The purpose of this RUG-IV Version 1.00 calculation worksheet for the 66-group model is to provide a step-by-step walk-through to manually determine the appropriate RUG-IV Classification based on the data from an MDS assessment. The worksheet takes the grouper logic and puts it into words. We have carefully reviewed the worksheet to ensure that it represents the standard logic.

In the RUG-IV 66-group model, there are 23 different Rehabilitation Plus Extensive Services and Rehabilitation groups, representing 10 different levels of rehabilitation services. In the 66-group model, the residents in the Rehabilitation Plus Extensive Services groups have the highest level of combined nursing and rehabilitation need, while residents in the Rehabilitation groups have the next highest level of need. Therefore, the 66-group model has the Rehabilitation Plus Extensive Services groups first followed by the Rehabilitation groups, the Extensive Services groups, the Special Care High groups, the Special Care Low groups, the Clinically Complex groups, the Behavioral Symptoms and Cognitive Performance groups, and the Reduced Physical Function groups.

There are two basic approaches to RUG-IV Classification: (1) hierarchical classification and (2) index maximizing classification. The current worksheet was developed for the hierarchical methodology. Instructions for adapting this worksheet to the index maximizing approach are included below (see “Index Maximizing Classification”). Note that the RUG classification used for Medicare PPS Part A billing is based on the index maximizing approach.

Hierarchical Classification. The present worksheet employs the hierarchical classification method. Hierarchical classification is used in some payment systems, in staffing analysis, and in many research projects. In the hierarchical approach, start at the top and work down through the RUG-IV model; the assigned classification is the first group for which the resident qualifies. In other words, start with the Rehabilitation Plus Extensive Services groups at the top of the RUG-IV model. Then go down through the groups in hierarchical order: Rehabilitation Plus Extensive Services, Rehabilitation, Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 66 individual RUG-IV groups for which the resident qualifies, assign that group as the RUG-IV classification.

If the resident qualifies in the Extensive Services group and a Special Care High group, always choose the Extensive Services classification because it is higher in the hierarchy. Likewise, if the resident qualifies for Special Care Low and Clinically Complex, always choose Special Care Low. In hierarchical classification, always pick the group nearest the top of the model.

Index Maximizing Classification. Index maximizing classification is used in Medicare PPS (and most Medicaid payment systems) to select the RUG-IV group for payment. There is a designated Case Mix Index (CMI) that represents the relative resource utilization, for each RUG-IV group. For index maximizing, first determine all of the RUG-IV groups for which the resident qualifies. Then, from the qualifying groups, choose the RUG-IV group that has the highest CMI. For Medicare PPS, the index maximizing method uses the CMIs effective with RUG-IV implementation on October 1, 2010.

While the following worksheet illustrates the hierarchical classification method, it can be adapted for index maximizing. For index maximizing, evaluate all classification groups rather
Non-Therapy Classification. In some instances, the SNF provider may be required to report, on the SNF Medicare claim, a non-therapy RUG-IV classification according to the SNF PPS policies (as noted elsewhere in this chapter, Chapter 8 of the Medicare Benefit Policy Manual, and Chapter 6 of the Medicare Claims Processing Manual). The non-therapy classification uses all the RUG-IV payment items except the rehabilitation therapy items (O0400A,B,C) to determine a non-therapy, clinical RUG. To obtain a non-therapy RUG with this worksheet, skip Category I (Rehabilitation Plus Extensive Services) and Category II (Rehabilitation) and start with Category III (Extensive Services). Both the standard Medicare Part A RUG reported in Item Z0100A and the Medicare Part A non-therapy RUG in Item Z0150A are recorded on the MDS 3.0. When rehabilitation services are not provided, the standard Medicare Part A RUG will match the Medicare Part A non-therapy RUG.
RUG-IV 66 Classification System Version 1.00

Rehabilitation + Extensive

Rehabilitation

Extensive Services

Special Care High

Special Care Low

Clinically Complex

Behavioral Symptoms & Cognitive Performance

Reduced Physical Function
RUG-IV 66 Group Classification Version 1.00

1. Tracheostomy care
2. Ventilator/Respirator
3. Infection Isolation
   (while a resident)

---

RUG-IV 66 Group Model Calculation Worksheet for SNFs

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October 12, 2010
The ADL score is a component of the calculation for placement in all RUG-IV groups. The ADL score is based upon the four “late loss” ADLs (bed mobility, transfer, toilet use, and eating); and this score indicates the level of functional assistance or support required by the resident. It is a very important component of the classification process.

