

**SELECTED ASSESSMENT TOOLS FOR OCCUPATIONAL THERAPY
REPORTING OF OUTPATIENT FUNCTIONAL DATA (G-CODES AND
MODIFIERS) TO THE MEDICARE PROGRAM**

G-CODE CATEGORY	ASSESSMENT TOOLS*	NOTES
Mobility: Walking & Moving Around	Activities of Daily Living (ADL) Index	Interview and observation to determine ability with basic ADL and mobility tasks.
	AM-PAC: Basic Mobility	The AM-PAC is an outcomes instrument that measures function in three domains: basic mobility, daily activities and applied cognitive. The AM-PAC [™] can be used for quality improvement, outcomes monitoring, and research activities in inpatient and outpatient rehabilitation, home care, nursing homes and long-term acute care settings.
	Modified Barthel Index	An ordinal scale used to measure performance in ADLs. It uses 10 variables describing ADLs and mobility.
	Stroke Impact Scale	Measures stroke recovery in eight domains including strength, hand function, mobility, ADL, emotion, memory, communication and social participation.
Changing & Maintaining Body Position	Assessment of Motor and Process Skills (AMPS)	Requires training to administer. Proves an objective assessment of various motor and process skills.
	Berg Balance Scale	Measures static and dynamic balance abilities using functional tasks commonly performed in everyday life.
	Performance-Oriented Mobility Assessment (POMA)	Measures both static and dynamic balance using tasks testing balance and gait.
	Timed Get Up and Go Test	Measures dynamic balance and mobility.
Carrying, Moving & Handling Objects	Functional Reach Test	Quick, simple, single task dynamic test that defines functional reach as “the maximal distance one can reach forward beyond arm's length, while maintaining a fixed base of support in the standing position.” The test can be administered while the patient is standing (Functional Reach) or sitting (Modified Functional Reach).

	Action Research Arm Test	Measures ADLs, coordination, dexterity, upper extremity function.
	The Arm Motor Ability Test	Includes unilateral and bilateral tasks completion using basic ADL tasks. Best for higher functioning clients with active movement of wrist and hand.
	Wolf Motor Function Test	Assesses the motor ability of individuals with moderate to severe upper extremity motor deficits. Includes reaching and functional activities requiring fine motor coordination.
Self-Care	Cleveland Scale of Activities of Daily Living	Evaluates basic ADL abilities in persons with dementia.
	Modified Barthel ADL Index	Index of independence in ADLs created for hospital patients but can be used in sub-acute settings.
	Patient-Specific Functional Scale	Patient determines functional ability with 5 activities (determined by therapist or patient) on a 10-point scale.
	Activities of Daily Living Index	Interview and observation to determine ability with basic ADL and mobility tasks.
	Functional Assessment Scale	Checklist-type rating scale of self-care function for institutionalized individuals.
	Klein-Bell Activities of Daily Living Scale	Behavior rating scale of ADLs.
	Melville-Nelson Self-Care Assessment	Observation-based rating scale of ADL abilities.
	Performance Assessment of Self-Care Skills (PASS)	Observation-based performance rating of ADL function in the clinic or at home.
	Executive Function Performance Test (EFPT)	The EFPT was designed to evaluate an individual's ability to perform IADL tasks necessary to live independently in the home; cooking, taking medication, making a phone call, and paying bills.
	AM-PAC: Daily Activity	The AM-PAC is an outcomes instrument that measures function in three domains: basic mobility, daily activities and applied cognitive. The AM-PAC™ can be used for quality improvement, outcomes monitoring, and research activities in inpatient and outpatient rehabilitation, home care, nursing homes and long-term acute care settings.
Swallowing	The Mann Assessment of Swallowing Ability (MASA)	Designed for use in bedside evaluations of patients referred for swallowing function assessment.
	Acute Stroke Dysphagia Screen	Easily administered and reliable tool that has sufficient sensitivity to detect both dysphagia and aspiration risk in acute stroke patients.

Victorian Dysphagia Screening Model ASSIST Tool	Completion of this screening tool is recommended in the presence of persisting acute stroke symptoms by personnel that have successfully completed approved training in dysphagia screening.
Swallowing Ability and Function Evaluation	Evaluates swallowing.

Attention	Test of Everyday Attention (TEA)	Measures 3 aspects of attention—selective attention, sustained attention, and attention switching—using everyday materials. This assessment is appropriate for use with individuals ranging from those with Alzheimer’s disease to young, “typical” clients.
	Short Blessed Test	A short tool to assess orientation, memory, concentration.
	Neurobehavioral Cognitive Status Screening Examination (COGNISTAT)	Brief screening of cognitive dysfunction. Provides profile scores for language constructions, memory, calculations, reasoning, attention, level of consciousness, and orientation.
	D2 Test of Attention	An easy to administer paper and pencil test that assesses the ability of the client to focus attention on certain aspects of letter and number combinations over a period of time.
Memory	Contextual Memory Test	Helps assess memory capacity, strategy of use, and recall in adult clients with memory dysfunction.
	Rivermead Behavioral Memory Test	Identifies everyday memory problems, monitors change over time, and assesses a wider range of ability.
	AM-PAC: Applied Cognitive	The AM-PAC is an outcomes instrument that measures function in three domains: basic mobility, daily activities and applied cognitive. The AM-PAC™ can be used for quality improvement, outcomes monitoring, and research activities in inpatient and outpatient rehabilitation, home care, nursing homes and long-term acute care settings.

* Occupational therapists are not required by CMS to use a specific functional outcome assessment tool in the selection of a G-code or a modifier, and AOTA is not recommending the use of any one tool or instrument. When selecting a G-code, a therapist is to rely on his/her clinical and professional judgment. This chart is not designed to provide a comprehensive list of all clinical assessment tools appropriate for a G-code category; this chart simply provides a short list of selected tools that occupational therapists may find helpful in assessing patient function and selecting a modifier for each category. For a complete list, see: Asher, I. (2007), *Occupational Therapy Assessment Tools: An Annotated Index*. Bethesda, MD: AOTA Press, available [here](#).