

Proposed Items for the
CY 2018 Home Health
PPS Notice of Proposed Rule-Making

June 2017

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PHQ-2

(M1731) Patient Health Questionnaire 2 (PHQ-2 ©)

Say to the patient: "Over the last 2 weeks, how often have you been bothered by any of the following problems?"

PHQ-2©*	Not at all 0 - 1 day	Several days 2 - 6 days	More than half of the days 7 - 11 days	Nearly every day 12 - 14 days	NA Unable to respond
a) Little interest or pleasure in doing things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA
b) Feeling down, depressed, or hopeless?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NA

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Section B: Hearing, Speech, and Vision

SOC/ROC

Section B		Hearing, Speech, and Vision
B0200. Hearing		
Enter Code <input type="checkbox"/>	Ability to hear (with hearing aid or hearing appliance if normally used) 0. Adequate: No difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty: Difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2. Moderate difficulty: Speaker has to increase volume and speak distinctly 3. Highly impaired: Absence of useful hearing	
B1000. Vision		
Enter Code <input type="checkbox"/>	Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate: sees fine detail, such as regular print in newspapers/books 1. Impaired: sees large print, but not regular print in newspapers/books 2. Moderately impaired: limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired: object identification in question, but eyes appear to follow objects 4. Severely impaired: no vision or sees only light, colors or shapes; eyes do not appear to follow objects	

Section C: Cognitive Patterns

SOC/ROC

Section C		Cognitive Patterns
C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?		
Attempt to conduct interview with all patients.		
Enter Code <input type="checkbox"/>	0. No (patient is rarely/never understood) → <i>Skip to C1310, Signs and Symptoms of Delirium (from CAM®)</i> 1. Yes → <i>Continue to C0200, Repetition of Three Words</i>	
Brief Interview for Mental Status (BIMS)		
C0200. Repetition of Three Words		
Enter Code <input type="checkbox"/>	Ask patient: <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue and bed. Now tell me the three words."</i> Number of words repeated after the first attempt 0. None 1. One 2. Two 3. Three After the patient's first attempt, repeat the words using cues (<i>"sock: something you wear; blue: a color; bed: a piece of furniture"</i>). You may repeat the words up to two more times.	
C0300. Temporal Orientation (orientation to year, month, and day)		
Enter Code <input type="checkbox"/>	Ask patient: <i>"Please tell me what year it is right now."</i> A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct	
Enter Code <input type="checkbox"/>	Ask patient: <i>"What month are we in right now?"</i> B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days	
Enter Code <input type="checkbox"/>	Ask patient: <i>"What day of the week is today?"</i> C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct	
C0400. Recall		
Enter Code <input type="checkbox"/>	Ask patient: <i>"Let's go back to an earlier question. What are those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. A. Able to recall "sock" 0. No- could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required	
Enter Code <input type="checkbox"/>	B. Able to recall "blue" 0. No- could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required	
Enter Code <input type="checkbox"/>	C. Able to recall "bed" 0. No- could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required	
C0500. BIMS Summary Score		
Enter Score <input type="text"/>	Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the patient was unable to complete the interview	

SOC/ROC section, continued

Section C		Cognitive Patterns	
C1310. Signs and Symptoms of Delirium (from CAM©)			
Code after completing Brief Interview for Mental Status and reviewing medical record.			
A. Acute Onset Mental Status Change			
Enter Code <input type="checkbox"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes		
Coding:	↓ Enter Code in Boxes		
0. Behavior not present	<input type="checkbox"/>	B. Inattention - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?	
1. Behavior continuously present, does not fluctuate	<input type="checkbox"/>	C. Disorganized Thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	
2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/>	D. Altered Level of Consciousness - Did the patient have altered level of consciousness as indicated by any of the following criteria? <ul style="list-style-type: none"> ■ vigilant - startled easily to any sound or touch ■ lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch ■ stuporous - very difficult to arouse and keep aroused for the interview ■ comatose - could not be aroused 	
<i>Confusion Assessment Method. © 1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.</i>			

Discharge

Section C		Cognitive Patterns	
C1310. Signs and Symptoms of Delirium (from CAM©) (within the last 7 days)			
A. Acute Onset Mental Status Change			
Enter Code <input type="checkbox"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes		
Coding:	↓ Enter Code in Boxes		
0. Behavior not present	<input type="checkbox"/>	B. Inattention - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?	
1. Behavior continuously present, does not fluctuate	<input type="checkbox"/>	C. Disorganized Thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	
2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/>	D. Altered Level of Consciousness - Did the patient have altered level of consciousness as indicated by any of the following criteria? <ul style="list-style-type: none"> ■ vigilant - startled easily to any sound or touch ■ lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch ■ stuporous - very difficult to arouse and keep aroused for the interview ■ comatose - could not be aroused 	
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Section E: Behavioral Symptoms

