

Swing Bed PI/QI Pilot Project Coding Function and Mobility

Information is based on the CMS MDS/RAI manual effective October 1, 2017 and the CMS 2017 RAI Manual User's Manual Provider Update training as well as developed by consultant.

Examples to Code 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

Example #1: Mr. F is fed all meals by a staff member because Mr. F has severe arm weakness and he is unable to assist.

- **Coding:** Eating would be coded 01 - Dependent
- **Rationale:** The helper does all of the effort for each meal. The patient does not contribute any effort to complete the eating activity

Example #2: Mr. J had a stroke that affects his left side. He is left-handed and feeds himself more than half of his meals, but tires easily. Mr. J requests assistance from the staff with the remainder of his meals.

- **Coding:** Eating would be coded 03 - Partial/moderate assistance
- **Rationale:** The staff provides less than half the effort for the patient to complete the activity of eating

Example #3: Mrs. M has osteoporosis, which contributed to the fracture of her right wrist and hip during a recent fall. She is right-handed. Mrs. M starts eating on her own, but she does not have the coordination in her left hand to manage the eating utensils to feed herself without great effort. Mrs. M tires easily and cannot complete eating the meal. The staff feeds her more than half of the meal.

- **Coding:** Eating would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provides more than half the effort for the patient to complete the activity of eating.

Example #4: Mr. A eats all meals without any physical assistance or supervision from a helper. He has a gastrostomy tube (G-tube), but it is no longer used, and it will be removed later today a few days before discharge

- **Coding:** Eating would be coded 06 - Independent
- **Rationale:** The patient can independently complete the activity without any assistance from a helper for this activity. In this scenario, the presence of a G-tube does not affect the eating score.

Example #5: 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:** Eating would be coded 88 - Not attempted due to medical condition or safety concerns
- **Rationale:** The patient 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.

Example #6: 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 staff to feed her the remainder of the meal.

- **Coding:** Eating would be coded 03 - Partial/moderate assistance
- **Rationale:** The staff member provides less than half the effort for the patient to complete the activity of eating for all meals.

Example # 7: The staff 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:** Eating would be coded 05 - Setup or clean-up assistance
- **Rationale:** The helper provided setup assistance prior to the eating activity.

Example #8: Mrs. H does not have any food consistency restrictions, but often needs to swallow 2 or 3 times so that the food clears her throat due to difficulty with pharyngeal peristalsis. She requires verbal cues from the staff to use the compensatory strategy of extra swallows to clear the food.

- **Coding:** Eating would be coded 04, Supervision or touching assistance
- **Rationale:** Mrs. H swallows all types of food consistencies and requires verbal cueing (supervision) from the helper.

Example #9: Mrs. V has had difficulty seeing on her left side since her stroke. During meals, the certified nursing assistant has to remind her to scan her entire meal tray to ensure she has seen all the food.

- **Coding:** Eating would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides verbal cueing assistance during meals as Mrs. V completes the activity of eating. Supervision, such as reminders, may be provided throughout the activity or intermittently.

Example #10: 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:** Eating would be coded 04 - Supervision or touching assistance.
- **Rationale:** The patient requires supervision and touching assistance in order to eat safely.

Example #11: Mr. F is fed all meals by the staff because Mr. F has severe arm weakness and he is unable to assist.

- **Coding:** Eating would be coded 01 - Dependent
- **Rationale:** The helper does all of the effort for each meal. The patient does not contribute any effort to complete the eating activity.

Example #12: Mr. J had a stroke that affects his left side. He is left-handed and feeds himself more than half of his meals, but tires easily. Mr. J requests assistance from the staff with the remainder of his meals.

- **Coding:** Eating would be coded 03 - Partial/moderate assistance
- **Rationale:** The staff provides less than half the effort for the patient to complete the activity of eating.

Example #13: Mrs. M has osteoporosis, which contributed to the fracture of her right wrist and hip during a recent fall. She is right-handed. Mrs. M starts eating on her own, but she does not have the coordination in her left hand to manage the eating utensils to feed herself without great effort. Mrs. M tires easily and cannot complete eating the meal. The staff feeds her more than half of the meal.

- **Coding:** Eating would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provides more than half the effort for the patient to complete the activity of eating.

