

J1900- Number of Falls since SOC/ROC

- **Intent-** Identifies the number of falls since the most recent SOC/ROC
- **Time point-** transfer, death, discharge

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



Examples

- An incident report describes an event in which Mr. S appeared to slip on a wet spot on the floor during a home health aide bath visit. He lost his balance and bumped into the wall, but was able to steady himself and remain standing.

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?
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	0. No › Skip J1900 1. Yes › Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent



Examples

Review of the patient record, incident reports and patient and caregiver report identify that two events occurred since the most recent SOC/ROC. The events are documented on clinical notes. The first describes an event during which Mr. G tripped on the bathroom rug and almost fell, but caught himself against the sink. The RN assessment identified no injury. The second describes an event during which Mr. G, while coming up the basement stairs with the laundry, fell against the stair and sustained a bruise and laceration on his left knee.

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?
1	0. No → Skip J1900 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC, whichever is more recent

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	1	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
	0	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

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.

Intent- Identify the patient's usual ability with everyday activities, prior to the CURRENT illness, exacerbation or injury

Time Points- SOC/ROC

Instructions- enter a response in each box (see next slide)



continued[®] Example

- (Before a recent illness) Mr. S ambulated with a walker around his home and used a stair lift to get to the second floor, where his bedroom is located.

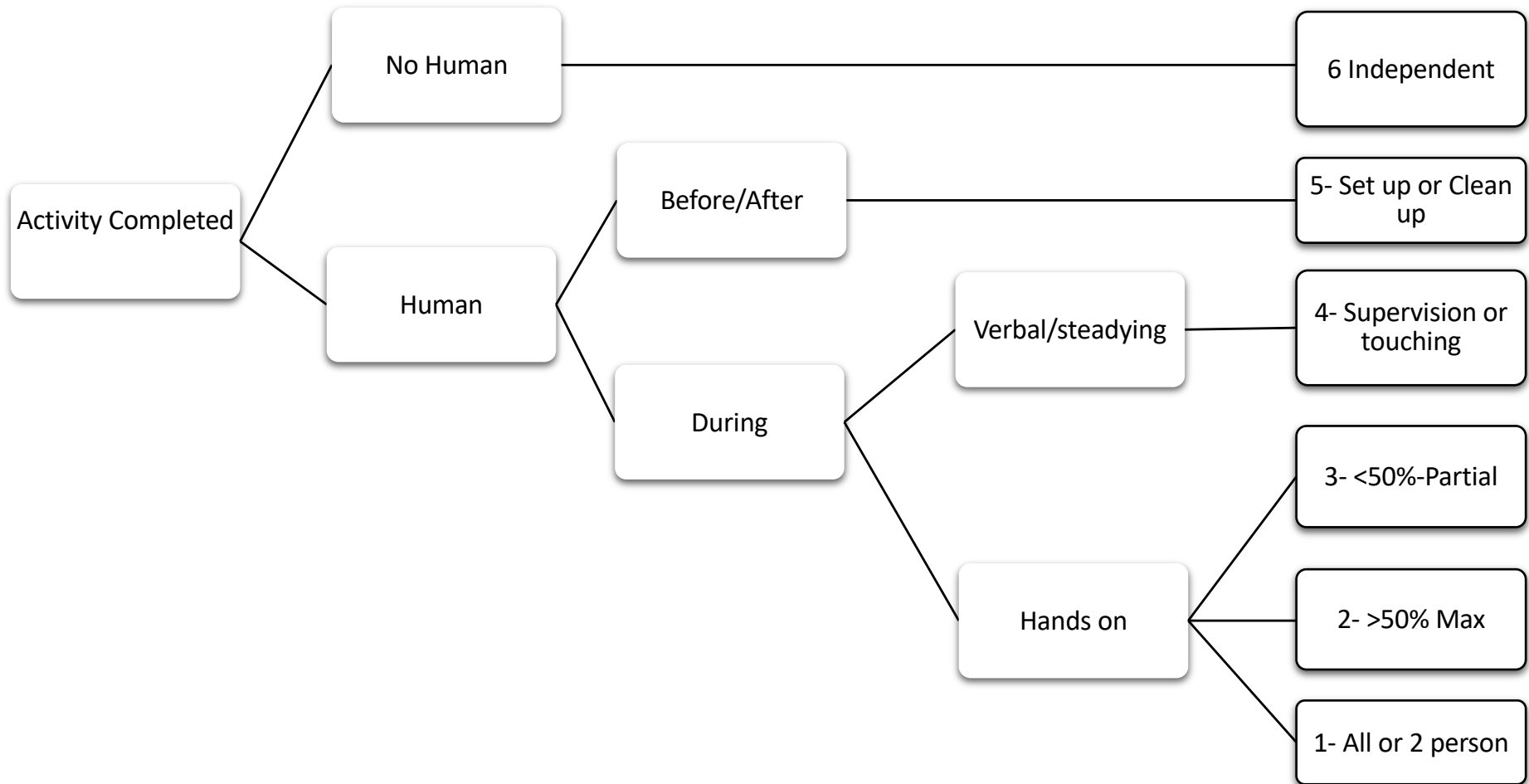
GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.	
Coding: 3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from 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="text" value="3"/> 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="text" value="9"/> 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.

