



Section GG CNA Training

Therapy that
exceeds expectations.



Objectives

- Identify the differences between G and GG
- Learn coding rules for each GG item
- Review examples of appropriate GG coding

Section GG Overview

- Section GG is a portion of the MDS assessment that measures a patient's performance on both Self-Care and Mobility items
- Currently Section GG is only required for SNF PPS (Medicare and Medicare-like) patients.
- Beginning on October 1, 2020, some states will require Section GG for all patients in order to capture the same billing codes used for skilled patients.
- Coding requirements for Section GG are significantly different than Section G.

Section G versus GG

Section G	Section GG
Captures the most need of the patient	Captures the usual performance over a 3 day period
Follows the “rule of 3” for coding and uses a 5 point scale	Uses a 6 point scale based on “helper” assistance provided
Code for both self performance and support provided	Only one code per activity
One code for “activity did not occur”	Four codes for “activity did not occur”

Section GG Items – Self Care

A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.

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.]

C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.



Functional Pathways

Therapy that exceeds expectations.

Section GG Items - Mobility

B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.

C. Lying to sitting on side of bed: The ability to safely 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.

D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.

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

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



Functional Pathways
Therapy that exceeds expectations.

Section GG Scoring

Coding:

Safety and Quality of Performance - If helper assistance is required because resident'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** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident 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 resident 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. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

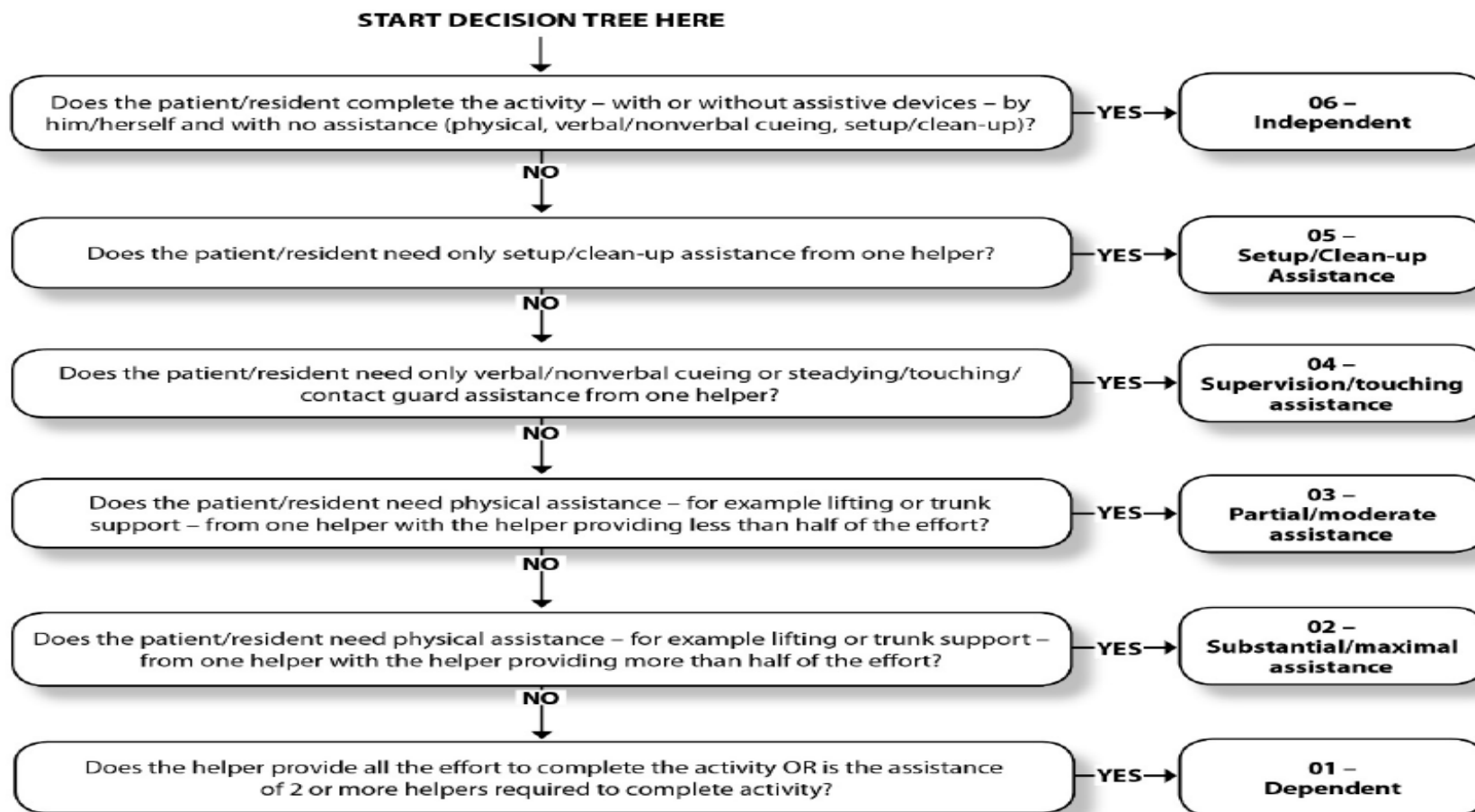
07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**