Examples to Code 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

Example #1: In the morning and at night, Mrs. F brushes her teeth while sitting on the side of the bed. Each time, the staff member gathers her toothbrush, toothpaste, water, and an empty cup and puts them on the bedside table for her before leaving the room. Once Mrs. F is finished brushing her teeth, which she does without any help, the helper returns to gather her items and dispose of the waste.

- **Coding:** Oral hygiene would be coded 05 - Setup or clean-up assistance
- **Rationale:** The helper provides setup and clean-up assistance. The patient brushes her teeth without any help.

Example #2: Before bedtime, the nurse provides steadying assistance to Mr. S as he walks to the bathroom. The nurse 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 nurse returns and provides steadying assistance as the patient walks back to his bed.

- **Coding:** Oral hygiene would be coded 05 - Setup or clean-up assistance
- **Rationale:** The helper provides setup assistance (putting toothpaste on the toothbrush) every evening before Mr. S brushes his teeth. Do not consider assistance provided to get to or from the bathroom to score Oral hygiene.

Example #3: At night, the helper 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:** Oral hygiene would be coded 03, Partial/moderate assistance
- **Rationale:** The helper provided less than half the effort to complete oral hygiene.

Example #4: 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 helper completes the activity of oral hygiene by brushing his back upper gums and his lower gums.

- **Coding:** Oral hygiene would be coded 02 - Substantial/maximal assistance
- **Rationale:** The patient begins the activity. The helper completes the activity by performing more than half the effort.

Example #5: Mr. G has Parkinson's disease, resulting in tremors and incoordination. The CNA 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 tooth brushing and the CNA usually completes the activity by performing more than half of this activity.

- **Coding:** Oral hygiene would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provided more than half the effort for the patient to complete the activity of oral hygiene.

Example #6: Ms. T has Lewy body dementia and multiple bone fractures. She does not understand how to use oral hygiene items nor does she understand the process of completing oral hygiene. The nursing assistant brushes her teeth and explains each step of the activity to engage cooperation from Ms. T; however, she requires full assistance for the activity of oral hygiene.

- **Coding:** Oral hygiene would be coded 01 - Dependent
- **Rationale:** The helper provides all the effort for the activity to be completed.

Example #7: Mr. D has experienced a stroke. He can brush his teeth while sitting on the side of the bed, but when the CNA hands him the toothbrush and toothpaste, he looks up at her puzzled what to do next. The CNA 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:** Oral hygiene would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides verbal cues to assist the patient in completing the activity of brushing his teeth.

Example #8: 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 OT 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:** Oral hygiene would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides verbal cues to assist the patient in completing the activity of brushing her teeth.

Example #9: 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 CNA to help her finish the rest of the brushing.

- **Coding:** Oral hygiene would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provided less than half the effort to complete oral hygiene.

Examples to Code 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 the equipment

Example #1: Mrs. J uses a bedside commode. The CNA provides steadying (touching) assistance as Mrs. J pulls down her pants and underwear before sitting down on the toilet. When Mrs. J is finished voiding or having a bowel movement, the CNA provides steadying assistance as Mrs. J wipes her perineal area and pulls up her pants and underwear without assistance.

- **Coding:** Toileting hygiene would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides steadying (touching) assistance to the patient to complete toileting hygiene.

Example #2: Mrs. L uses the toilet to void and have bowel movements. Mrs. L is unsteady, so the helper 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:** Toileting hygiene would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides supervision as the patient performs the toilet hygiene activity. The patient is unsteady and the staff provides supervision for safety reasons.

Example #3: Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the PCA to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself and pulls her underwear back up.

- **Coding:** Toileting hygiene would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provides more than touching assistance. The patient performs more than half the effort; the helper does less than half the effort. The patient completes two of the three toileting hygiene tasks.

Example #4: Mr. J is morbidly obese and has a diagnosis of debility. He requests the use of a bedpan when voiding or having bowel movements and requires two staff members to pull down his pants and underwear and mobilize him onto and off the bedpan. Mr. J is unable to complete any of his perineal/perianal hygiene. Both staff members help Mr. J pull up his underwear and pants.

- **Coding:** Toileting hygiene would be coded 01 - Dependent
- **Rationale:** The assistance of two helpers was needed to complete the activity of toileting hygiene.

