311B1, Stage 3
Enter Number <input type="text"/>	A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC
Enter Number <input type="text"/>	B1. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Number of Stage 3 pressure ulcers – If 0 → Skip to M1311C1, Stage 4
Enter Number <input type="text"/>	B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC
Enter Number <input type="text"/>	C1. Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. Number of Stage 4 pressure ulcers – If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device
Enter Number <input type="text"/>	C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC
Enter Number <input type="text"/>	D1. Unstageable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/device Number of unstageable pressure ulcers/injuries due to non-removable dressing/device – If 0 → Skip to M1311E1, Unstageable: Slough and/or eschar
Enter Number <input type="text"/>	D2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC
Enter Number <input type="text"/>	E1. Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar – If 0 → Skip to M1311F1, Unstageable: Deep tissue injury
Enter Number <input type="text"/>	E2. Number of <u>these</u> unstageable pressure ulcers that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC
Enter Number <input type="text"/>	F1. Unstageable: Deep tissue injury Number of unstageable pressure injuries presenting as deep tissue injury – If 0 → Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable
Enter Number <input type="text"/>	F2. Number of <u>these</u> unstageable pressure injuries that were present at most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC

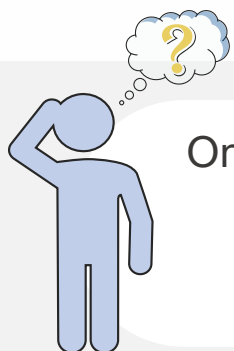


AT SOC/ROC, DO I CODE *M1306* BASED ON THE 1ST SKIN ASSESSMENT EVEN IF IT IS NON-OBSERVABLE OR GETS WORSE?

Yes



- Base coding on findings from the **first skin assessment** that is conducted on or after, and as close to the SOC or ROC date as possible.



On SOC visit, nurse observes a **Stage 3** pressure ulcer over the trochanter.
Next visit, 2 days later, same nurse observes the
same location and now it is a **Stage 4**.
How would this wound be coded at SOC?

A

Stage 1

B

Stage 2

C

Stage 3

D

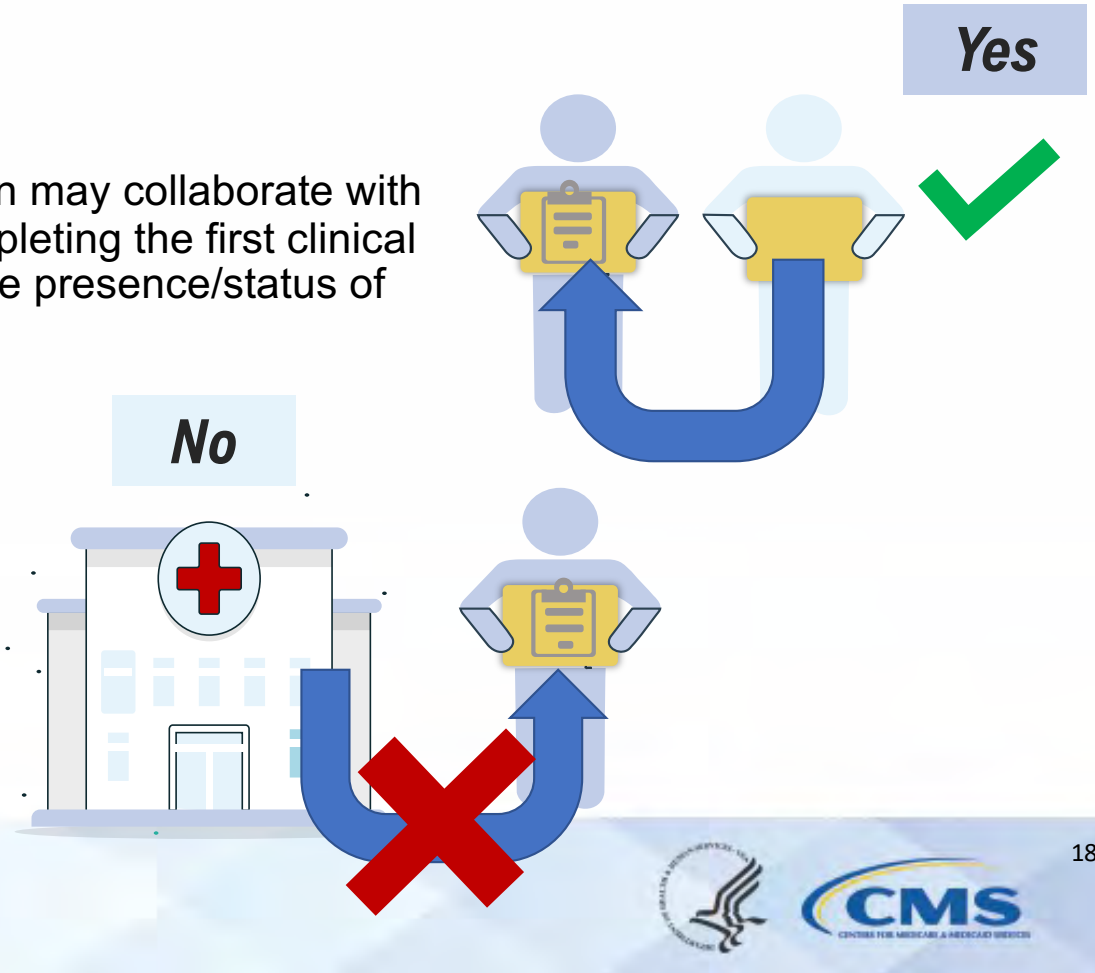
Stage 4



WHAT IF MY PATIENT WILL NOT ALLOW ME TO COMPLETE A SKIN ASSESSMENT DURING THE SOC VISIT?