Functional Pathways

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GG Decision Tree



Self-Care Examples - Eating

Eating: Ms. S has multiple sclerosis, affecting her endurance and strength. Ms. S prefers to feed herself as much as she is capable. During all meals, after eating three-fourths of the meal by herself, Ms. S usually becomes extremely fatigued and requests assistance from the certified nursing assistant to feed her the remainder of the meal.

Coding: GG0130A would be coded 03, Partial/moderate assistance.

Rationale: The certified nursing assistant provides less than half the effort for the resident to complete the activity of eating for all meals.

Eating: Mr. M has upper extremity weakness and fine motor impairments. The occupational therapist places an adaptive device onto Mr. M's hand that supports the eating utensil within his hand. At the start of each meal Mr. M can bring food and liquids to his mouth. Mr. M then tires and the certified nursing assistant feeds him more than half of each meal.

Coding: GG0130A would be coded 02, Substantial/maximal assistance.

Rationale: The helper provides more than half the effort for the resident to complete the activity of eating at each meal.

Eating: The dietary aide opens all of Mr. S's cartons and containers on his food tray before leaving the room. There are no safety concerns regarding Mr. S's ability to eat. Mr. S eats the food himself, bringing the food to his mouth using appropriate utensils and swallowing the food safely.

Coding: GG0130A would be coded 05, Setup or clean-up assistance.

Rationale: The helper provided setup assistance prior to the eating activity.

Self Care Examples - Eating

Eating: Mrs. N is impulsive. While she eats, the certified nursing assistant provides verbal and tactile cueing so that Mrs. N does not lift her fork to her mouth until she has swallowed the food in her mouth.

Coding: GG0130A would be coded 04, Supervision or touching assistance.

Rationale: The resident requires supervision and touching assistance in order to eat safely.

Eating: Mr. R is unable to eat by mouth since he had a stroke one week ago. He receives nutrition through a gastrostomy tube (G-tube), which is administered by nurses.

Coding: GG0130A would be coded 88, Not attempted due to medical condition or safety concerns.

Rationale: The resident does not eat or drink by mouth at this time due to his recent-onset stroke. This item includes eating and drinking by mouth only. Since eating and drinking did not occur due to his recent-onset medical condition, the activity is coded as 88, Not attempted due to medical condition and safety concerns. Assistance with G-tube feedings is not considered when coding this item.

Eating: Mr. F is fed all meals by the certified nursing assistant, because Mr. F has severe arm weakness and he is unable to assist.

Coding: GG0130A would be coded 01, Dependent.

Rationale: The helper does all of the effort for each meal. The resident does not contribute any effort to complete the eating activity.

