

Outcome and Assessment Information Set Items to be Used at Specific Time Points

<u>Time Point</u>	<u>Items Used</u>
Follow-Up -----	M0080-M0100, M0110, M1021-M1023, M1030-M1033, M1200-M1306, M1311-M1400, M1610-M1630, M1800-M1840, M1850-M1860, M2030, M2200, GG0130-GG0170
Recertification (follow-up) assessment	
Other follow-up assessment	

CLINICAL RECORD ITEMS

(M0080) Discipline of Person Completing Assessment	
Enter Code	1 RN
<input type="checkbox"/>	2 PT
	3 SLP/ST
	4 OT

(M0090) Date Assessment Completed:

/ /
 month day year

(M0100) This Assessment is Currently Being Completed for the Following Reason:	
Enter Code	<u>Start/Resumption of Care</u>
<input type="checkbox"/>	1 Start of care – further visits planned
	3 Resumption of care (after inpatient stay)
	<u>Follow-Up</u>
	4 Recertification (follow-up) reassessment [<i>Go to M0110</i>]
	5 Other follow-up [<i>Go to M0110</i>]
	<u>Transfer to an Inpatient Facility</u>
	6 Transferred to an inpatient facility – patient not discharged from agency [<i>Go to M1041</i>]
	7 Transferred to an inpatient facility – patient discharged from agency [<i>Go to M1041</i>]
	<u>Discharge from Agency – Not to an Inpatient Facility</u>
	8 Death at home [<i>Go to M2005</i>]
	9 Discharge from agency [<i>Go to M1041</i>]

(M0110) Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an “early” episode or a “later” episode in the patient’s current sequence of adjacent Medicare home health payment episodes?	
Enter Code	1 Early
<input type="checkbox"/>	2 Later
	UK Unknown
	NA Not Applicable: No Medicare case mix group to be defined by this assessment.

PATIENT HISTORY AND DIAGNOSES

(M1021/1023) Diagnoses and Symptom Control: List each diagnosis for which the patient is receiving home care in Column 1, and enter its ICD-10-CM code at the level of highest specificity in Column 2 (diagnosis codes only – no surgical or procedure codes allowed). Diagnoses are listed in the order that best reflects the seriousness of each condition and supports the disciplines and services provided. Rate the degree of symptom control for each condition in Column 2. ICD-10-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses.

Code each row according to the following directions for each column:

Column 1: Enter the description of the diagnosis. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.

Column 2: Enter the ICD-10-CM code for the condition described in Column 1 – no surgical or procedure codes allowed. Codes must be entered at the level of highest specificity and ICD-10-CM coding rules and sequencing requirements must be followed. Note that external cause codes (ICD-10-CM codes beginning with V, W, X, or Y) may not be reported in M1021 (Primary Diagnosis) but may be reported in M1023 (Secondary Diagnoses). Also note that when a Z-code is reported in Column 2, the code for the underlying condition can often be entered in Column 2, as long as it is an active on-going condition impacting home health care.

Rate the degree of symptom control for the condition listed in Column 1. Do not assign a symptom control rating if the diagnosis code is a V, W, X, Y or Z-code. Choose one value that represents the degree of symptom control appropriate for each diagnosis using the following scale:

- 0 - Asymptomatic, no treatment needed at this time
- 1 - Symptoms well controlled with current therapy
- 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
- 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring
- 4 - Symptoms poorly controlled; history of re-hospitalizations

Note that the rating for symptom control in Column 2 should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide.

(Form on next page)

(M1021) Primary Diagnosis & (M1023) Other Diagnoses	
Column 1	Column 2
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	ICD-10-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses
Description	ICD-10-CM / Symptom Control Rating
(M1021) Primary Diagnosis	V, W, X, Y codes NOT allowed
a. _____	a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
(M1023) Other Diagnoses	All ICD-10-CM codes allowed
b. _____	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
c. _____	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
d. _____	d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
e. _____	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
f. _____	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

(M1030) Therapies the patient receives at home: **(Mark all that apply.)**

- ☐ 1 - Intravenous or infusion therapy (excludes TPN)
- ☐ 2 - Parenteral nutrition (TPN or lipids)
- ☐ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- ☐ 4 - None of the above