STEP # 1

To calculate the ADL score use the following chart for bed mobility (G0110A), transfer (G0110B), and toilet use (G0110I). **Enter the ADL score for each item.**

<table>
<thead>
<tr>
<th>Self-Performance</th>
<th>Support</th>
<th>ADL Score</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Column 1 (G0110B) =</strong></td>
<td><strong>Column 2 =</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- , 0, 1, 7, or 8</td>
<td>and</td>
<td>(any number)</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>and</td>
<td>(any number)</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>and</td>
<td>- , 0, 1, or 2</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>and</td>
<td>- , 0, 1, or 2</td>
<td>3</td>
</tr>
<tr>
<td>3 or 4</td>
<td>and</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

STEP # 2

To calculate the ADL score for eating (G0110H), use the following chart. Enter ADL score.

<table>
<thead>
<tr>
<th>Self-Performance</th>
<th>Support</th>
<th>ADL Score</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Column 1 (G0110H) =</strong></td>
<td><strong>Column 2 =</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- , 0, 1, 2, 7, or 8</td>
<td>and</td>
<td>- , 0, 1, or 8</td>
<td>0</td>
</tr>
<tr>
<td>- , 0, 1, 2, 7, or 8</td>
<td>and</td>
<td>2 or 3</td>
<td>2</td>
</tr>
<tr>
<td>3 or 4</td>
<td>and</td>
<td>- , 0, or 1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>and</td>
<td>2 or 3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>and</td>
<td>2 or 3</td>
<td>4</td>
</tr>
</tbody>
</table>

STEP # 3

Add the four scores for the total ADL score. This is the **RUG-IV TOTAL ADL SCORE**. The total ADL score ranges from 0 through 16.

**TOTAL RUG-IV ADL SCORE**

Other ADLs are also very important, but the research indicates that the late loss ADLs predict resource use most accurately. The early loss ADLs do not significantly change the classification hierarchy or add to the prediction of resource use.
CALCULATION OF TOTAL REHABILITATION THERAPY MINUTES
RUG-IV, 66 GROUP HIERARCHICAL CLASSIFICATION

For Speech-Language Pathology Services (Items at O0400A), Occupational Therapy (Items at O0400B), and Physical Therapy (Items at O0400C), the MDS 3.0 separately captures minutes that the resident was receiving individual, concurrent, and group therapy (see Chapter 3, Section O for definitions) during the last 7 days. For each therapy discipline, the total minutes used for RUG-IV classification include all minutes in individual therapy, one-half of the minutes in concurrent therapy, (although total minutes received are documented on each resident’s MDS), and all minutes in group therapy. For Medicare Part A there is a limitation that the group minutes cannot exceed 25% of the total minutes. Such a limitation may also be used for other payment systems.

Skip this section if therapy is not provided.

In Steps #1 through #3 in calculating Rehabilitation Therapy Minutes, retain all decimal places in the calculated values. Values where decimal points are retained are indicated by an asterisk (*).

STEP # 1

Calculate the total minutes for speech-language pathology services as follows:

Add the individual minutes (O0400A1), one-half of the concurrent minutes (O0400A2), and the group minutes (O0400A3) and record as Total Minutes.

Total Minutes* = ______

When the 25% group therapy limitation applies (i.e., for Medicare Part A residents), calculate the adjusted total minutes as follows:

If group minutes (O0400A3) divided by Total Minutes is greater than 0.25, then add individual minutes (O0400A1) and one-half of concurrent minutes (O0400A2), multiply this sum by 4.0 and then divide by 3.0, and record as Adjusted Minutes.

Adjusted Minutes* = ______

Record Total Minutes or Adjusted Minutes as appropriate:

Speech-Language Pathology Services Minutes* = ______

STEP # 2

Calculate the total minutes for occupational therapy as follows:

Add the individual minutes (O0400B1), one-half of the concurrent minutes (O0400B2), and the group minutes (O0400B3) and record as Total Minutes.