Example #5: 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 PCA to help him with perineal hygiene after moving his bowels. He then pulls up his pants without assistance.

- **Coding:** Toileting hygiene would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provides less than half the effort. The patient performs two of the three toileting hygiene tasks by himself. Walking to the bathroom is not considered when scoring toileting hygiene.

Examples to Code Shower/Bath 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

Example #1: Mrs. D is sat in a chair by the sink where all items to bathe are put in range for her use. She tend bathes herself except she needs assistance to wash and dry her back.

- **Coding:** Shower/bath self would be coded 05 – Set up or clean up assistance
- **Rationale:** The CNA sets up the patient by the sink but patient gave her own bath. Washing of back is excluded from this assessment

Example #2: Mr. B requires assistance of the OT to get into the shower and sit on tub bench where he is given a soap bar, a wash cloth and drying towel for when he comes out of the shower. He then showers independently while the OT remains in the room to ensure his safety. The patient needs assistance to transfer out of the tub at which point he dries himself.

- **Coding:** Shower/bath self would be coded 04 – Set up or clean up assistance
- **Rationale:** The OT sets up the patient once in the tub but patient took his own shower while requiring supervision. Shower/Bath self does not measure the tub transfer. Supervision is a lower code than setting up hence coded 04 though he needed set-up also.

Examples to Code *Upper body dressing*

The ability to dress and undress above the waist, including fasteners, if applicable

Example #1: Ms. E can put her shirt on but cannot button it up. The OT does less than half of the efforts by buttoning her shirt. He plans to teach her how to do so or give her a tool before she leaves the SB program.

- **Coding:** Upper body dressing would be coded 03 – Partial/moderate assistance
- **Rationale:** The OT did less than ½ of the activity.

Example #2: Mr. F has had a mild stroke and has difficulty donning his shirt. He requires the CNA to touch his arm and cue him to put his arm in the sleeve which works to get him started and then he is able to button the few large buttons the shirt has.

- **Coding:** Upper body dressing would be coded 04 – Supervision or touching assistance
- **Rationale:** The CNA touch the patient and cued him

Examples to Code Lower body dressing

The ability to dress and undress below the waist, including fasteners; does not include footwear

Example # 1: Mr. G needs assistance to wash his feet since he cannot reach them but he can don his pants after the CNA pulls his pants over the patient feet requiring less than ½ of the effort. The patient pulls them up and zips them.

- **Coding:** Lower body dressing would be coded 03 – Partial/moderate assistance
- **Rationale:** The CNA gives less than ½ of the effort to put the pants up. Feet washing is not assessed as part of this item

Example # 2: Mr. H is debilitated from a week of being sick at home with CHF before seeing his doctor and 4 days in acute care with limited activity. He is too weak to dress himself and requires most of the efforts to be done by two nursing staff before he is transferred to his wheelchair.

- **Coding:** Lower body dressing would be coded 01 – Dependent
- **Rationale:** Patient requires the assistance of 2 staff member to get dressed

Examples to Code 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

Example #1: Mrs. I is morbidly obese and cannot reach her feet to wash them nor can she put her shoes on before attempting to ambulate. She is able to slightly lift her feet with some assistance from the staff who then dons the shoes

- **Coding:** Putting on/Taking off Footwear would be coded 02 – Substantial/maximal assistance
- **Rationale:** Patient requires the staff to do more than ½ of the effort to put the shoes on.

Example # 2: Mr. J can don his sneakers but the staff has to pull the tongue for better fit and then the patient is able to Velcro his shoes.

- **Coding:** Putting on/Taking off Footwear would be coded 03 – Partial/moderate assistance
- **Rationale:** Patient requires the staff to do less than ½ of the effort to put his shoes on.

Examples to Code *Roll Left and Right in bed*

The ability to roll from lying on back to left and right side, and return to lying on back on the bed

Example #1: Mrs. K is emaciated and requires frequent change of position when in bed. She verbalizes understanding of why she needs to change position but never remembers to do so unless the staff reminds her at which point she holds on to the bedrail and turns from back to side or vice versa.

- **Coding:** Roll Left & Right would be coded 04 – Supervision or touching assistance
- **Rationale:** Patient requires the staff remind her to change position. Without supervision and reminder, she would most likely not change her position.