SOC/ROC

Section E		Behavioral Symptoms	
E0200. Behavioral Symptom - Presence & Frequency			
Note presence of symptoms and their frequency.			
Coding: 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	↓ Enter Codes in Boxes		
	<input type="checkbox"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)	
	<input type="checkbox"/>	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)	
	<input type="checkbox"/>	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)	

Discharge

Section E		Behavioral Symptoms	
E0200. Behavioral Symptom - Presence & Frequency			
Note presence of symptoms and their frequency.			
Coding: 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	↓ Enter Codes in Boxes		
	<input type="checkbox"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)	
	<input type="checkbox"/>	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)	
	<input type="checkbox"/>	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)	

Section GG: Functional Abilities and Goals

SOC/ROC

Section GG	Functional Abilities and Goals	
GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.		
Coding: 3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help – Patient needed partial assistance from another person to complete activities. 1. Dependent – A helper completed the activities for the patient. 8. Unknown 9. Not Applicable	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	<input type="checkbox"/>	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.	
↓ Check all that apply	
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

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 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.

Follow-Up

GG0130. Self-Care	
<p>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.</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.</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>	
4. Follow-Up Performance	
<p>↓ Enter Codes in Boxes</p>	
<input type="text"/> <input type="text"/>	<p>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.</p>
<input type="text"/> <input type="text"/>	<p>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.</p>
<input type="text"/> <input type="text"/>	<p>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.</p>





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	
□ □	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.
□ □	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.
□ □	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.
□ □	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.
□ □	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
□ □	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
□ □	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

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:</p> <p>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>		
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.

		R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
		S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		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.	
<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>	
4.	Follow-Up Performance
↓ Enter Codes in Boxes	
<input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input style="width: 20px; height: 20px;" type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input style="width: 20px; height: 20px;" 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 Follow-Up performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).</i>
<input style="width: 20px; height: 20px;" type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step .
<input style="width: 20px; height: 20px;" type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail.
<input style="width: 20px; height: 20px;" 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. <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. 09. 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			
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			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.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			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.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			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.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			F. Toilet transfer: The ability to get on and off a toilet or commode.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			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.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			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>
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			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.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			M. 1 step (curb): The ability to go up and down a curb and/or up and down one step .
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			N. 4 steps: The ability to go up and down four steps with or without a rail.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			O. 12 steps: The ability to go and down 12 steps with or without a rail.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			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.
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	RR3. Indicate the type of wheelchair or scooter used. 1.Manual 2.Motorized		
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	SS3. Indicate the type of wheelchair or scooter used. 1.Manual 2.Motorized		

Section I: Active Diagnoses

SOC/ROC

Section I	Active Diagnoses
Comorbidities and Co-existing Conditions	
↓ Check all that apply	
<input type="checkbox"/>	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
<input type="checkbox"/>	I2900. Diabetes Mellitus (DM) (e.g. diabetic retinopathy, nephropathy, and neuropathy)
<input type="checkbox"/>	I7900. None of the above

Section J: Health Conditions

Discharge

Section J	Health Conditions	
J1800. Any Falls Since SOC/ROC, whichever is more recent		
Enter Code	Has the patient had any falls since SOC/ROC , whichever is more recent?	
<input type="text"/>	0. No → <i>Skip J1900</i> 1. Yes → <i>Continue to J1900. Number of Falls Since SOC/ROC, whichever is more recent</i>	
J1900. Number of Falls Since SOC/ROC, whichever is more recent		
CODING:	↓ Enter Codes in Boxes	
0. None	<input type="text"/>	A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
1. One	<input type="text"/>	B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
2. Two or more	<input type="text"/>	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Section K: Swallowing/Nutritional Status

SOC/ROC

Section K	Swallowing/Nutritional Status
K0520. Nutritional Approaches	
Check all of the following nutritional approaches that were performed during the first 3 days at SOC/ROC.	
	1. Performed during the first 3 days at SOC/ROC Check all that apply ↓
A. Parenteral/IV feeding	<input type="checkbox"/>
B. Feeding tube – nasogastric or abdominal (e.g., PEG)	<input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed foods, thickened liquids)	<input type="checkbox"/>
D. Therapeutic diet - (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>

Discharge

Section K	Swallowing/Nutritional Status
K0520. Nutritional Approaches	
Check all of the following nutritional approaches that were performed during the last 7 days.	
	2. Performed during the last 7 days Check all that apply ↓
A. Parenteral/IV feeding	<input type="checkbox"/>
B. Feeding tube – nasogastric or abdominal (e.g., PEG)	<input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed foods, thickened liquids)	<input type="checkbox"/>
D. Therapeutic diet - (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>