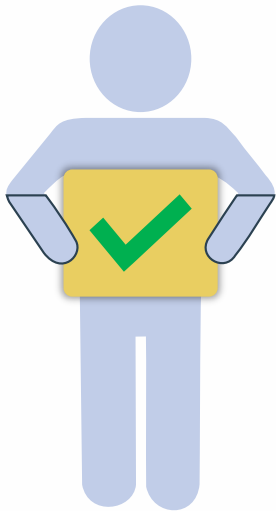
- The original assessing clinician may collaborate with the second nurse (who is completing the first clinical skin assessment) regarding the presence/status of any pressure ulcers

- Do not refer to prior assessments or documentation from a prior care setting to stage a known pressure ulcer



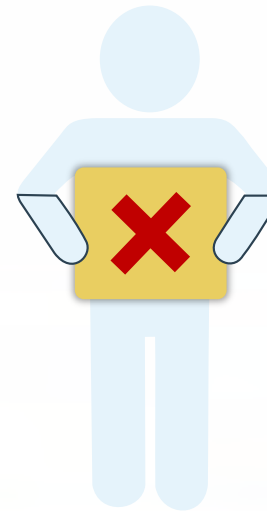
IS A PRESSURE WOUND PRESENTING WITH CHARACTERISTICS OF A *DTI* REPORTED AS A *DTI* IF THE SKIN IS NOT INTACT?

Yes



- Area of purple localized discoloration with tenderness caused by pressure, and with **partial thickness** tissue loss

No



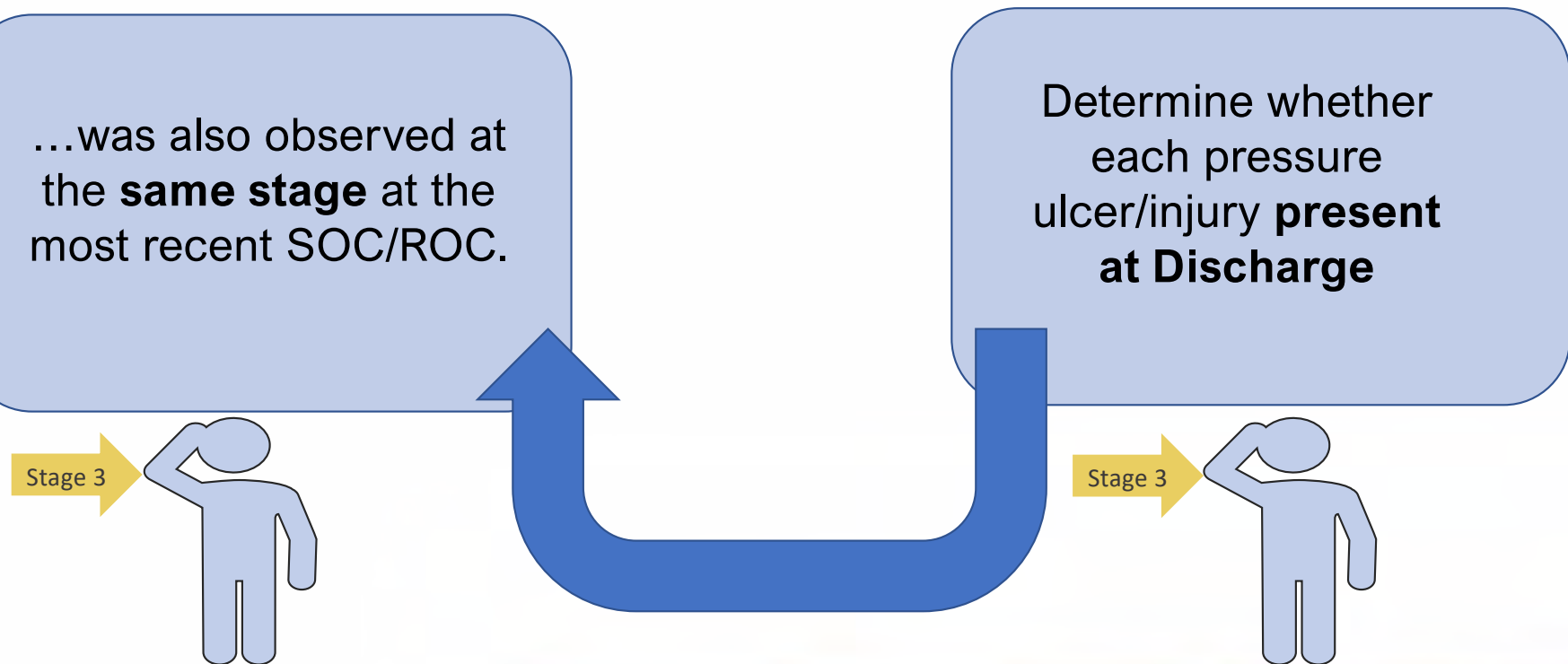
- Area of purple localized discoloration with tenderness cause by pressure, and with **full thickness** tissue loss