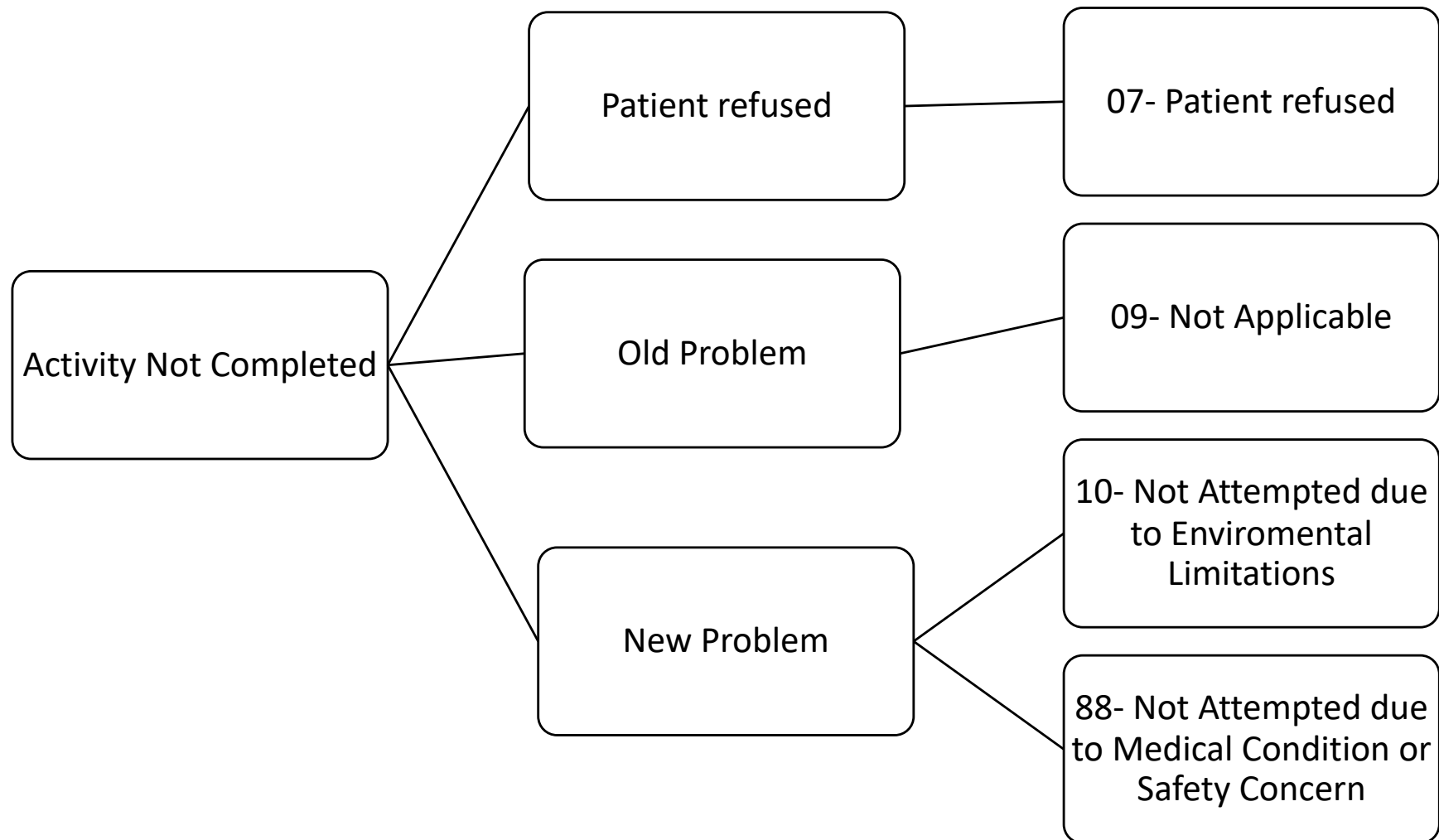


GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.	
↓ Check all that apply	
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical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