Self Care Examples – Oral Hygiene

Oral hygiene: At night, the certified nursing assistant provides Mrs. K water and toothpaste to clean her dentures. Mrs. K cleans her upper denture plate. Mrs. K then cleans half of her lower denture plate, but states she is tired and unable to finish cleaning her lower denture plate. The certified nursing assistant finishes cleaning the lower denture plate and Mrs. K replaces the dentures in her mouth.

Coding: GG0130B would be coded 03, Partial/moderate assistance.

Rationale: The helper provided less than half the effort to complete oral hygiene.

Oral hygiene: Mr. W is edentulous (without teeth) and his dentures no longer fit his gums. In the morning and evening, Mr. W begins to brush his upper gums after the helper applies toothpaste onto his toothbrush. He brushes his upper gums, but cannot finish due to fatigue. The certified nursing assistant completes the activity of oral hygiene by brushing his back upper gums and his lower gums.

Coding: GG0130B would be coded 02, Substantial/maximal assistance.

Rationale: The resident begins the activity. The helper completes the activity by performing more than half the effort.

Oral hygiene: Mr. G has Parkinson's disease, resulting in tremors and incoordination. The certified nursing assistant retrieves all oral hygiene items for Mr. G and applies toothpaste to his toothbrush. Mr. G requires assistance to guide the toothbrush into his mouth and to steady his elbow while he brushes his teeth. Mr. G usually starts by brushing his upper and lower front teeth and the certified nursing assistant completes the activity by brushing the rest of his teeth.

Coding: GG0130B would be coded 02, Substantial/maximal assistance.

Rationale: The helper provided more than half the effort for the resident to complete the activity of oral hygiene.

Self Care Examples – Oral Hygiene

Oral hygiene: Mr. D has experienced a stroke. He can brush his teeth while sitting on the side of the bed, but when the certified nursing assistant hands him the toothbrush and toothpaste, he looks up at her puzzled what to do next. The certified nursing assistant cues Mr. D to put the toothpaste on the toothbrush and instructs him to brush his teeth. Mr. D then completes the task of brushing his teeth.

Coding: GG0130B would be coded 04, Supervision or touching assistance.

Rationale: The helper provides verbal cues to assist the resident in completing the activity of brushing his teeth.

Oral hygiene: Ms. K suffered a stroke a few months ago that resulted in cognitive limitations. She brushes her teeth at the sink, but is unable to initiate the task on her own. The occupational therapist cues Ms. K to put the toothpaste onto the toothbrush, brush all areas of her teeth, and rinse her mouth after brushing. The occupational therapist remains with Ms. K providing verbal cues until she has completed the task of brushing her teeth.

Coding: GG0130B would be coded 04, Supervision or touching assistance.

Rationale: The helper provides verbal cues to assist the resident in completing the activity of brushing her teeth.

Oral hygiene: Mrs. N has early stage amyotrophic lateral sclerosis. She starts brushing her teeth and completes cleaning her upper teeth and part of her lower teeth when she becomes fatigued and asks the certified nursing assistant to help her finish the rest of the brushing.

Coding: GG0130B would be coded 03, Partial/moderate assistance.

Rationale: The helper provided less than half the effort to complete oral hygiene.

Self Care Examples – Toileting Hygiene

Toileting hygiene: Mrs. J uses a bedside commode. The certified nursing assistant provides steadying (touching) assistance as Mrs. J pulls down her pants and underwear before sitting down on the *commode*. When Mrs. J is finished voiding or having a bowel movement, the certified nursing assistant provides steadying assistance as Mrs. J wipes her perineal area and pulls up her pants and underwear without assistance.

Coding: GG0130C would be coded 04, Supervision or touching assistance.

Rationale: The helper provides steadying (touching) assistance to the resident to complete toileting hygiene.

Toileting hygiene: Mrs. L uses the toilet to void and have bowel movements. Mrs. L is unsteady, so the certified nursing assistant walks into the bathroom with her in case she needs help. During the assessment period, a staff member has been present in the bathroom, but has not needed to provide any physical assistance with managing clothes or cleansing.