Section O: Special Treatments, Procedures and Programs

SOC/ROC

Section O		Special Treatments, Procedures, and Programs	
O0100. Special Treatments, Procedures and Programs			
Check all of the following treatments, procedures, and programs that were performed during the first 3 days at SOC/ROC.			
		3. Performed during the first 3 days at SOC/ROC	
		Check all that apply ↓	
Cancer Treatments			
A. Chemotherapy (if checked, please specify below)		<input type="checkbox"/>	
A2a. IV		<input type="checkbox"/>	
A3a. Oral		<input type="checkbox"/>	
A10a. Other		<input type="checkbox"/>	
B. Radiation		<input type="checkbox"/>	
Respiratory Treatments			
C. Oxygen Therapy (if checked, please specify below)		<input type="checkbox"/>	
C2a. Continuous		<input type="checkbox"/>	
C3a. Intermittent		<input type="checkbox"/>	
D. Suctioning (if checked, please specify below)		<input type="checkbox"/>	
D2a. Scheduled		<input type="checkbox"/>	
D3a. As needed		<input type="checkbox"/>	
E. Tracheostomy Care		<input type="checkbox"/>	
F. Invasive Mechanical Ventilator (ventilator or respirator)		<input type="checkbox"/>	
G. Non-invasive Mechanical Ventilator (BiPAP/CPAP) (if checked, please specify below)		<input type="checkbox"/>	
G2a. BiPAP		<input type="checkbox"/>	
G2b. CPAP		<input type="checkbox"/>	
Other Treatments			
H. IV Medications (if checked, please specify below)		<input type="checkbox"/>	
H3a. Antibiotics		<input type="checkbox"/>	
H4a. Anticoagulation		<input type="checkbox"/>	
H10a. Other		<input type="checkbox"/>	
I. Transfusions		<input type="checkbox"/>	
J. Dialysis (if checked, please specify below)		<input type="checkbox"/>	
J2a. Hemodialysis		<input type="checkbox"/>	
J3a. Peritoneal dialysis		<input type="checkbox"/>	
O. IV Access (if checked, please specify below)		<input type="checkbox"/>	
O2a. Peripheral IV		<input type="checkbox"/>	
O3a. Midline		<input type="checkbox"/>	
O4a. Central line (e.g., PICC, tunneled, port)		<input type="checkbox"/>	
O10a. Other		<input type="checkbox"/>	
None of the Above			
Z. None of the above		<input type="checkbox"/>	

Discharge

Section O	Special Treatments, Procedures, and Programs	
O0100. Special Treatments, Procedures and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days.		
	4.	
	Performed	
	during the last 14 days	
	Check all that apply	
	↓	
Cancer Treatments		
A. Chemotherapy (if checked, please specify below)		<input type="checkbox"/>
A2a. IV		<input type="checkbox"/>
A3a. Oral		<input type="checkbox"/>
A10a. Other		<input type="checkbox"/>
B. Radiation		<input type="checkbox"/>
Respiratory Treatments		
C. Oxygen Therapy (if checked, please specify below)		<input type="checkbox"/>
C2a. Continuous		<input type="checkbox"/>
C3a. Intermittent		<input type="checkbox"/>
D. Suctioning (if checked, please specify below)		<input type="checkbox"/>
D2a. Scheduled		<input type="checkbox"/>
D3a. As needed		<input type="checkbox"/>
E. Tracheostomy Care		<input type="checkbox"/>
F. Invasive Mechanical Ventilator (ventilator or respirator)		<input type="checkbox"/>
G. Non-invasive Mechanical Ventilator (BiPAP/CPAP) (if checked, please specify below)		<input type="checkbox"/>
G2a. BiPAP		<input type="checkbox"/>
G2b. CPAP		<input type="checkbox"/>
Other Treatments		
H. IV Medications (if checked, please specify below)		<input type="checkbox"/>
H3a. Antibiotics		<input type="checkbox"/>
H4a. Anticoagulation		<input type="checkbox"/>
H10a. Other		<input type="checkbox"/>
I. Transfusions		<input type="checkbox"/>
J. Dialysis (if checked, please specify below)		<input type="checkbox"/>
J2a. Hemodialysis		<input type="checkbox"/>
J3a. Peritoneal dialysis		<input type="checkbox"/>
K. IV Access (if checked, please specify below)		<input type="checkbox"/>
O2a. Peripheral IV		<input type="checkbox"/>
O3a. Midline		<input type="checkbox"/>
O4a. Central line (e.g., PICC, tunneled, port)		<input type="checkbox"/>
O10a. Other		<input type="checkbox"/>
None of the Above		
Z. None of the above		<input type="checkbox"/>