

## **Avoid common mistakes when answering M1850, GG0170A-E**

Source: HHL, [Megan Perry](#), Jun 12, 2025

Do not misinterpret the intent of OASIS transfer questions under GG1070A-E (Mobility) as a direct match to M1850 (Transferring).

Accuracy for these items is important as the GG items are used as part of the Discharge Function Score, which requires an accurate assessment at start of care (SOC) and discharge (DC) in order to establish if the patient improved in their ability to transfer, notes Diane Link, owner of Link Healthcare Advantage based in Littlestown, Pa. Results directly impact your potential for a payment boost or cut under Home Health Value-Based Purchasing (HHVBP).

And M1850 is part of the Quality of Patient Care Star Rating on Care Compare.

These GG and M items are not equivalent and their scoring scales differ, notes Susan Jirsa, divisional director of quality assurance with Aveanna Healthcare based in Atlanta, Ga., who adds that this is a common mistake with the items related to transfer.

Clinicians often overlook the patient's ambulatory status when answering M1850, Jirsa says.

"The item specifies that the patient must move safely from a bed to a chair, which may involve moving to a chair in another room, thus requiring safe ambulation considerations," she explains.

It's important to keep in mind, however, that this is unique to M1850.

"GG0170A-E can demonstrate a chair-to-chair transfer, eliminating the bed entirely and the need to include ambulation during the task," Jirsa says.

Another easy mistake is forgetting that "weight bearing" can impact both the lower and upper body.

"Utilizing the upper body during transfers is essential, especially when the patient relies on the bed, chair or assistive device for leverage," Jirsa says.

### **How M1850 differs from GG0170**

All of these items focus on the patient's ability to transfer safely, Link notes.

"In order to accurately assess for them, you will need to observe the patient doing the transfer as they normally would perform the transfer," she adds.

While similar in topic, the transferring GG items differ from M1850 in several ways.

“M1850 evaluates transferring as a single task, assessing whether the patient can move safely between two surfaces, such as a bed or chair,” Jirsa explains.

In contrast, the GG0170A-E items break down transferring into multiple sub-tasks, scoring the effort level for each step rather than as a single movement.

Additionally, assistive devices play a significant role in M1850, whereas GG0170 scoring remains unchanged by the use of such devices, Jirsa adds.

### **Decipher CMS language around M1850 responses**

It’s important to note that accurate assessments and coding of M1850 are crucial for reflecting the true level of care provided.

M1850 has had numerous Q&As developed over the years to provide better clarity, showing just how confusing this question can be for clinicians, Jirsa says.

One of the main challenges is distinguishing between response options “1 — Able to transfer with minimal human assistance or with use of an assistive device” and “2 — Able to bear weight and pivot during the transfer process but unable to transfer self.” The CMS language “unable to transfer self” can be misleading, Jirsa says.

However, “2” is appropriate if the patient requires both an assistive device and assistance from another person, Jirsa explains.

M1850 is often answered incorrectly by assuming the patient is bedbound when they could be up in wheelchair but choose to stay in bed, Link notes.

The M items are not answered based on the patient’s willingness to perform the activity but rather their ability to perform the activity.

### **Responding to GG0170A-E**

The GG0170 series provides more granular details about the level of patient effort versus assistance required with transferring, Jirsa clarifies.

“A key consideration is how much the patient contributes during each movement — whether it’s independent, needing supervision, partial assistance or total dependence,” she adds.

Confusion sometimes arises when clinicians do not fully understand the differences between the response options.

- “06 — Independent” is assigned when the patient transfers without any assistance and no one has to hand them equipment, provide verbal cuing on steps in process or provide any hands-on care.
- “05 — Setup and clean-up assistance” is used when the patient requires the caregiver to prepare an item for transfer. For example, they retrieve and hand the transfer board to the patient.
- “04 — Supervision or touching assistance” is used when patient requires verbal cues or just minimal touching during transfer.
- “03 — Partial/moderate assistance” and “02 — Substantial/maximal assistance” is when the caregiver must participate in the transfer and either does less than half the work or over half the work.
- “01 — Dependent” would be used if it requires two people to do the transfer or the patient does not participate in the transfer.

### **Consider this scenario**

Mr. James is being admitted to home health following subdural hematoma from a fall that has resulted in left-sided hemiparesis. Upon arrival the patient is sitting in a wheelchair in the living room. The nurse explains that she needs to assess his skin for open areas and requests the patient return to bed. The wife wheels the patient into the bedroom and, using the Hoyer lift, transfers the patient to the bed. During the transfer the patient assists by holding onto the chain for stabilization and assists in unhooking the right-side chains from the transfer mat.

How would you code this for M1850 and GG0170E?

**M1850:** The correct scoring for M1850 would be “3 — Unable to transfer self and is unable to bear weight or pivot when transferred by another person” since the patient must use a Hoyer lift. The patient is not bedbound as they are able to get up to the wheelchair.

**GG0170E:** The correct scoring for GG0170E would be “02 — Substantial/maximal assist” since the helper provided more than half of the effort with the transfer, which required the Hoyer lift, but the patient did contribute to the effort including holding onto the chains and unhooking them.