

Inpatient Rehabilitation Facility Quality Reporting Program

PRACTICE CODING SCENARIOS DAY 2



May 9 and 10, 2019
Sheraton Kansas City Hotel
at Crown Center
Kansas City, MO 64108

Section GG: Functional Abilities and Goals

GG0110 Practice Coding Scenario 1

Prior Device Use Video Summary:

- A clinician interviews Mr. Smith and his wife. Mr. Smith indicates that he didn't use any assistive devices to walk prior to hospital admission. Using observations of the environment to ask probing questions, the clinician helps Mr. Smith recall that he had previously used a cane.
- The clinician also refers to Mr. Smith's acute care medical record, which indicates that Mr. Smith used a walker prior to his hospital admission. The clinician confirms this information with Mr. Smith, and his wife clarifies that the wheelchair present in the room was not used by Mr. Smith.

GG0130A Practice Coding Scenario 2

Eating:

- For the past 2 years, Ms. T has been unable to eat or drink by mouth due to a swallowing disorder and a history of aspiration pneumonia. She uses a gastrostomy tube (G-Tube) to obtain nutrition.
- Ms. T had a stroke 8 days ago, and her IRF admission orders include nothing by mouth (NPO) and G-Tube feedings.

GG0130B Practice Coding Scenario 3

Oral Hygiene Video Summary 1:

- The helper provides steadying assistance to Mr. Smith as he walks to the bathroom using his walker.
- Once in front of the bathroom sink, the helper applies toothpaste to Mr. Smith's toothbrush and leaves the room. Mr. Smith then brushes his teeth without supervision.
- Once Mr. Smith is done brushing his teeth, the helper re-engages by cleaning and putting away the oral hygiene items. The helper then provides steadying assistance to Mr. Smith as he walks back to bed.

Section GG: Functional Abilities and Goals continued

GG0130B Practice Coding Scenario 3 continued

Oral Hygiene Video Summary 2:

- The helper provides assistance to Mr. Smith as he walks to the bathroom.
- Once in front of the bathroom sink, the helper retrieves and puts toothpaste on Mr. Smith's toothbrush and hands it to him. The helper then steadies Mr. Smith's arm as he brushes his teeth.
- Once Mr. Smith is finished brushing his teeth, the helper rinses his toothbrush and puts it away. The helper provides steadying assistance as Mr. Smith walks back to bed.

GG0130C Practice Coding Scenario 4

Toileting Hygiene:

- Mr. W uses a urinal when voiding, and completes toileting hygiene tasks without assistance while sitting on the side of the bed.
- He uses a toilet with a raised toilet seat when moving his bowels and requires contact guard assistance from the helper as he holds onto a grab bar with one hand, lowers his underwear and pants, performs perianal hygiene, and then pulls up his underwear and pants.

GG0130E Practice Coding Scenario 5

Shower/Bathe Self:

- Ms. N declines to shower herself when the occupational therapist attempts to complete the assessment.
- The therapist asks Ms. N's CNA detailed questions about Ms. N's ability to shower/bathe herself and considers this input when coding the activity.
- The therapist learns that Ms. N takes a shower and initiates washing her face, arms, chest, part of her legs, and perineal area. She requires assistance to wash, rinse, and dry her lower extremities below the knees. Ms. N rinses and dries most of her body.

GG0130F Practice Coding Scenario 6

Upper Body Dressing:

- Mr. T has reduced strength and range of motion in both upper extremities following spinal surgery, and he wears a cervical collar.
- The nurse puts on the cervical collar. Once Mr. T is sitting at the side of the bed, he threads his hand into the sleeve of his shirt, and due to his no-twisting precautions, the nurse pulls the shirt across his back and threads his other hand into the shirt sleeve.
- The nurse also pulls up the shirt over both shoulders; Mr. T buttons two of his shirt buttons and the nurse buttons the last three.