M1311 – CURRENT NUMBER OF UNHEALED PRESSURE ULCERS/INJURIES AT EACH STAGE

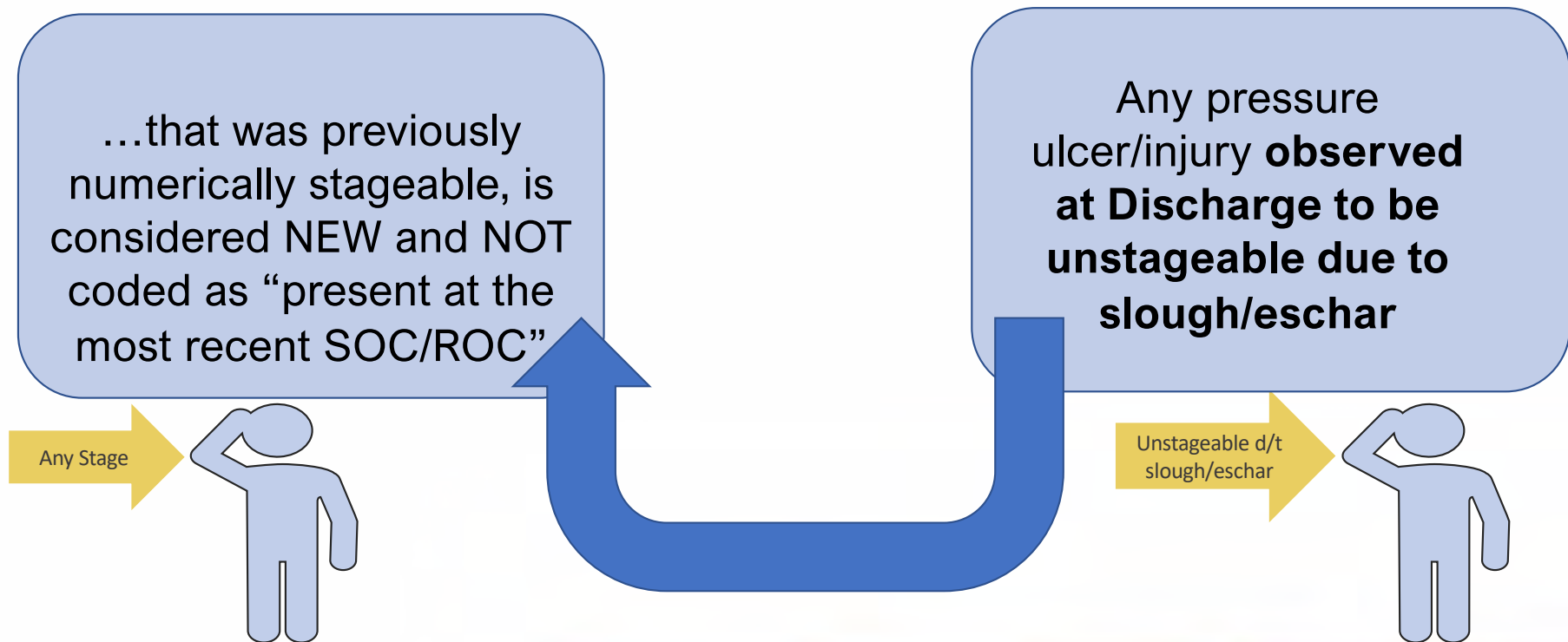
Discharge	
M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
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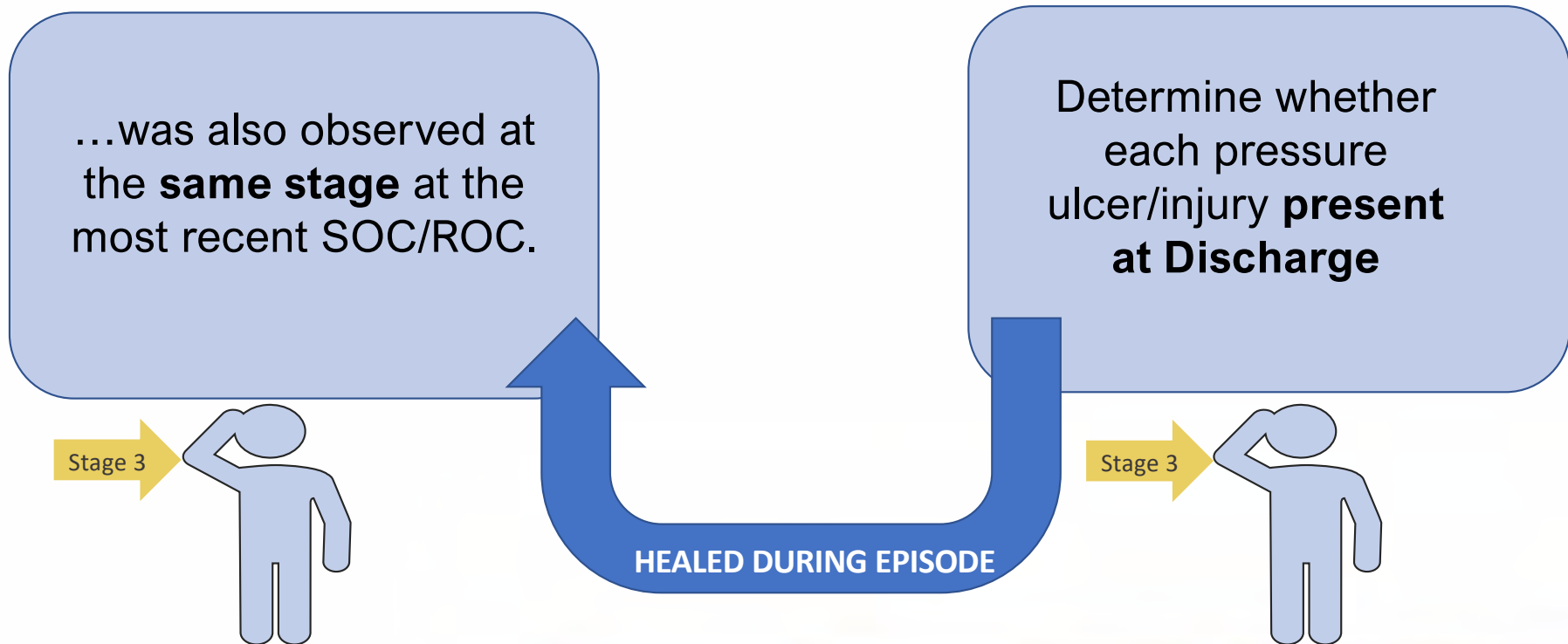
WHAT IS THE DEFINITION OF *“PRESENT AT THE MOST RECENT SOC/ROC”*?

