Inpatient Rehabilitation Facility Quality Reporting Program
CASE STUDY CODING SHEET

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Admission Assessment

GG0100. Prior Functioning: Everyday Activities

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**

☐	**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.
☐	**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.
☐	**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.
☐	**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

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

↓ **Check all that apply**

☐	**A. Manual wheelchair**
☐	**B. Motorized wheelchair and/or scooter**
☐	**C. Mechanical lift**
☐	**D. Walker**
☐	**E. Orthotics/Prosthetics**
☐	**Z. None of the above**

Admission Assessment (continued)

Subset of "GG0130. Self-Care" Items

GG0130. Self-Care (3-day assessment period)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
[ ][ ]	[ ][ ]	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
[ ][ ]	[ ][ ]	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
[ ][ ]	[ ][ ]	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Subset of "GG0170. Mobility" Items

GG0170. Mobility (3-day assessment period)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
[ ][ ]	[ ][ ]	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
[ ][ ]	[ ][ ]	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If admission performance is coded 07, 09, 10, or 88* → *Skip to GG0170M, 1 step (curb)*
[ ][ ]	[ ][ ]	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
[ ][ ]	[ ][ ]	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Admission Assessment (continued)

Subset of "GG0170. Mobility" Items (continued)

GG0170. Mobility (3-day assessment period) - Continued

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
	☐	**Q1. Does the patient use a wheelchair and/or scooter?** 0. **No** ➝ *Skip to H0350, Bladder Continence* 1. **Yes** ➝ *Continue to GG0170R, Wheel 50 feet with two turns*
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐	**RR1. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**
☐☐	☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐	**SS1. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**

Admission Assessment (continued)

M0210. Unhealed Pressure Ulcers/Injuries
M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Section M	Skin Conditions

Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage

M0210. Unhealed Pressure Ulcers/Injuries

Enter Code ☐ **Does this patient have one or more unhealed pressure ulcers/injuries?**
- 0. **No** → *Skip to N2001, Drug Regimen Review*
- 1. **Yes** → *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage*

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Enter Number ☐
A. Stage 1: 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.
   1. Number of Stage 1 pressure injuries

Enter Number ☐
B. 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.
   1. Number of Stage 2 pressure ulcers

Enter Number ☐
C. 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.
   1. Number of Stage 3 pressure ulcers

Enter Number ☐
D. 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.
   1. Number of Stage 4 pressure ulcers

Enter Number ☐
E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device
   1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device

Enter Number ☐
F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
   1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar

Enter Number ☐
G. Unstageable - Deep tissue injury
   1. Number of unstageable pressure injuries presenting as deep tissue injury

Admission Assessment (continued)

Section N	Medications

N2001. Drug Regimen Review

Enter Code	**Did a complete drug regimen review identify potential clinically significant medication issues?**
☐	0. **No - No issues found during review** → *Skip to O0100, Special Treatments, Procedures, and Programs* 1. **Yes - Issues found during review** → *Continue to N2003, Medication Follow-up* 9. **NA - Patient is not taking any medications** → *Skip to O0100, Special Treatments, Procedures, and Programs*

N2003. Medication Follow-up

Enter Code	**Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?**
☐	0. **No** 1. **Yes**

Discharge Assessment

Subset of "GG0130. Self-Care" Items

GG0130. Self-Care (3-day assessment period)

3. Discharge Performance	
Enter Codes in Boxes ↓	
[ ][ ]	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
[ ][ ]	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
[ ][ ]	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Subset of "GG0170. Mobility" Items

GG0170. Mobility (3-day assessment period)

3. Discharge Performance	
Enter Codes in Boxes ↓	
[ ][ ]	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
[ ][ ]	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)*
[ ][ ]	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
[ ][ ]	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Subset of "GG0170. Mobility" Items (continued)

GG0170. **Mobility** (3-day assessment period) - Continued		
3. **Discharge** **Performance** Enter Codes in Boxes ↓		
	☐	**Q3. Does the patient use a wheelchair and/or scooter?** 0. **No** → *Skip to J1800, Any Falls Since Admission* 1. **Yes** → *Continue to GG0170R, Wheel 50 feet with two turns*
☐☐		**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐	**RR3. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**
☐☐		**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐	**SS3. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**

M0210. Unhealed Pressure Ulcers/Injuries
M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Section M	Skin Conditions

Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage

M0210. Unhealed Pressure Ulcers/Injuries

Enter Code
☐

Does this patient have one or more unhealed pressure ulcers/injuries?
0.   **No** → *Skip to N2005, Medication Intervention*
1.   **Yes** → *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage*

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Enter Number
☐

A.   Stage 1: 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.

1. **Number of Stage 1 pressure injuries**

Enter Number
☐

Enter Number
☐

B.   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.

1. **Number of Stage 2 pressure ulcers**
   If 0 → Skip to M0300C, Stage 3

2. **Number of these Stage 2 pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

Enter Number
☐

Enter Number
☐

C.   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.

1. **Number of Stage 3 pressure ulcers**
   If 0 → Skip to M0300D, Stage 4

2. **Number of these Stage 3 pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

Enter Number
☐

Enter Number
☐

D.   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.

1. **Number of Stage 4 pressure ulcers**
   If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device

2. **Number of these Stage 4 pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

Enter Number
☐

Enter Number
☐

E.   Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device

1. **Number of unstageable pressure ulcers/injuries due to non-removable dressing/device**
   If 0 → Skip to M0300F, Unstageable - Slough and/or eschar

2. **Number of these unstageable pressure ulcers/injuries that were present upon admission** - enter how many were noted at the time of admission

Enter Number
☐

Enter Number
☐

F.   Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar

1. **Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar**
   If 0 → Skip to M0300G, Unstageable - Deep tissue injury

2. **Number of these unstageable pressure ulcers that were present upon admission** - enter how many were noted at the time of admission

Enter Number
☐

Enter Number
☐

G.   Unstageable - Deep tissue injury

1. **Number of unstageable pressure injuries presenting as deep tissue injury**
   If 0 → Skip to N2005, Medication Intervention

2. **Number of these unstageable pressure injuries that were present upon admission** - enter how many were noted at the time of admission

N2005. Medication Intervention

Section N	Medications

N2005. Medication Intervention

Enter Code

☐

Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

   0. **No**
   1. **Yes**
   9. **NA - There were no potential clinically significant medication issues identified since admission or patient is not taking any medications.**