(M1033) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)**

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

SENSORY STATUS

(M1200)	Vision (with corrective lenses if the patient usually wears them):										
Enter Code <input type="checkbox"/>	<table><tr><td>0</td><td>Normal vision: sees adequately in most situations; can see medication labels, newsprint.</td></tr><tr><td>1</td><td>Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length.</td></tr><tr><td>2</td><td>Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.</td></tr></table>	0	Normal vision: sees adequately in most situations; can see medication labels, newsprint.	1	Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length.	2	Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.				
0	Normal vision: sees adequately in most situations; can see medication labels, newsprint.										
1	Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length.										
2	Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.										
(M1242)	Frequency of Pain Interfering with patient's activity or movement:										
Enter Code <input type="checkbox"/>	<table><tr><td>0</td><td>Patient has no pain</td></tr><tr><td>1</td><td>Patient has pain that does not interfere with activity or movement</td></tr><tr><td>2</td><td>Less often than daily</td></tr><tr><td>3</td><td>Daily, but not constantly</td></tr><tr><td>4</td><td>All of the time</td></tr></table>	0	Patient has no pain	1	Patient has pain that does not interfere with activity or movement	2	Less often than daily	3	Daily, but not constantly	4	All of the time
0	Patient has no pain										
1	Patient has pain that does not interfere with activity or movement										
2	Less often than daily										
3	Daily, but not constantly										
4	All of the time										

INTEGUMENTARY STATUS

(M1306) Does this patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries)	
Enter Code <input type="checkbox"/>	0 No [Go to M1322 at SOC/ROC/FU; Go to M1324 at DC] 1 Yes

(M1311) Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Enter Number
A1. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister. Number of Stage 2 pressure ulcers	<input type="checkbox"/>
B1. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Number of Stage 3 pressure ulcers	<input type="checkbox"/>
C1. Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. Number of Stage 4 pressure ulcers	<input type="checkbox"/>
D1. Unstageable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/device Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	<input type="checkbox"/>
E1. Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	<input type="checkbox"/>
F1. Unstageable: Deep tissue injury Number of unstageable pressure injuries presenting as deep tissue injury	<input type="checkbox"/>

(M1322) Current Number of Stage 1 Pressure Injuries: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.	
Enter Code <input type="checkbox"/>	0 1 2 3 4 or more
(M1324) Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable: (Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.)	
Enter Code <input type="checkbox"/>	1 Stage 1 2 Stage 2 3 Stage 3 4 Stage 4 NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries
(M1330) Does this patient have a Stasis Ulcer?	
Enter Code <input type="checkbox"/>	0 No [Go to M1340] 1 Yes, patient has BOTH observable and unobservable stasis ulcers 2 Yes, patient has observable stasis ulcers ONLY 3 Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) [Go to M1340]

INTEGUMENTARY STATUS, continued

(M1332) Current Number of Stasis Ulcer(s) that are Observable:	
Enter Code <input type="checkbox"/>	1 One 2 Two 3 Three 4 Four or more
(M1334) Status of Most Problematic Stasis Ulcer that is Observable:	
Enter Code <input type="checkbox"/>	1 Fully granulating 2 Early/partial granulation 3 Not healing
(M1340) Does this patient have a Surgical Wound?	
Enter Code <input type="checkbox"/>	0 No [Go to M1400] 1 Yes, patient has at least one observable surgical wound 2 Surgical wound known but not observable due to non-removable dressing/device [Go to M1400]
(M1342) Status of Most Problematic Surgical Wound that is Observable	
Enter Code <input type="checkbox"/>	0 Newly epithelialized 1 Fully granulating 2 Early/partial granulation 3 Not healing

RESPIRATORY STATUS

(M1400) When is the patient dyspneic or noticeably Short of Breath?	
Enter Code <input type="checkbox"/>	0 Patient is not short of breath 1 When walking more than 20 feet, climbing stairs 2 With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) 3 With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation 4 At rest (during day or night)

ELIMINATION STATUS

(M1610) Urinary Incontinence or Urinary Catheter Presence:	
Enter Code <input type="checkbox"/>	0 No incontinence or catheter (includes anuria or ostomy for urinary drainage) 1 Patient is incontinent 2 Patient requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic)
(M1620) Bowel Incontinence Frequency:	
Enter Code <input type="checkbox"/>	0 Very rarely or never has bowel incontinence 1 Less than once weekly 2 One to three times weekly 3 Four to six times weekly 4 On a daily basis 5 More often than once daily NA Patient has ostomy for bowel elimination UK Unknown [Omit "UK" option on FU, DC]
(M1630) Ostomy for Bowel Elimination: Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?	
Enter Code <input type="checkbox"/>	0 Patient does <u>not</u> have an ostomy for bowel elimination. 1 Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen. 2 The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen.