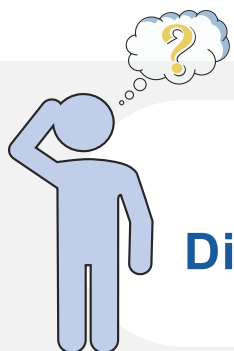


UNSTAGEABLE DUE TO SLOUGH/ESCHAR *AT DISCHARGE*



IF MY PATIENT HAD A STAGE 3 AT SOC, IT HEALED DURING THE QUALITY EPISODE, THEN OPENED AGAIN TO A STAGE 3 AT DISCHARGE.
IS IT CONSIDERED *“PRESENT AT THE MOST RECENT SOC/ROC”*?





Which of the following situations represents a wound **at Discharge** that was “**Present at the most recent SOC/ROC**”?

A

Stage 3 @ SOC
Stage 4 @ DC

B

Stage 3 @ SOC
Unstageable d/t Slough @ DC

C

DTI @ SOC
(then Stage 4)
Unstageable d/t Slough @ DC

D

Stage 3 @ SOC
(then healed)
Stage 3 @ DC

DISCHARGE DISPOSITION

M2420



For foundational guidance on this item review:

☐ OASIS-D Guidance Manual – Ch.3

Learners will benefit from having a working knowledge of the following guidance concepts for this item prior to listening to this advanced webinar:

- Definition of “formal assistive services” for M2420 as outlined in the Guidance Manual

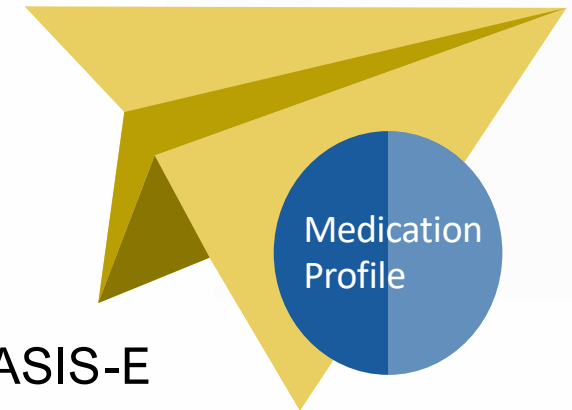


M2420 – DISCHARGE DISPOSITION

M2420. Discharge Disposition	
Where is the patient after discharge from your agency? (Choose only one answer.)	
Enter Code <input type="text"/>	<ol style="list-style-type: none">1. Patient remained in the community (without formal assistive services) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge2. Patient remained in the community (with formal assistive services) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge3. Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge4. Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge5. UK Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge



TRANSFER OF HEALTH INFORMATION TO PROVIDER



- New IMPACT ACT Quality Measure using data from OASIS-E
- Reports the proportion of patient stays with a discharge/transfer assessment indicating that a current medication profile was provided to the subsequent provider at the time of discharge/transfer
- Measure intent required M2420 guidance refinement related to *definition of "formal assistive services"*



M2420 – DISCHARGE DISPOSITION

- NEW GUIDANCE FOR *RESPONSES 1 & 2*

1. Patient remained in the community (without formal assistive services)

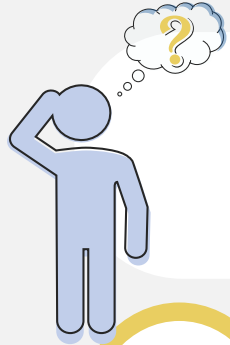
Patient is discharged from your agency to:

- Assisted living or board and care housing
- Community-based services provided through organizations or paid helpers including:
 - Homemaking services under Medicaid waiver programs
 - Personal care services provided by a HHA
 - Paid assistance provided by an individual
 - Home-delivered meals provided by organizations like Meals-On-Wheels
- No assistive services
- Or any assistive services WITHOUT Medicare certified HHA

2. Patient remained in the community (with formal assistive services)

Patient is discharged from **your** agency to:

- Receive skilled services from **another** Medicare certified HHA



For M2420, which of the following discharge situations would be coded **2 – Patient remained in the community** (with formal assistive services)?