Example #2: Mr. L has decubitus ulcers and requires frequent change of position. He verbalizes the need to turn from side to side but requires the assistance of 2 staff members to do so.

- **Coding:** Roll Left & Right would be coded 01 – Dependent
- **Rationale:** Patient requires the assistance of 2 staff members to change position.

Examples to Code Sit to Lying

The ability to move from sitting on side of bed to lying flat on the bed

Example #1: Mrs. H requires assistance from a nurse to transfer from sitting at the edge of the bed to lying flat on the bed because of paralysis on her right side. The helper lifts and positions Mrs. H's right leg. Mrs. H uses her arms to position her upper body. Overall, Mrs. H performs more than half of the effort.

- **Coding:** Sit to lying would be coded 03 - Partial/moderate assistance
- **Rationale:** A helper lifts Mrs. H's right leg and helps her position it as she moves from a seated to a lying position; the helper performs less than half of the effort.

Example #2: Mrs. F requires assistance from a CNA 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 CNA 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:** Sit to lying would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provided more than half the effort for the patient to complete the activity of sit to lying.

Example #3: Mrs. H requires assistance from two nursing staff 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 staff members 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:** Sit to lying would be coded 01 - Dependent
- **Rationale:** The assistance of two staff was needed to complete the activity of sit to lying. If two or more helpers are required to assist the patient to complete an activity, code as 01 – Dependent

Example #4: 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 CNA provides verbal instructions as to the steps needed to complete this task.

- **Coding:** Sit to lying would be coded 04 - Supervision or touching assistance
- **Rationale:** A helper provides verbal cues in order for the patient to complete the activity of sit to lying flat on the bed.

Example #5: Sit to lying: Mrs. G suffered a traumatic brain injury three months prior to admission. She requires the staff to steady her movements from sitting on the side of the bed to lying flat on the bed. Mrs. G requires steadying (touching) assistance throughout the completion of this activity.

- **Coding:** Sit to lying would be coded 04 - Supervision or touching assistance
- **Rationale:** A helper provides steadying assistance in order for the patient to complete the activity of sit to lying flat on her bed.

Example #6: Mrs. E suffered a pelvic fracture during a motor vehicle accident. Mrs. E requires the staff to lift and position her left leg when she transfers from sitting at the edge of the bed to lying flat on the bed due to severe pain in her left pelvic area. Mrs. E uses her arms to position and lower her upper body to lying flat on the bed. Overall, Mrs. E performs more than half of the effort.

- **Coding:** Sit to lying would be coded 03 - Partial/moderate assistance
- **Rationale:** A helper lifts Mrs. E's left leg and helps her position it as Mrs. E transitions from a seated to a lying position; the helper does less than half of the effort.

Example #7: Sit to lying: Mr. A suffered multiple vertebral fractures due to a fall off a ladder. He requires assistance from a therapist to get from a sitting position to lying flat on the bed because of significant pain in his lower back. The therapist supports his trunk and lifts both legs to assist Mr. A from sitting at the side of the bed to lying flat on the bed. Mr. A assists himself a small amount by raising one leg onto the bed and then bending both knees while transitioning into a lying position.

- **Coding:** Sit to lying would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provided more than half the effort for the patient to complete the activity of sit to lying.

Examples to Code Lying to Sitting on Side of the 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

Example #1: Mr. B pushes up from the bed to get himself from a lying to a seated position. The CNA provides steadying (touching) assistance as Mr. B scoots himself to the edge of the bed and lowers his feet onto the floor.

- **Coding:** Lying to sitting on side of bed would be coded 04 - Supervision or touching assistance.
- **Rationale:** The helper provides touching assistance as the patient moves from a lying to sitting position.

Example #2: Mr. B pushes up on the bed to attempt to get himself from a lying to a seated position as the OT provides much of the lifting assistance necessary for him to sit upright. The OT provides assistance as Mr. B scoots himself to the edge of the bed and lowers his feet to the floor. Overall, the OT performs more than half of the effort.

- **Coding:** Lying to sitting on side of bed would be coded 02 - Substantial/ maximal assistance.
- **Rationale:** The helper provides lifting assistance (more than half the effort) as the patient moves from a lying to sitting position.

