



# Section G vs GG

## Yes, One Letter Makes All the Difference



MDS coding experts must remain vigilant! Beware coding pitfalls when it comes to Section G versus Section GG.

### Because Your Med A Revenue is at Stake

One little letter can have a big impact on your Medicare Part A bottom line, because dramatic financial implications can exist for coding missteps when it comes to scoring Section GG. In a big way! [Click here for a recent HealthPRO® Heritage webinar focused on best practices and pitfalls related to Section GG.](#)

### Proper Coding for Section G vs Section GG Requires Attention to Detail

For example: Two of the MDS 3.0 Assessment Sections that impact SNF care planning, QMs & Reporting as well as publically reported information exist:

- “Section G: Functional Status”
- “Section GG: Functional Abilities and Goals”

With only one added G, it would appear that several of the coding areas in these two sections are quite similar (including eating, bathing and dressing, toileting, transfers and walking.) To the untrained eye, might this be considered simply redundant, unnecessary steps for SNF caregivers? On the contrary! This is only one important difference between these two sections. MDS coding experts must be alert, and continuously monitor the reporting of the care delivery by staff.

### High Alert! Don't Be Fooled by the Label of the Reporting Items

When scoring “Eating” in Section G, the guidelines are specific: *Base the self-performance and support on how a resident eats and drinks (regardless of skill), and do not include eating/drinking during medication pass. This includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).*

Compare this to Section GG. Guidelines instruct to score admission performance and discharge goal for “Eating” as: *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 a resident. **Intake via feeding tube is not a consideration in Section GG, as it is in Section G.**

This is only **one** of the scoring item differences!

## Coder Beware!

Note the look-back period for Section G versus GG and another important difference:

- Section G: The guidance is to code the most amount of assistance provided within a 7 day look-back.
- In Section GG: Guidelines are to code the baseline performance ability within the first three days following admission and before treatment begins.

## Today

Section GG impacts CMS QRP with assessing baseline and setting a discharge goal area. Section G impacts Medicare Part A and Case Mix reimbursement as

- The end split for RUG levels
- QM for making improvements
- Self-care for getting worse
- Several other covariates for QMs

## As of October 1, 2019

Section GG will become the end split for determining nursing PDPM classifications as well as PT and OT.

## Stay the Course

For accurate coding today – and in preparation for the PDPM transition – HealthPRO® Heritage suggests:

- Establish and maintain open lines of communication
- Don't just do the minimum; strive for "dash free"
- Continual monitoring (e.g.: do not allow items that self-populate to transmit unseen)
- Have a "Plan B" (and a "Plan C!") as backup for when expert coders are on PTO, for example
- Evaluate the timing, frequency and consistency of when and how levels are discussed
- Ongoing education throughout the year. During in-services, annual competencies and education fairs, include training for Section G and Section GG areas.

## Finally, Be Prepared...To Answer the Following Important Questions

*"Who completes your Section G today?"* It may not be the same point person to complete Section GG in the New World of PDPM. Ask: *"Who on your team is qualified to bear the responsibility for accurate Section GG coding and reimbursement?"* If you don't already have

a strategy in place, when will you prioritize these process-driven decisions? Do you need support on this front? If so...read on!

**Prepare. Execute. Succeed.**

Need support getting your head in the game? HealthPRO® Heritage is also a trusted, consultative partner leading the industry in PDPM readiness. Our deliverables: strategy, education, and execution on key clinical competencies that are crucial to PDPM success.