A

Home with family caregivers

B

Personal Care Home with paid caregivers

C

Home with help from church friends

D

Assisted living with skilled care from Medicare Certified HHA



SECTION GG ACTIVITIES

GG0130

GG0170



For foundational guidance on this item review:

- ☐ OASIS-D Guidance Manual – Ch.3
- ☐ Q&As related to GG0130 & GG0170

Learners will benefit from having a working knowledge of the following guidance concepts prior to listening to this advanced webinar:

- Item intent of highlighted GG0170 Activities
- GG coding scale and criteria for code selection
- Response Specific Instructions of SOC/ROC Performance Assessment



GG0130/GG0170

– GENERAL CODING GUIDANCE

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).		
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 remove and replace 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.

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).		
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. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i>
<input type="text"/>	<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i>
<input type="text"/>	<input type="text"/>	O. 12 steps: The ability to go up 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 and/or 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



GG CODING SCALE

“Performance Codes”

Code 06 (Independent) through
Code 01 (Dependent)

Represents the type and amount of
assistance a patient requires to complete
an activity

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**

“Activity Not Attempted” Codes

Four different code options used to explain
why an activity could not be attempted



GG0130/GG0170 ASSESSMENT STRATEGIES

- Observation (preferred)
- Reports from the patient and/or family
- Collaboration with other agency staff
- Assessment of similar activities
 - In situations where specific equipment may not be available (e.g., 12 steps, a vehicle), the assessing clinician may determine that observation of a similar activity allows the clinician to adequately determine the type and amount of assistance required to complete the intended activity.

HOW DOES USE OF *ASSISTIVE DEVICES* IMPACT CODING OF THE GG ACTIVITIES?



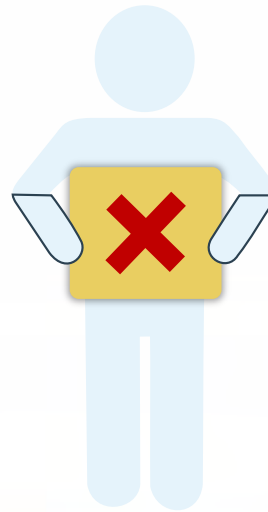
- Activities may be completed with or without assistive device(s).
- Use of assistive device(s) to complete an activity should not affect coding of the activity.

WHAT SHOULD BE REFLECTED BY THE GG ACTIVITY CODE AT *SOC/ROC* ?

- SOC/ROC self-care/mobility codes are to reflect the patient's **baseline** ability to complete the activity, prior to the benefit of services provided by your agency staff.
 - “**Prior to the benefit of services**” = prior to provision of any care by your agency staff that would result in more independent coding.
 - Replaces “prior to the start of *therapy services*”
 - Determine patient's ability based on a functional assessment that occurs at or soon after the SOC/ROC

DETERMINING IF INSTRUCTION/INTERVENTION PROVIDED WOULD BE CONSIDERED “*PROVIDING A SERVICE*”?

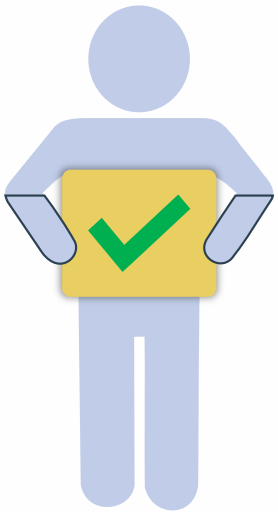
No



- Introducing a new device should not automatically be considered as “providing a service.”
- Communicating an activity request (“Can you walk to the door?”) would not be considered verbal cueing.

CAN I ASSESS A PATIENT COMPLETING AN ACTIVITY USING AN *ASSISTIVE DEVICE* THAT IS *NEW* TO THEM?

Yes



- The patient may be assessed based on the first use of an assistive device or equipment that has not been previously used.
- Whether a device used during the clinical assessment is new to the patient or not, code based on the type and amount of assistance that is required for the patient to complete the activity

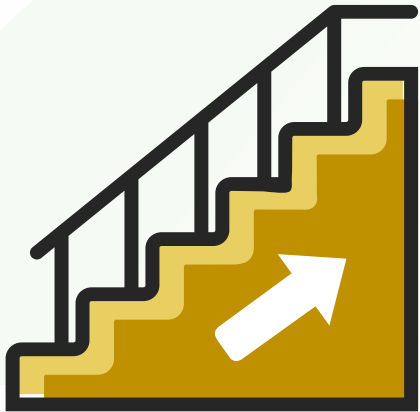
HOW DO WE DETERMINE A PATIENT'S *BASELINE* STATUS?



- Attempt the activity prior to providing any instruction that could result in a more independent code
- Code the activity based on the type and amount of assistance that was required during that attempt

GG CONVENTIONS – *BASELINE* EXAMPLE

At SOC, even with assistance, a patient was not able to go up and down steps secondary to safety deficits. After two therapy visits, the patient was able to go up and down 4 steps with moderate assistance.



- ☐ Code 03 – Partial/Moderate assistance
- ☐ Code 88 – Not attempted due to medical conditions or safety concerns



WHEN DETERMINING A PATIENT'S ABILITY WHAT IS THE *TIME PERIOD UNDER CONSIDERATION*?

- **Day of assessment**
 - Defined: the 24 hours immediately preceding the visit and the time spent by the clinician in conducting the assessment visit
 - Applies to GG0130 and GG0170
- When using patient or caregiver report, it is expected that the patient and caregiver are reporting on the patient's status within the time period under consideration.