Example #3: 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 CNA 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:** Lying to sitting on side of bed would be coded 01 - Dependent
- **Rationale:** The helper fully completed the activity of lying to sitting on the side of bed for the patient.

Example #4: Lying to sitting on side of bed: Ms. H is recovering from a spinal fusion. She rolls to her right side and pushes herself up from the bed to get from a lying to a seated position. The therapist provides verbal cues as Ms. H safely uses her hands and arms to support her trunk and avoid twisting as she raises herself from the bed. Ms. H then maneuvers to the edge of the bed, finally lowering her feet to the floor to complete the activity.

- **Coding:** Lying to sitting on side of bed would be coded 04 - Supervision or touching assistance.

- **Rationale:** The helper provides verbal cues as the patient moves from a lying to sitting position and does not lift the patient during the activity.

Example #5: Lying to sitting on side of bed: Mrs. P is recovering from Guillain-Barre Syndrome with residual lower body weakness. The PCA steadies Mrs. P's trunk as she gets to a fully upright sitting position on the bed and lifts each leg toward the edge of the bed. Mrs. P then scoots toward the edge of the bed and places both feet flat on the floor. Mrs. P completes most of the effort to get from lying to sitting on the side of the bed.

- **Coding:** Lying to sitting on side of bed would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provided lifting assistance and less than half the effort for the patient to complete the activity of lying to sitting on side of bed.



Examples to Code Sit to Stand

The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed

Example #1: 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:** Sit to stand would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides touching assistance only

Example #2: Mrs. L has multiple healing fractures and multiple sclerosis, requiring two staff members to assist her to stand up from sitting in a chair.

- **Coding:** Sit to stand would be coded 01 - Dependent
- **Rationale:** Mrs. L requires the assistance of two helpers to complete the activity.

Example #3: 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:** Sit to stand would be coded 88 - Not attempted due to medical condition or safety concerns
- **Rationale:** The activity is not attempted due to the patient's diagnosis of complete tetraplegia.

Example #4: Ms. Z has amyotrophic lateral sclerosis with moderate weakness in her lower and upper extremities. Ms. Z has prominent foot drop in her left foot, requiring the use of an ankle foot orthosis (AFO) for standing and walking. The CNA applies Ms. Z's AFO and places the platform walker in front of her; Ms. Z uses the walker to steady herself once standing. The CNA provides lifting assistance to get Ms. Z to a standing position and must also provide assistance to steady Ms. Z's balance to complete the activity.

- **Coding:** Sit to stand would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provided lifting assistance and more than half of the effort for the patient to complete the activity of sit to stand.

Example #5: Ms. R has severe rheumatoid arthritis and uses forearm crutches to ambulate. The PCA brings Ms. R her crutches and helps her to stand at the side of the bed. The PCA provides some lifting assistance to get Ms. R to a standing position but provides less than half the effort to complete the activity.

- **Coding:** Sit to stand would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provided lifting assistance and less than half the effort for the patient to complete the activity of sit to stand.

Example #6: Mrs. L has multiple healing fractures and multiple sclerosis, requiring two CNAs to assist her to stand up from sitting in a chair.

- **Coding:** Sit to stand would be coded 01 - Dependent
- **Rationale:** Mrs. L requires the assistance of two helpers to complete the activity.

Example #7: 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:** Sit to stand would be coded 88 - Not attempted due to medical condition or safety concerns.
- **Rationale:** The activity is not attempted due to the patient's diagnosis of complete tetraplegia.

Examples to Code Chair/Bed-to-Chair Transfer

The ability to transfer to and from a bed to a chair (or wheelchair)

Example #1: Mr. L had a stroke and currently is not able to walk. He uses a wheelchair for mobility. When Mr. L gets out of bed, the NA moves the wheelchair into the correct position and locks the brakes so that Mr. L can transfer into the wheelchair safely. Mr. L had been observed several other times to determine any safety concerns, and it was documented that he transfers safely without the need for supervision. Mr. L transfers into the wheelchair by himself (no helper) after the CNA leaves the room.

- **Coding:** Chair/bed-to-chair transfer would be coded 05 - Setup or clean-up assistance.
- **Rationale:** Mr. L is not able to walk, so he transfers from his bed to a wheelchair when getting out of bed. The helper provides setup assistance only. Mr. L transfers safely and does not need supervision or physical assistance during the transfer.