ADL/IADLs

(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 <input type="checkbox"/>	0 Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1 Grooming utensils must be placed within reach before able to complete grooming activities. 2 Someone must assist the patient to groom self. 3 Patient depends entirely upon someone else for grooming needs.
(M1810) Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:	
Enter Code <input type="checkbox"/>	0 Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1 Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2 Someone must help the patient put on upper body clothing. 3 Patient depends entirely upon another person to dress the upper body.
(M1820) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	
Enter Code <input type="checkbox"/>	0 Able to obtain, put on, and remove clothing and shoes without assistance. 1 Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2 Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3 Patient depends entirely upon another person to dress lower body.
(M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	
Enter Code <input type="checkbox"/>	0 Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower. 1 With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 2 Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, <u>OR</u> (b) to get in and out of the shower or tub, <u>OR</u> (c) for washing difficult to reach areas. 3 Able to participate in bathing self in shower or tub, <u>but</u> requires presence of another person throughout the bath for assistance or supervision. 4 Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 5 Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 6 Unable to participate effectively in bathing and is bathed totally by another person.
(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 <input type="checkbox"/>	0 Able to get to and from the toilet and transfer independently with or without a device. 1 When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 2 <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3 <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4 Is totally dependent in toileting.

ADL/IADLs, continued

(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 <input type="checkbox"/>	<table><tr><td>0</td><td>Able to independently transfer.</td></tr><tr><td>1</td><td>Able to transfer with minimal human assistance or with use of an assistive device.</td></tr><tr><td>2</td><td>Able to bear weight and pivot during the transfer process but unable to transfer self.</td></tr><tr><td>3</td><td>Unable to transfer self and is unable to bear weight or pivot when transferred by another person.</td></tr><tr><td>4</td><td>Bedfast, unable to transfer but is able to turn and position self in bed.</td></tr><tr><td>5</td><td>Bedfast, unable to transfer and is unable to turn and position self.</td></tr></table>	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.	4	Bedfast, unable to transfer but is able to turn and position self in bed.	5	Bedfast, unable to transfer and is unable to turn and position self.		
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.														
4	Bedfast, unable to transfer but is able to turn and position self in bed.														
5	Bedfast, unable to transfer and is unable to turn and position self.														
(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 <input type="checkbox"/>	<table><tr><td>0</td><td>Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).</td></tr><tr><td>1</td><td>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.</td></tr><tr><td>2</td><td>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.</td></tr><tr><td>3</td><td>Able to walk only with the supervision or assistance of another person at all times.</td></tr><tr><td>4</td><td>Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.</td></tr><tr><td>5</td><td>Chairfast, unable to ambulate and is <u>unable</u> to wheel self.</td></tr><tr><td>6</td><td>Bedfast, unable to ambulate or be up in a chair.</td></tr></table>	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.
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.														

MEDICATIONS

(M2030)	Management of Injectable Medications: Patient's <u>current ability</u> to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <u>Excludes IV medications.</u>										
Enter Code <input type="checkbox"/>	<table><tr><td>0</td><td>Able to independently take the correct medication(s) and proper dosage(s) at the correct times.</td></tr><tr><td>1</td><td>Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; <u>OR</u> (b) another person develops a drug diary or chart.</td></tr><tr><td>2</td><td>Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection</td></tr><tr><td>3</td><td><u>Unable</u> to take injectable medication unless administered by another person.</td></tr><tr><td>NA</td><td>No injectable medications prescribed.</td></tr></table>	0	Able to independently take the correct medication(s) and proper dosage(s) at the correct times.	1	Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; <u>OR</u> (b) another person develops a drug diary or chart.	2	Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection	3	<u>Unable</u> to take injectable medication unless administered by another person.	NA	No injectable medications prescribed.
0	Able to independently take the correct medication(s) and proper dosage(s) at the correct times.										
1	Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; <u>OR</u> (b) another person develops a drug diary or chart.										
2	Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection										
3	<u>Unable</u> to take injectable medication unless administered by another person.										
NA	No injectable medications prescribed.										

THERAPY NEED AND PLAN OF CARE

(M2200) Therapy Need: In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? **(Enter zero ["000"] if no therapy visits indicated.)**

(☐☐☐) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

☐ NA - Not Applicable: No case mix group defined by this assessment.

Section GG	Functional Abilities and Goals
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Section GG: Self-Care

GG0130. Self-Care	
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.	
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	
4. Follow-Up Performance	
↓ Enter Codes in Boxes	
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	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.
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	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.
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	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.

Section GG: Mobility

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.	
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	
4. Follow-Up Performance	
Enter Codes in Boxes	
<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"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<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"/>	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"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<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 Follow-Up performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).</i>
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
<input type="text"/>	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"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. <i>If Follow-up performance is coded 07, 09, 10 or 88, skip to GG0170Q, Does patient use wheelchair and/or scooter?</i>
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail.
<input type="text"/>	Q. Does patient use wheelchair and/or scooter? 0. No → Skip GG0170R 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
<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.