



FUNCTIONAL ABILITIES AND SECTION GG CODING:

Medicare additional documentation requests (ADRs) and denials related to Section GG coding on the MDS are beginning to surface for some providers.

Does your facility have the necessary documentation in place to support the GG coding on the Minimum Data Sets being completed in your facility?

TIPS FOR SUCCESSFUL GG DOCUMENTATION

- Section GG documentation should clearly show that therapy and nursing collaborated to establish accurate GG coding on the MDS.
- The Section GG coding used for the MDS should be during the 3-day window allowed based on the MDS type and ARD being completed.
- All staff participating in documenting functional abilities for Section GG should receive training and have the knowledge to accurately code Section GG.
- Each MDS completed in the facility should have supportive documentation in the medical record that identifies the date of the MDS, the documentation dates used to support the coding of the MDS, who participated in validating the coding of Section GG was accurate on the MDS, and the final coding determined to be coded on the MDS.
- The functional abilities coded on the MDS for Section GG should be documented in the plan of care.

For questions, please email us at Education@synergycare.com