Example #2: 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:** Chair/bed-to-chair transfer would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides touching assistance during the transfers.

Example #3: 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 staff members 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:** Chair/bed-to-chair transfer 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 patient to complete an activity, code as 01, Dependent.

Example #4: 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 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. Overall, the therapist provides less than half of the effort.

- **Coding:** Chair/bed-to-chair transfer would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provided less than half of the effort for the patient to complete the activity of chair/bed-to-chair transfer.

Example #5: 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. The physical therapist assists him in side scooting by lifting his trunk in a rocking motion as Mr. U scoots across the transfer board and into the wheelchair. Overall, the therapist provides more than half of the effort.

- **Coding:** Chair/bed-to-chair transfer would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provided more than half of the effort for the patient to complete the activity of chair/bed-to-chair transfer.

Examples to Code Toilet Transfer

The ability to get on and off a toilet or commode

Example #1: The CNA moves the wheelchair footrests up so that Mrs. T can transfer from the wheelchair onto the toilet by herself safely. The CNA 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:** Toilet transfer 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.

Example #2: Mrs. Q transfers onto and off the elevated toilet seat with the CNA supervising due to her unsteadiness.

- **Coding:** Toilet transfer would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides supervision as the patient transfers onto and off the toilet. The patient may use an assistive device.

Example #3: Mrs. Y is anxious about getting up to use the bathroom. She asks the CNA 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:** Toilet transfer would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides supervision/verbal cues as Mrs. Y transfers onto and off the toilet.

Example #4: The CNA provides steadying (touching) assistance as Mrs. Z lowers her underwear and then transfers onto the toilet. After voiding, Mrs. Z cleanses herself. She then stands up as the helper steadies her and Mrs. Z pulls up her underwear as the helper steadies her to ensure Mrs. Z does not lose her balance.

- **Coding:** Toilet transfer would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides steadying assistance as the patient transfers onto and off the toilet. Assistance with managing clothing and cleansing is coded under item “Toileting hygiene” and is not considered when rating the Toilet transfer item.

Example #5: The therapist supports Mrs. M’s trunk with a gait belt as Mrs. M pivots and lowers herself onto the toilet. The therapist provides less than half the effort during the toilet transfer.

- **Coding:** Toilet transfer would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provides less than half the effort to complete the activity. The helper provided weight-bearing assistance as the patient transferred on and off the toilet.

Example #6: Ms. W has peripheral vascular disease and sepsis, resulting in lower extremity pain and severe weakness. Ms. W uses a bedside commode when having a bowel movement. The certified nursing assistant raises the bed to a height that facilitates the transfer activity. Ms. W initiates lifting her buttocks from the bed and in addition requires some of her weight to be lifted by the PCA to stand upright. Ms. W then reaches and grabs onto the armrest of the bedside commode to steady herself. The PCA slowly lowers Ms. W onto the bedside commode. Ms. W contributes less than half of the effort to transfer onto the toilet.

- **Coding:** Toilet transfer would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provided more than half of the effort for the patient to complete the activity of toilet transfer.

Example #7: 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:** Toilet transfer would be coded 01 - Dependent
- **Rationale:** The activity required the assistance of two or more helpers for the patient to complete the activity.

Example #8: Mrs. S is on bedrest due to a medical complication. She uses a bedpan for bladder and bowel management.

- **Coding:** Toilet transfer would be coded 88 - Not attempted due to medical condition or safety concerns
- **Rationale:** The patient does not transfer onto or off a toilet due to being on bedrest because of a medical condition.



Examples to Code 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

Example #1: Mr. T is s/p hip replacement. On day-2 of the SB stay, the therapist took him outside to assess car transfer. The therapist opened the car door for the patient, supported the patient by the underarms to help him lower to the seat then had to lift his legs to swing them into the car hence doing more than ½ of the efforts.

- **Coding:** Car transfer would be coded 02 - Substantial/maximal assistance
- **Rationale:** The patient required more than ½ the effort from the therapist to complete the car transfer

Example #2: Mr. T is now ready for his discharge car transfer assessment. The therapist opened the car door and the patient lowered himself to the seat and was able to swing both of his legs in the car, reach over for the seat belt but was unable to buckle it so the therapist had to buckle him in.