IS THE NURSE'S “*DAY OF ASSESSMENT*” DIFFERENT FROM THE PHYSICAL THERAPIST’S IF THEY SEE THE PATIENT ON DIFFERENT DAYS?

Yes

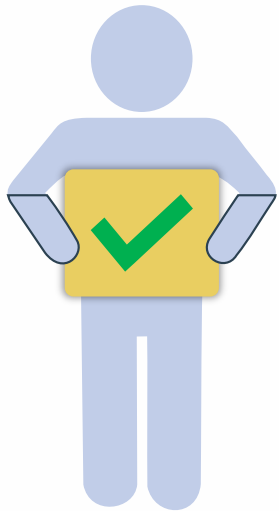
- Each discipline/clinician collaborating has their own “Day of Assessment”



Discipline	Visit date/time	“Day of Assessment”
SN performs SOC	Monday 1pm to 2:30pm	Sunday @ 1pm through Monday @2:30 pm
PT performs eval	Wednesday 10am to 11am	Tuesday @ 10am through Wednesday @11am

**A HELPER PROVIDES CONTACT GUARD ASSIST AND HELP TO
MANAGE AN OXYGEN TANK AS A PATIENT WALKS.
DOES *04 – SUPERVISION OR TOUCHING ASSISTANCE* APPLY?**

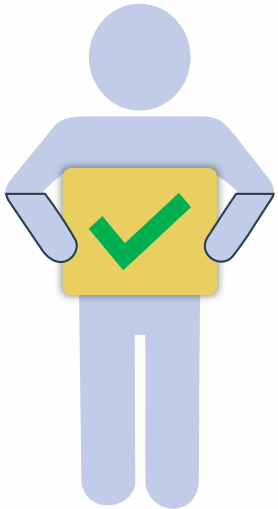
Yes



- Code 04 - Supervision or touching assistance and/or
 - Verbal cues and/or
 - Contact guard/steadying assist and/or
 - Manage the oxygen tank and/or
 - Manage oxygen tubing

IF A SECOND HELPER IS NEEDED FOR STANDBY ASSIST, JUST IN CASE, DOES *CODE 01 – DEPENDENT* APPLY?

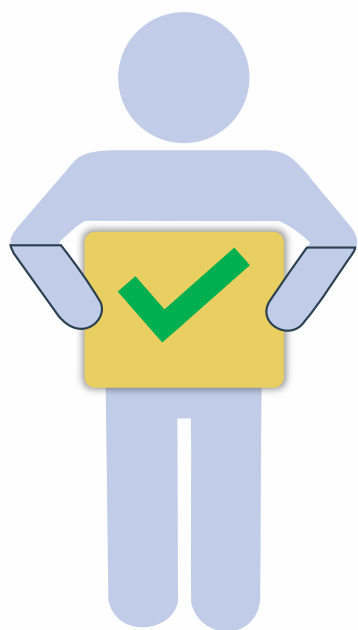
Yes



- If the role of the second helper is to provide standby assistance, then the presence of two helpers is needed which meets the definition of Code 01 - Dependent.
- This would be true even if the 2nd helper was needed for supervision/stand by assist and did not end up needing to provide hands on assistance.

CAN “*ACTIVITY NOT ATTEMPTED*” CODES BE USED?

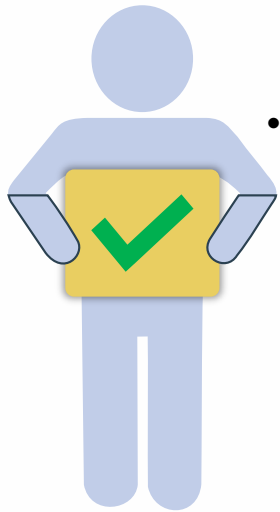
Yes



- When, at the time of the assessment, the patient is unable to complete the activity **AND** the performance cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities

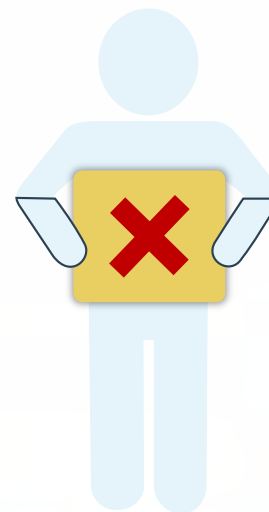
WHEN IS IT APPROPRIATE TO USE *CODE 07 – PATIENT REFUSED?*

Yes



- When assessment/discussion of the activity is attempted, the patient refuses, **and no other Performance or “activity not attempted” code is applicable**

No



- Anytime a patient declines to complete an activity

CAN A *PERFORMANCE CODE (06 INDEPENDENT TO 01 - DEPENDENT)* BE REPORTED IF A PATIENT COMPLETES ONLY PART OF THE ACTIVITY?

Clinical Judgment

- Use **clinical judgment** to determine if the situation allows the clinician to **adequately assess** the patient's ability to complete the activity.
- If the clinician determines that this observation is adequate, code based on the type and amount of assistance the patient requires to complete the **ENTIRE** activity.