Section GG: Functional Abilities and Goals continued

GG0130G Practice Coding Scenario 7

Lower Body Dressing:

- Mrs. R has peripheral neuropathy in her upper and lower extremities.
- Mrs. R needs assistance from a helper to place her lower limb into, and take it out of, her lower limb prosthesis. She needs no assistance to put on and remove her underwear or slacks.

GG0130H Practice Coding Scenario 8

Putting On/Taking Off Footwear:

- Mr. Q underwent bilateral below-the-knee amputations 3 years ago; he uses bilateral limb prostheses with attached shoes and socks that he never changes.
- Prior to the current episode of care, at the acute care hospital and during his IRF stay, he does not perform the activity of putting on/taking off footwear.

GG0170A Practice Coding Scenario 9

Roll Left and Right:

- Ms. W's head of the bed must remain slightly elevated at all times due to aspiration precautions.
- Although the head of the bed is slightly elevated, the therapist determines that she can assess Ms. W's ability to roll left and right; the therapist provides verbal instructions as Ms. W completes the activity.

GG0170B Practice Coding Scenario 10

Sit to Lying:

- Mr. P has peripheral vascular disease and recently had a right above the knee amputation.
- Mr. P requires the physical therapist to provide steadying assistance as he moves from a sitting position to lying down.

Section GG: Functional Abilities and Goals continued

GG0170C Practice Coding Scenario 11

Lying to Sitting on Side of Bed Video Summary 1:

- The clinician asks the patient, Mrs. Brown, to try to move from lying to sitting on the side of the bed. As Mrs. Brown moves to a seated position, she asks the clinician to assist with her legs. The clinician assists with pivoting Mrs. Brown's legs to the side of the bed, providing less than half the effort to complete the activity.

Lying to Sitting on Side of Bed Video Summary 2:

- The clinician asks the patient, Mrs. Brown, to try to move from lying to sitting on the side of the bed. As Mrs. Brown struggles to sit up, the clinician gets closer and provides instruction to lie on her side and put her hand on the bed.
- The patient struggles as she attempts to push herself up. The clinician then assists by supporting Mrs. Brown's back and lifting her legs, guiding her to a sitting position and lowering her feet to the floor. The clinician provides more than half the effort to complete the activity.

GG0170D Practice Coding Scenario 12

Sit to Stand:

- Mrs. P is morbidly obese and has severe arthritis in both knees.
- She is unable to transition from sit to stand without the use of a mechanical lift.
- Mrs. P lifts and places her feet on the standing lift device to initiate the activity; assistance from two helpers is required as Mrs. P is helped to transition from a sitting to standing position.

GG0170E Practice Coding Scenario 13

Chair/Bed-to-Chair Transfer:

- Mr. L has spinal stenosis and, due to back pain, does not fully stand up; he uses a stand pivot style of transferring from chair-to-bed and bed-to-chair during the 3-day assessment period.
- The occupational therapist uses a gait belt around Mr. L's waist, providing initial lifting assistance from the chair/bed as he raises himself to a stooped over position; the therapist continues to steady him as he completes a pivot, turns, and then lowers himself into the chair.
- Mr. L contributes more than half of the effort.

Section GG: Functional Abilities and Goals continued

GG0170F Practice Coding Scenario 14

Toilet Transfer:

- Mrs. M had a total hip replacement following a hip fracture and was in an acute care hospital prior to being transferred to an inpatient rehabilitation hospital.
- While in the acute care hospital, she used a raised toilet seat.
- When Mrs. M needs to void, the certified nursing assistant provides steadying assistance as Mrs. M transfers safely from the wheelchair onto the raised toilet seat.

GG0170G Practice Coding Scenario 15

Car Transfer:

- When performing car transfers, Mr. T, who recently had hip surgery, requires significant support from the physical therapist as he transitions into the passenger seat of the car to maintain his hip precautions.
- Once seated, Mr. T places his left leg into the car and requires assistance to lift his right leg into the car.
- When transferring out of the car, Mr. T requires significant physical lifting assistance from the therapist, and the therapist lifts his right leg out of the car; Mr. T lifts his left leg out of the car.