Coding: GG0130C would be coded 04, Supervision or touching assistance.

Rationale: The helper provides supervision as the resident performs the toilet hygiene activity. The resident is unsteady and the staff provide supervision for safety reasons.

Toileting hygiene: Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the certified nursing assistant to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself, pulls her underwear back up, *and adjusts her gown*.

Coding: GG0130C would be coded 03, Partial/moderate assistance.

Rationale: The helper provides more than touching assistance. The resident performs more than half the effort; the helper does less than half the effort. The resident completes two of the three toileting hygiene tasks.

Self-Care Examples – Toileting Hygiene

Toileting hygiene: Mr. C has Parkinson’s disease and significant tremors that cause intermittent difficulty for him to perform perineal hygiene after having a bowel movement in the toilet. He walks to the bathroom with close supervision and lowers his pants, but asks the certified nursing assistant to help him with perineal hygiene after moving his bowels. He then pulls up his pants without assistance.

Coding: GG0130C would be coded 03, Partial/moderate assistance.

Rationale: The helper provides less than half the effort. The resident performs two of the three toileting hygiene tasks by himself. Walking to the bathroom is not considered when scoring toileting hygiene.

Toileting hygiene: Ms. Q has a progressive neurological disease that affects her fine and gross motor coordination, balance, and activity tolerance. She wears a hospital gown and underwear during the day. Ms. Q uses a bedside commode as she steadies herself in standing with one hand and initiates pulling down her underwear with the other hand but needs assistance to complete this activity due to her coordination impairment. After voiding, Ms. Q wipes her perineal area without assistance while sitting on the commode. When Ms. Q has a bowel movement, a certified nursing assistant performs perineal hygiene as Ms. Q needs to steady herself with both hands to stand for this activity. Ms. Q is usually too fatigued at this point and requires full assistance to pull up her underwear.

Coding: GG0130C would be coded 02, Substantial/maximal assistance.

Rationale: The helper provided more than half the effort needed for the resident to complete the activity of toileting hygiene.

Mobility Examples – Sit to Lying

Sit to lying: Mrs. F requires assistance from a certified nursing assistant to get from a sitting position to lying flat on the bed because of postsurgical open reduction internal fixation healing fractures of her right hip and left and right wrists. The certified nursing assistant cradles and supports her trunk and right leg to transition Mrs. F from sitting at the side of the bed to lying flat on the bed. Mrs. F assists herself a small amount by bending her elbows and left leg while pushing her elbows and left foot into the mattress only to straighten her trunk while transitioning into a lying position.

Coding: GG0170B would be coded 02, Substantial/maximal assistance.

Rationale: The helper provided more than half the effort for the resident to complete the activity of sit to lying.

Sit to lying: Mrs. H requires assistance from two certified nursing assistants to transfer from sitting at the edge of the bed to lying flat on the bed due to paralysis on her right side, obesity, and cognitive limitations. One of the certified nursing assistants explains to Mrs. H each step of the sitting to lying activity. Mrs. H is then fully assisted to get from sitting to a lying position on the bed. Mrs. H makes no attempt to assist when asked to perform the incremental steps of the activity.

Coding: GG0170B would be coded 01, Dependent.

Rationale: The assistance of two certified nursing assistants was needed to complete the activity of sit to lying. If two or more helpers are required to assist the resident to complete an activity, code as 01, Dependent.

Sit to lying: Mr. F had a stroke about 2 weeks ago and is unable to sequence the necessary movements to complete an activity (apraxia). He can maneuver himself when transitioning from sitting on the side of the bed to lying flat on the bed if the certified nursing assistant provides verbal instructions as to the steps needed to complete this task.

Coding: GG0170B would be coded 04, Supervision or touching assistance.

Rationale: A helper provides verbal cues in order for the resident to complete the activity of sit to lying flat on the bed.