GG0170 – INTERIM GUIDANCE FOR MOBILITY ACTIVITIES



For foundational guidance on this item review:

- ☐ OASIS-D Guidance Manual – Ch.3
- ☐ Q&As related to GG0170

Learners will benefit from having a working knowledge of the following guidance concepts prior to listening to this advanced webinar:

- Item intent of highlighted GG0170 Activities
- GG coding scale and criteria for code selection



GG0170- MOBILITY

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.	
<input type="checkbox"/>	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="checkbox"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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="checkbox"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="checkbox"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="checkbox"/>	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="checkbox"/>	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="checkbox"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="checkbox"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="checkbox"/>	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="checkbox"/>	M. 1 step (curb): The ability to go up and down a curb or up and down one step. <i>If Discharge performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Mobility, Picking up object.</i>
<input type="checkbox"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If Discharge performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Mobility, Picking up object.</i>
<input type="checkbox"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="checkbox"/>	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="checkbox"/>	Q3. Does patient use wheelchair and/or scooter? 0. No → Skip to M1600, Urinary Tract Infection 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="checkbox"/>	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="checkbox"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="checkbox"/>	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="checkbox"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized



MUST *GG0170C – LYING TO SITTING ON SIDE OF BED* INCLUDE THE PATIENT'S FEET BEING FLAT ON THE FLOOR IN ORDER TO CHOOSE A PERFORMANCE CODE?

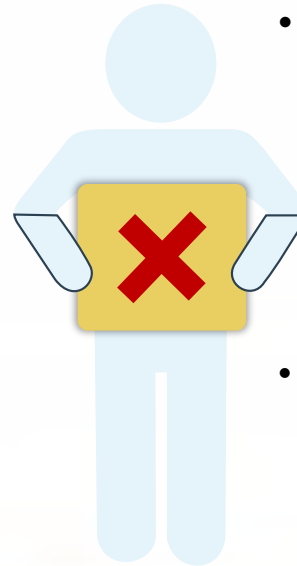
No

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).

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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.



- If any patient can perform the activity independently and safely, sitting on the side of the bed with no back support, **without feet on the floor**, Code 06 - Independent.
- “With feet flat on the floor” wording has been removed from the OASIS-E Draft data set

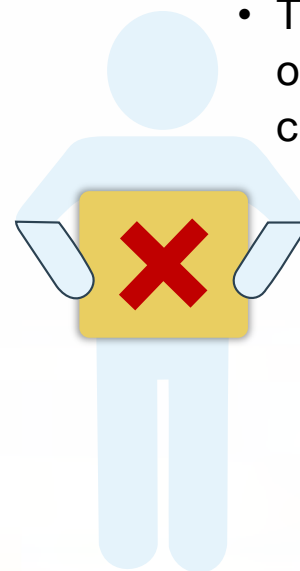
CAN A PERFORMANCE CODE BE SELECTED FOR *GG0170G – CAR TRANSFER* IF A PATIENT TRANSFERS INTO A VAN VIA WHEELCHAIR LIFT?

No

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).

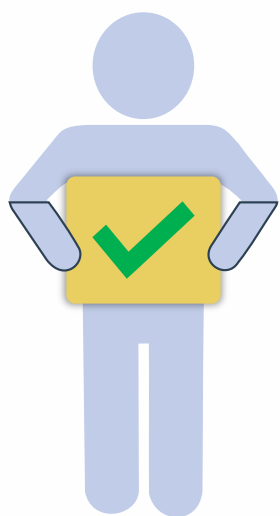
<input type="checkbox"/>	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
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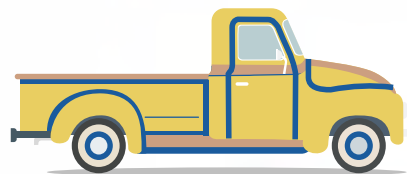
- The car transfer activity focuses on transferring into and out of a car or van **seat**.
- If the patient is not transferring into a **seat** (e.g., a patient transferring into a van, seated in a wheelchair), the car transfer activity is not being completed and an appropriate “activity not attempted” code would be used.

MY PATIENT DOESN'T OWN A CAR BUT HAS AN SUV AND A TRUCK. CAN *GG0170G – CAR TRANSFER* BE ASSESSED?

Yes



- Any vehicle model available may be used



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).

<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.
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MY PATIENT MUST TRANSFER INTO THE BACK SEAT IN A LONG SITTING POSITION. CAN *GG0170G – CAR TRANSFER* BE CODED WITH A PERFORMANCE CODE?

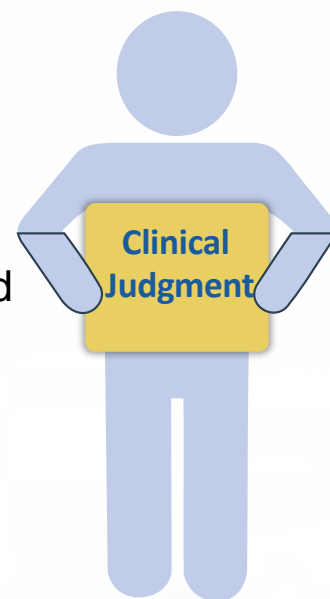
Clinical Judgment

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).

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.

- **Clinical judgment** may be used to determine if a transfer in and out of the back seat allows the clinician to determine the type and amount of assistance required to complete the car transfer.
- The car transfer could still be completed while accommodating medical restrictions, such as long sitting.



GG0170 I, J, K, L – WALKING ACTIVITIES

GG0170. Mobility

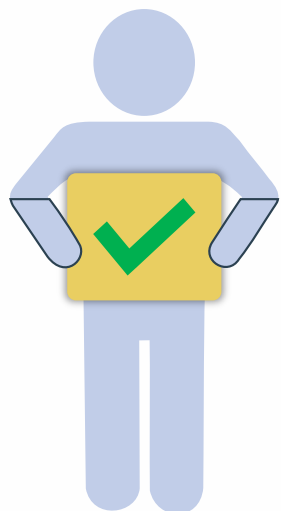
Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.