- **Intent:** This item identifies the patient's use of devices and aids immediately prior to the current illness, exacerbation, or injury to align treatment goals.
- **Time Point:** SOC/ROC
- **Instructions-** check all that apply







GG0130- Self Care

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.		
3. Discharge Performance		
↓ Enter Codes in Boxes		
<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal placed before the patient.	M1870- Feeding/Eating
<input type="text"/>	B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.	M1800- Grooming
<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.	M1845-Toileting Hygiene
<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.	M1830- Bathing
<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.	M1810- Upper body dressing
<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.	M1820- Lower body dressing
<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.	M1820- Lower body dressing



GG0130- Examples

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

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
88		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.

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.

- ☒ **Independent** – Patient completes the activity by him/herself with no assistance from a helper.
- ☒ **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- ☒ **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.
- ☒ **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.
- ☒ **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- ☒ **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:

- ☒ **Patient refused**
- ☒ **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- ☒ **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- ☒ **88. Not attempted due to medical conditions or safety concerns**

(M1870)		Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	
Enter Code	4	<input checked="" type="checkbox"/>	Able to independently feed self.
		<input checked="" type="checkbox"/>	Able to feed self independently but requires: (a) meal set-up; <u>OR</u> (b) intermittent assistance or supervision from another person; <u>OR</u> (c) a liquid, pureed or ground meat diet.
		<input type="checkbox"/>	2 <u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.
		<input checked="" type="checkbox"/>	Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy.
		<input checked="" type="checkbox"/>	<u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
		<input checked="" type="checkbox"/>	Unable to take in nutrients orally or by tube feeding.



continued[®] GG0130- Eating- Examples

- Mrs. V has difficulty seeing on her left side since her stroke. During meals, a helper must remind her to scan the entire plate to ensure she has seen all the food.

- ☒ **Independent** – Patient completes the activity by him/herself with no assistance from a helper.
- ☒ **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.
- ☒ **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.
- ☒ **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- ☒ **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

(M1870)	Feeding or Eating: Current ability to feed self meals and snacks safely. Note: This refers only to the process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	
Enter Code	0	Able to independently feed self.
2	1	Able to feed self independently but requires: (a) meal set-up; <u>OR</u> (b) intermittent assistance or supervision from another person; <u>OR</u> (c) a liquid, pureed or ground meat diet.
	2	<u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.
	X	Able to take in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy.
	X	<u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
	X	Unable to take in nutrients orally or by tube feeding.



Examples- GG0130B Oral Hygiene

GG0130-B- The helper provides steadying assistance to Mr. S as he walks to the bathroom. The helper applies toothpaste onto Mr. S's toothbrush. Mr. S then brushes his teeth at the sink in the bathroom without physical assistance or supervision. Once Mr. S is done brushing his teeth and washing his hands and face, the helper returns and provides steadying assistance as the patient walks back to his bed.

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.



Independent – Patient completes the activity by him/herself with no assistance from a helper.

05.

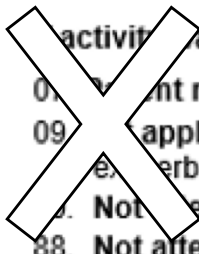
Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

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.



activity was not attempted, code reason:

08. 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

(M1800)		Grooming: Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).
Enter Code	0	Able to groom self unaided, with or without the use of assistive devices or adapted methods.
<div>2</div>	1	Grooming utensils must be placed within reach before able to complete grooming activities.
	2	Someone must assist the patient to groom self.
	<input checked="" type="checkbox"/>	Patient depends entirely upon someone else for grooming needs.



GG0170- Mobility

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.	M1850- Transfers
<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.	M1840- Toilet Tx



GG0170- Mobility

<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.	M1860
<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 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="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, 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.	