Mobility Examples – Lying to Sitting on Side of Bed

Lying to sitting on side of bed: Mr. B pushes up from the bed to get himself from a lying to a seated position. The certified nursing assistant provides steadying (touching) assistance as Mr. B scoots himself to the edge of the bed and lowers his feet onto the floor.

Coding: GG0170C would be coded 04, Supervision or touching assistance.

Rationale: The helper provides touching assistance as the resident moves from a lying to sitting position.

Lying to sitting on side of bed: Mr. B pushes up on the bed to attempt to get himself from a lying to a seated position as the occupational therapist provides much of the lifting assistance necessary for him to sit upright. The occupational therapist provides additional lifting assistance as Mr. B scoots himself to the edge of the bed and lowers his feet to the floor.

Coding: GG0170C would be coded 02, Substantial/maximal assistance.

Rationale: The helper provides lifting assistance (more than half the effort) as the resident moves from a lying to sitting position.

Lying to sitting on side of bed: Ms. P is being treated for sepsis and has multiple infected wounds on her lower extremities. Full assistance from the certified nursing assistant is needed to move Ms. P from a lying position to sitting on the side of her bed because she usually has pain in her lower extremities upon movement.

Coding: GG0170C would be coded 01, Dependent.

Rationale: The helper fully completed the activity of lying to sitting on the side of bed for the resident.



Mobility Examples – Sit to Stand

If a sit-to-stand (stand assist) lift is used and two helpers are needed to assist with the sit-to-stand lift, then code as 01, Dependent.

Sit to stand: Mr. M has osteoarthritis and is recovering from sepsis. Mr. M transitions from a sitting to a standing position with the steadying (touching) assistance of the nurse's hand on Mr. M's trunk.

Coding: GG0170D would be coded 04, Supervision or touching assistance.

Rationale: The helper provides touching assistance only.

Sit to stand: Mrs. L has multiple healing fractures and multiple sclerosis, requiring two certified nursing assistants to assist her to stand up from sitting in a chair.

Coding: GG0170D would be coded 01, Dependent.

Rationale: Mrs. L requires the assistance of two helpers to complete the activity.

Sit to stand: Mr. B has complete tetraplegia and is currently unable to stand when getting out of bed. He transfers from his bed into a wheelchair with assistance. The activity of sit to stand is not attempted due to his medical condition.

Coding: GG0170D would be coded 88, Not attempted due to medical condition or safety concerns.

Rationale: The activity is not attempted due to the resident's diagnosis of complete tetraplegia.

Mobility Examples – Chair/Bed to Chair Transfers

If a mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer and two helpers are needed to assist with the mechanical lift transfer, then code as 01, Dependent, even if the resident assists with any part of the chair/bed-to-chair transfer.

Chair/bed-to-chair transfer: Mr. C is sitting on the side of the bed. He stands and pivots into the chair as the nurse provides contact guard (touching) assistance. The nurse reports that one time Mr. C only required verbal cues for safety, but usually Mr. C requires touching assistance.

Coding: GG0170E would be coded 04, Supervision or touching assistance.

Rationale: The helper provides touching assistance during the transfers.

Chair/bed-to-chair transfer: Mr. F's medical conditions include morbid obesity, diabetes mellitus, and sepsis, and he recently underwent bilateral above-the-knee amputations. Mr. F requires full assistance with transfers from the bed to the wheelchair using a lift device. Two certified nursing assistants are required for safety when using the device to transfer Mr. F from the bed to a wheelchair. Mr. F is unable to assist in the transfer from his bed to the wheelchair.

Coding: GG0170E would be coded 01, Dependent.

Rationale: The two helpers completed all the effort for the activity of chair/bed-to-chair transfer. If two or more helpers are required to assist the resident to complete an activity, code as 01, Dependent.