GG0170I Practice Coding Scenario 16

Walk 10 Feet:

- Mr. S had an open reduction internal fixation on his left leg after a fall and is non-weight-bearing on his left lower extremity.
- Mr. S walks 10 feet in the parallel bars with the physical therapist providing more than half of the effort to support his trunk.

GG0170J Practice Coding Scenario 17

Walk 50 Feet With Two Turns:

- Mr. R has a chronic neurological condition, resulting in poor balance.
- He has used a walker for many years.
- Mr. R ambulates 50 feet with two 90 degree turns, requiring contact guard when he makes turns.

GG0170K Practice Coding Scenario 18

Walk 150 Feet:

- Mrs. T walks with her walker 150 feet independently as long as she takes a very brief standing rest break halfway through the walk.

Section GG: Functional Abilities and Goals continued

GG0170L Practice Coding Scenario 19

Walking 10 Feet on Uneven Surfaces:

- Mr. B sustained an incomplete spinal cord injury after a car accident.
- He ambulates outside on grass and negotiates the turf, with the therapist providing more than half of the effort to support his trunk.

GG0170M Practice Coding Scenario 20

1 Step (Curb):

- Mrs. A has ataxia due to a neurological condition; she uses a quad cane while walking.
- When stepping down an outdoor curb, Mrs. A steps down as the physical therapist provides significant trunk support to help Mrs. A maintain her balance.
- When stepping up the curb, Mrs. A requires a significant amount of trunk support from the therapist. Mrs. A contributes effort; the helper provides more than half of the effort.

GG0170N Practice Coding Scenario 21

4 Steps:

- Mr. F is recovering from a multiple lower extremity fractures and wears a walking boot and uses a quad cane.
- Mr. F slowly ascends the stairs, grasping the stair railing with one hand and the quad cane in his other hand.
- The therapist provides intermittent steadying assistance as he climbs up the 4 steps; he then turns around and requires steadying assistance throughout the activity as he goes down 4 steps.

GG0170O Practice Coding Scenario 22

12 Steps:

- Ms. B is receiving rehabilitation following a hip fracture; her home has 12 stairs from the entry level to the second floor.
- During the discharge assessment, Mrs. B uses a cane and the stair railing to ascend 12 stairs, 1 at a time; the physical therapist provides contact guard assistance following behind Mrs. B.
- When Mrs. B descends the stairs, the therapist provides contact guard assistance and holds Mrs. B's gait belt to steady her.

Section GG: Functional Abilities and Goals continued

GG0170P Practice Coding Scenario 23

Picking Up Object:

- Mr. M has Parkinson's disease and is deconditioned following a recent acute illness and acute care stay; Mr. M's tremors cause him to drop objects onto the floor frequently.
- He is highly motivated to perform the activity of picking up a spoon from the floor safely. The spoon is on the floor next to a chair. Mr. M bends to pick up the spoon from the floor, and the therapist provides steady support to prevent him from falling as he completes the activity.

GG0170R Practice Coding Scenario 24

Wheel 50 Feet With Two Turns:

- Ms. T uses an electric scooter to self-mobilize; in Ms. T's medical record, multiple clinicians note her need for supervision and verbal instructions for redirection when using her scooter.
- The physical therapist observes that Ms. T's scooter becomes wedged in a corner as she self-mobilizes approximately 60 feet with two turns (the distance from her room to the dining room) and requires instructions.

GG0170S Practice Coding Scenario 25

Wheel 150 Feet:

- Mr. W is recovering from a stroke and has right-sided weakness that affects his balance and a chronic respiratory condition that affects his walking endurance.
- By discharge, Mr. W slowly wheels a manual wheelchair 160 feet down the hall without any assistance from a helper.