GG0170- Mobility

		<input type="checkbox"/>	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.	M1860
<input type="text"/> <input type="text"/>	<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="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	
<input type="text"/> <input type="text"/>	<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="checkbox"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	



Examples GG0170A Mobility- Roll left and Right

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







continued[®] Examples GG0170D sit to stand

- Mr. B is being admitted to home health for pressure ulcer care. He has complete tetraplegia from an injury one year ago and has been unable to bear weight in standing since the injury. At SOC, using a patient lift that does not require him to come to standing, he is transferred from his bed into a wheelchair with assistance.
- Coding: SOC Performance would be coded 09, Not applicable

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

Examples GG0170E Chair/Bed to Chair Tx

- Mr. L had a stroke and uses a wheelchair for mobility. When Mr. L gets out of bed at SOC, the therapist moves the wheelchair into the correct position and locks the brakes so that Mr. L can transfer into the wheelchair safely. Mr. L transfers into the wheelchair by himself without the need for supervision or assistance during the transfer. The family reports that Mr. L does transfer safely without the need for supervision, once the wheelchair is placed and locked. The nurse does not expect Mr. L's mobility status to change by discharge.
- Coding: SOC Performance would be coded 05, Setup or clean-up assistance.
- Discharge Goal would be coded 05, Setup or clean up assistance.

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




Example GG0170F Toilet Transfer

- The assessing clinician notes that the home health aide visit note (documented on the afternoon visit on the SOC date) stated that the aide needed to steady Mrs. Z with a light contact when the patient lowers her underwear and then transfers onto the toilet. After voiding, Mrs. Z cleanses herself. She then stands up supporting her own weight as the aide steadies her. Mrs. Z pulls up her underwear as the aide steadies her to ensure Mrs. Z does not lose her balance.
- Coding: SOC Performance would be coded 04, Supervision or touching assistance.

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely <u>and</u> transfer on and off toilet/commode.	
Enter Code	0 Able to get to and from the toilet and transfer independently with or without a device.
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	1 When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
	✗ <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance).
	✗ <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
	✗ Is totally dependent in toileting.

GG0170I Ambulation 10ft

- Mr. L had bilateral amputations 3 years ago, and prior to this HH admission he used a wheelchair and did not walk. At SOC, Mr. L does not use prosthetic devices and only uses a wheelchair for mobility. Mr. L's care plan includes assisting with fitting and use of bilateral lower extremity prostheses. The therapist's care plan goal is for Mr. L to walk distances of 30 feet with supervision within his home and then discharge to outpatient therapy.
- Coding: SOC Performance would be coded 09, Not applicable.
- Discharge Goal would be coded 04, Supervision or touching assistance.

(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div>	1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3 Able to walk only with the supervision or assistance of another person at all times.
	4 Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	 Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	Bedfast, unable to ambulate or be up in a chair.

GG0170J Mobility Walk 50ft with 2 turns

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

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

Discharge Goal would be 04 Supervision or touching assistance.

(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code	
3	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
	1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3 Able to walk only with the supervision or assistance of another person at all times.
	<input checked="" type="checkbox"/> Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	<input checked="" type="checkbox"/> Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	<input checked="" type="checkbox"/> Bedfast, unable to ambulate or be up in a chair.

GG0170K Walk 150ft

- Mr. R has recent endurance limitations due to an exacerbation of heart failure and is only walking about 30 feet before he tires, loses strength and must sit and rest. He reports he was walking 150 feet or more with his cane prior to this exacerbation of his heart failure.
- Coding: coded 88, Activity not attempted due to medical or safety concerns.

(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
1	1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	X Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	X Able to walk only with the supervision or assistance of another person at all times.
	X Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	X Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	X Bedfast, unable to ambulate or be up in a chair.

continued[®] GG0170M, 1 step (curb)

- Mrs. Z had a stroke and needs to learn how to step up and down one step to enter and exit her home. At SOC, the physical therapist provides needed verbal cueing as Mrs. Z uses her quad cane to aid her balance in stepping up and back down one step. The therapist does not provide any physical assistance.
- Coding: 04, Supervision or touching assistance

(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code	
<div>2</div>	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
	1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3 Able to walk only with the supervision or assistance of another person at all times.
	4 Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	5 Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	6 Bedfast, unable to ambulate or be up in a chair.