Mobility Examples – Chair/Bed to Chair Transfers

Chair/bed-to-chair transfer: Ms. P has metastatic bone cancer, severely affecting her ability to use her lower and upper extremities during daily activities. Ms. P is motivated to assist with her transfers from the side of her bed to the wheelchair. Ms. P pushes herself up from the bed to begin the transfer while the therapist provides limited trunk support with weight-bearing assistance. Once standing, Ms. P shuffles her feet, turns, and slowly sits down into the wheelchair with the therapist providing trunk support with weight-bearing assistance.

Coding: GG0170E would be coded 03, Partial/moderate assistance.

Rationale: The helper provided less than half of the effort for the resident to complete the activity of chair/bed-to-chair transfer.

Chair/bed-to-chair transfer: Mr. U had his left lower leg amputated due to gangrene associated with his diabetes mellitus and he has reduced sensation and strength in his right leg. He has not yet received his below-the-knee prosthesis. Mr. U uses a transfer board for chair/bed-to-chair transfers. The therapist places the transfer board under his buttock. Mr. U then attempts to scoot from the bed onto the transfer board. Mr. U has reduced sensation in his hands and limited upper body strength, but assists with the transfer. The physical therapist assists him in side scooting by lifting his *buttocks*/trunk in a rocking motion across the transfer board and into the wheelchair.

Coding: GG0170E would be coded 02, Substantial/maximal assistance.

Rationale: The helper provided more than half of the effort for the resident to complete the activity of chair/bed-to-chair transfer.

Mobility Examples – Toilet Transfers

Toilet transfer: The certified nursing assistant moves the wheelchair footrests up so that Mrs. T can transfer from the wheelchair onto the toilet by herself safely. The certified nursing assistant is not present during the transfer, because supervision is not required. Once Mrs. T completes the transfer from the toilet back to the wheelchair, she flips the footrests back down herself.

Coding: GG0170F would be coded 05, Setup or clean-up assistance.

Rationale: The helper provides setup assistance (moving the footrest out of the way) before Mrs. T can transfer safely onto the toilet.

Toilet transfer: Mrs. Q transfers onto and off the elevated toilet seat with the certified nursing assistant supervising due to her unsteadiness.

Coding: GG0170F would be coded 04, Supervision or touching assistance.

Rationale: The helper provides supervision as the resident transfers onto and off the toilet. The resident may use an assistive device.

Toilet transfer: Mrs. Y is anxious about getting up to use the bathroom. She asks the certified nursing assistant to stay with her in the bathroom as she gets on and off the toilet. The certified nursing assistant stays with her, as requested, and provides verbal encouragement and instructions (cues) to Mrs. Y.

Coding: GG0170F would be coded 04, Supervision or touching assistance.

Rationale: The helper provides supervision/verbal cues as Mrs. Y transfers onto and off the toilet.

Mobility Examples – Toilet Transfers

Toilet transfer: Mr. H has paraplegia incomplete, pneumonia, and a chronic respiratory condition. Mr. H prefers to use the bedside commode when moving his bowels. Due to his severe weakness, history of falls, and dependent transfer status, two certified nursing assistants assist during the toilet transfer.

Coding: GG0170F would be coded 01, Dependent.

Rationale: The activity required the assistance of two or more helpers for the resident to complete the activity.

Toilet transfer: Mrs. S is on bedrest due to a medical complication. She uses a bedpan for bladder and bowel management.

Coding: GG0170F would be coded 88, Not attempted due to medical condition or safety concerns.

Rationale: The resident does not transfer onto or off a toilet due to being on bedrest because of a medical condition.

Summary

- **Reminder** – Coding for section GG is the opposite of what you have been used to for section G on your ADL sheets
- Activities may be performed with or without assistive devices
- “Usual Performance” does not mean capturing the “best” or “worst” the patient is able to do – but how they are usually able to perform an activity
- Patients should be allowed to perform activities as independently as possible, as long as they are safe

THANK YOU

The words "THANK YOU" are written in a bold, dark blue, sans-serif font. Below the text is a large, stylized blue wave graphic that starts under the 'T' and ends under the 'U', curving upwards at the end.

For Questions or Additional Training and Support, please contact the
Clinical Team at:
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