<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.



IS A PATIENT ALLOWED TO TAKE A *STANDING REST BREAK* IN ORDER TO COMPLETE THE ENTIRE WALKING DISTANCE?

Yes



- A brief standing rest break (e.g., “a breather”) during a walking activity is allowed
- If the patient needs to sit to rest during a GG walking activity, consider the patient unable to complete that specific walking activity

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).

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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)

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

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K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

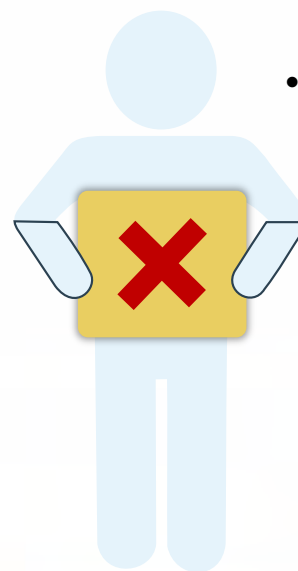
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L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

CAN A HELPER *CARRY A PATIENT* THE STATED DISTANCE IN ORDER TO COMPLETE A WALKING ACTIVITY?

No

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).	
<input type="checkbox"/>	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)
<input type="checkbox"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="checkbox"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="checkbox"/>	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.



- A helper cannot complete a walking activity for a patient, the patient must be able to participate in ambulating the entire stated distance

GG0170 M, N, O – STAIR ACTIVITIES

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.

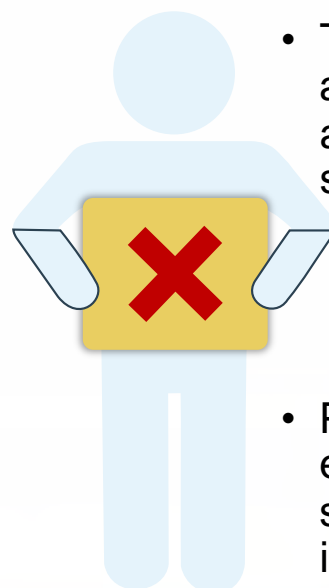
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. <i>If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i>
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If Discharge performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i>
<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.



DOES A PATIENT NEED TO GO UP AND DOWN STAIRS ON THEIR FEET?

No

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).	
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object</i>
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object</i>
<input type="text"/>	O. 12 Steps: The ability to go up and down 12 steps with or without a rail.



- The intent is to determine the amount of assistance required by a patient to go up and down the stairs, by any safe means
 - Walking on their feet,
 - Scooting on their bottom,
 - Using stair lift
- Patient may use any device or equipment that allows him/her to safely complete the activity as independently as possible

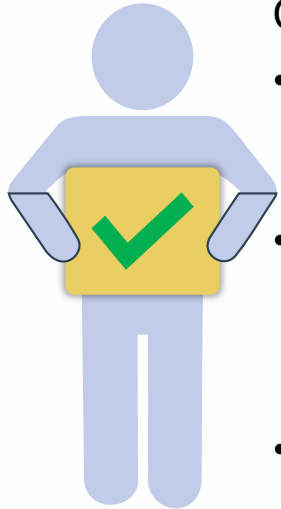
GG0170Q – DOES PATIENT USE WHEELCHAIR AND/OR SCOOTER?

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.		
	<input type="checkbox"/>	<p>Q. Does patient use wheelchair and/or scooter?</p> <p>0. No → Skip to J1800 Any falls since SOC/ROC, whichever is more recent.</p> <p>1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.</p>



HOW SHOULD *GG0170Q – DOES THE PATIENT USE A WHEELCHAIR/SCOOTER* BE CODED?

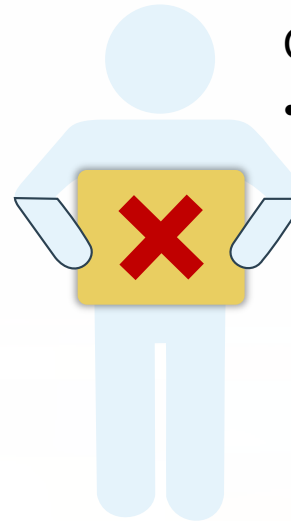
Yes



Code Yes when:

- Patients are **learning** how to self-mobilize using a wheelchair or scooter
- Patients **require assistance** from a helper to mobilize using a wheelchair/scooter
- Patients require a **helper to push** them in a wheelchair

No



Code No when:

- At the time of the assessment the patient does not use a wheelchair or scooter under any condition

RESOURCES

- Home Health Quality Help Desk
 - homehealthqualityquestions@cms.hhs.gov
- Home Health Quality Reporting Training Page
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Training>
- NPIAP
 - <https://npiap.com/page/PressureInjuryStages>
- OASIS-D Guidance Manual
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/OASIS-D-Guidance-Manual-final.pdf>
- OASIS Education Coordinators
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/OASIS-Coordinators>
- OASIS Quarterly Q&A's
 - <https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>



QUESTIONS?



During and after today's webinar, you are invited to submit questions related to OASIS data collection guidance to the Home Health Quality Help Desk at:

homehealthqualityquestions@cms.hhs.gov



THANK YOU