- **Coding:** Car transfer would be coded 06 - Independent
- **Rationale:** Coding for car transfer measures 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. In this case, Mr. T was able to transfer himself to the car.

Examples to Code Walk 10 feet

Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space

Example #1: Ms. U was admitted to the SB after a 7 day acute stay with medically complex conditions. She is now very debilitated but has a goal to return home at her independent level. At the time of the admission assessment she is too weak to even attempt to ambulate to the bathroom so she requires a commode by the bed.

- **Coding:** Walk 10 feet would be coded 88 - Not attempted due to medical condition or safety concern
- **Rationale:** the goal is for the patient to become capable of walking again but not safe at this time.

Example #2: At the time of discharge, Ms. U was able to ambulate 30 feet under supervision while the helper follows her with a wheelchair for when she gets too tired.

- **Coding:** Walk 10 feet would be coded 04 - Supervision or touching assistance
- **Rationale:** Requires a helper to supervise her when walking



Examples to Code Walk 50 feet with 2 Turns

Once standing, the ability to walk at least 50 feet and make two turns

Example #1: A therapist provides steadying assistance as Mrs. W gets up from a sitting position to a standing position. After the therapist places Mrs. W's walker within reach, Mrs. W walks 60 feet down the hall with two turns without any assistance from the therapist. No supervision is required while she walks.

- **Coding:** Walk 50 feet with two turns would be coded 05 - Setup or clean-up assistance
- **Rationale:** Mrs. W walks more than 50 feet and makes two turns once the helper places the walker within reach. Assistance with getting from a sitting to a standing position is coded separately under the item Sit to stand (04, Supervision or touching assistance).

Example #2: Mrs. P walks 70 feet with a quad cane, completing two turns during the walk. The therapist provides steadying assistance only when Mrs. P turns.

- **Coding:** Walk 50 feet with two turns would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides touching assistance as the patient walks more than 50 feet and makes two turns. The patient may use an assistive device.

Example #3: Mrs. L is unable to bear her full weight on her left leg. As she walks 60 feet down the hall with her crutches and makes two turns, the CNA supports her trunk and provides less than half the effort.

- **Coding:** Walk 50 feet with two turns would be coded 03 - Partial/moderate assistance
- **Rationale:** The helper provides trunk support as the patient walks more than 50 feet and makes two turns.

Example #4: Mr. T walks 50 feet with the therapist providing trunk support and the therapy assistant providing supervision. Mr. T walks the 50 feet with two turns.

- **Coding:** Walk 50 feet with two turns would be coded 01 - Dependent
- **Rationale:** Mr. T requires two helpers to complete the activity.

Example #5: Mrs. U has an above-the-knee amputation, severe rheumatoid arthritis, and uses a prosthesis. Mrs. U is assisted to stand and, after walking 10 feet, requires progressively more help as she nears the 50-foot mark. Mrs. U is unsteady and typically loses her balance when turning, requiring significant support to remain upright. The therapist provides more than half of the effort.

- **Coding:** Walk 50 feet with two turns would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provided more than half of the effort for the patient to complete the activity of walk 50 feet with two turns.

.....

Examples to Code Walk 150 feet

Once standing, the ability to walk at least 150 feet in a corridor or similar space

Example #1: Mrs. D walks down the hall using her walker and the staff usually needs to provide touching assistance to Mrs. D, who intermittently loses her balance while she uses the walker.

- **Coding:** Walk 150 feet would be coded 04 - Supervision or touching assistance
- **Rationale:** The helper provides touching assistance intermittently throughout the activity.

Example #2: Mr. R has endurance limitations due to heart failure and has only walked about 30 feet during the 3-day assessment period. He has not walked 150 feet or more during the assessment period, including with the physical therapist who has been working with Mr. R. The therapist speculates that Mr. R could walk this distance in the future with additional assistance.

- **Coding:** Walk 150 feet would be coded 88 - Activity not attempted due to medical or safety concerns.
- **Rationale:** The activity was not attempted.

Example #3: Mrs. T has an unsteady gait due to balance impairment. Mrs. T walks the length of the hallway using her quad cane in her right hand. The physical therapist supports her trunk, helping her to maintain her balance while ambulating. The therapist provides less than half of the effort to walk the 160-foot distance.

- **Coding:** Walk 150 feet would be coded 03 - Partial/moderate assistance.
- **Rationale:** The helper provides less than half of the effort for the patient to complete the activity of walking at least 150 feet.

Example #4: Mr. W, who has Parkinson's disease, walks the length of the hallway using his rolling walker. The physical therapist provides trunk support and advances Mr. W's right leg in longer strides with each step. The therapist occasionally prevents Mr. W from falling as he loses his balance during the activity. The therapist provides more than half the effort for the activity.

- **Coding:** Walk 150 feet would be coded 02 - Substantial/maximal assistance
- **Rationale:** The helper provides more than half the effort for the patient to complete the activity of walk 150 feet.

.....

Examples to Code *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

Example #1: Ms. M was very active in the community before her hip surgery and looks forward to returning to her active life. Admission assessment did not include walking on uneven services since the patient is still not safe walking on the unit.

- **Coding:** Walking 10 feet on uneven surfaces would be coded 88 - Not attempted due to medical condition or safety concerns
- **Rationale:** The patient is not yet independent on even floors – unsafe to attempt uneven floors within 3 days of SB admission

Example #2: Ms. M is ready for discharge but the weather has prevented the therapist from bringing the patient outside to test walking on uneven surfaces and the hospital does not have any floors that have a slope

- **Coding:** Walking 10 feet on uneven surfaces would be coded 10 - Not attempted due to environmental limitations
- **Rationale:** no sloping floors available in hospital and bad weather prevented staff to take the patient outdoors during the last 3 days of the stay

Example #3: Mr. N is status post hip replacement and did well in rehab. He was taken outdoors to test his walking during the last 3 days of the stay and was able to walk on the grass with contact guard only.

- **Coding:** Walking 10 feet on uneven surfaces would be coded 04 – Supervision/Touching
- **Rationale:** The patient required contact guard to walk on the grass

Example #4: Mr. N is status post hip replacement and did well in rehab. He was taken outdoors to test his walking during the last 3 days of the stay and was able to walk on the grass with contact guard only. The therapist continued to work with the patient and on the day of discharge, the patient was able to walk on the grass independently

- **Coding:** Walking 10 feet on uneven surfaces would be coded 06 – Independent
- **Rationale:** The patient no longer required contact guard and was able to walk without assistance on uneven services before his discharge.

Examples to Code Going up 1 Step or Curb

The ability to go up and down a curb and/or up and down one step

Example #1: Mr. O is debilitated secondary to medical illness and is only able to climb 1 step with PT assistance providing less than ½ of the effort during the admission assessment

- **Coding:** Going up 1 step on admission would be coded 03 - Partial/moderate assistance
- **Rationale:** The patient required partial assistance from the PT providing less than ½ the effort

Examples to Code Going up 4 & 12 Steps

The ability to go up and down four steps with or without a rail

Example #1: Mrs. P is status post stroke and by discharge, she was able to go up and down no more than 5 steps with supervision of the PT and use of the railing.

- **Coding:** Going up 4 step on discharge would be coded 04 - Supervision/Touching
- **Coding:** Going up 12 steps on discharge would be coded 88 – Not attempted due to being unsafe
- **Rationale:** The patient required supervision to go up and down 5 steps – use of the railing is not assessed her – PT decided it was not safe to assessed the 12 steps due to 5 steps being all the patient could do.

Examples to Code *Picking Up a Small Object from the Floor*

The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor

Example #1: Ms. Q was admitted very unstable and easily loses her balance so there was no attempt to have her pick up a small object from the floor.

- **Coding:** Picking up small object from the floor would be coded 88 – Not attempted due to being unsafe
- **Rationale:** Given the patient's lack of balance it was not attempted due to being unsafe at the time.

Example #2: Mr. R was admitted post hip surgery and was taught during his stay how to use a reacher to pick something off the floor which he became very successful at by discharge.

- **Coding:** Picking up small object from the floor at discharge would be coded 06 – Independent
- **Rationale:** Patient did not need staff assistance and the measure is not based on whether he bends over to pick up an item or uses a device.