Total Minutes * = ______

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October 12, 2010
CALCULATION OF TOTAL REHABILITATION THERAPY MINUTES
RUG-IV, 66 GROUP HIERARCHICAL CLASSIFICATION

When the 25% group therapy limitation applies (i.e., for Medicare Part A residents), calculate the adjusted total minutes as follows:

If group minutes (O0400B3) divided by Total Minutes is greater than 0.25, then add individual minutes (O0400B1) and one-half of concurrent minutes (O0400B2), multiply this sum by 4.0 and then divide by 3.0, and record as Adjusted Minutes.

\[
\text{Adjusted Minutes}^* = \frac{(\text{O0400B1} + \frac{1}{2} \times \text{O0400B2}) \times 4.0}{3.0}
\]

Record Total Minutes or Adjusted Minutes as appropriate:

\[
\text{Occupational Therapy Minutes}^* = \underline{\quad}
\]

STEP # 3

Calculate the total minutes for physical therapy as follows:

Add the individual minutes (O0400C1), one-half of the concurrent minutes (O0400C2), and the group minutes (O0400C3) and record as Total Minutes.

\[
\text{Total Minutes}^* = \underline{\quad}
\]

When the 25% group therapy limitation applies (i.e., for Medicare Part A residents), calculate the adjusted total minutes as follows:

If group minutes (O0400C3) divided by Total Minutes is greater than 0.25, then add individual minutes (O0400C1) and one-half of concurrent minutes (O0400C2), multiply this sum by 4.0 and then divide by 3.0, and record as Adjusted Minutes.

\[
\text{Adjusted Minutes}^* = \frac{(\text{O0400C1} + \frac{1}{2} \times \text{O0400C2}) \times 4.0}{3.0}
\]

Record Total Minutes or Adjusted Minutes as appropriate:

\[
\text{Physical Therapy Minutes}^* = \underline{\quad}
\]

STEP # 4

Sum the speech-language pathology services minutes, occupational therapy minutes, and physical therapy minutes and record as Total Therapy Minutes. These are the minutes that will be used for RUG-IV rehabilitation therapy classification (when there is a fraction, the total therapy minutes is not rounded and only the whole number is used).

\[
\text{TOTAL THERAPY MINUTES}^\wedge = \underline{\quad}
\]

^Total Therapy Minutes is not rounded. Record only the whole number with all values after the decimal dropped.
Total Rehabilitation Therapy Minutes Calculation Example

Mrs. D., whose stay is covered under SNF PPS, received the following rehabilitation services:

**Speech-Language Pathology Services:**

- Individual minutes = 110 (Item O0400A1),
- Concurrent minutes = 99 (Item O0400A2),
- Group minutes = 100 (Item O0400A3).

Calculate total SLP minutes = 110 + 99/2 = 100/259.5 = 259.5 (retain the decimal).

Check group proportion = 100/259.5 = 0.385.

Adjust SLP minutes for Medicare Part A since group proportion is greater than .25.

**Adjusted Speech-Language Pathology Services Minutes** = [(110 + 99/2) x 4]/3 = **212.6666** (retain the decimal).

**Occupational Therapy:**

- Individual minutes = 78 (Item O0400B1),
- Concurrent minutes = 79 (Item O0400B2),
- Group minutes = 80 (Item O0400B3).

Calculate total OT minutes = 78 + 79/2 + 80 = 197.5 (retain the decimal).

Check group proportion = 80/197.5 = 0.405.

Adjusted OT minutes for Medicare Part A since group proportion is greater than .25.

**Adjusted Occupational Therapy Minutes** = [(78 + 79/2) x 4]/3 = **156.6666** (retain the decimal).

**Physical Therapy:**

- Individual minutes = 92 (Item O0400C1),
- Concurrent minutes = 93 (Item O0400C2),
- Group minutes = 94 (Item O0400C3).

Calculate total PT minutes = 92 + 93/2 + 94 = 232.5 (retain the decimal).

Check group proportion = 94/232.5 = 0.404.

Adjusted PT minutes for Medicare Part A since group proportion is greater than .025.

**Adjusted Physical Therapy Minutes** = [(92 + 93/2) x 4]/3 = **184.6666** (retain the decimal).

**Total Adjusted Therapy Minutes:**

Sum SLP, OT and PT adjusted minutes = 212.666 + 156.666 + 184.666 = 553.9998

Drop decimals = **553 minutes**

(this is the total therapy minutes value for RUG-IV classification).
STEP # 1

Set the Medicare Short Stay Indicator (Z0100C) as follows:

RUG-IV uses an alternative rehabilitation therapy classification when an assessment is a Medicare Short Stay assessment. To be considered a Medicare Short Stay assessment and use the special RUG-IV short stay rehabilitation therapy classification, all eight of the following conditions must be met:

1. **The assessment must be a Start of Therapy OMRA (A0310C = 1 or 3).** This assessment may be completed alone or combined with any OBRA assessment or combined with a PPS 5-day or readmission/return assessment. The Start of Therapy OMRA may not be combined with a PPS 14-day, 30-day, 60-day, or 90-day assessment. The Start of Therapy OMRA should also be combined with a discharge assessment when the end of Part A stay is the result of discharge from the facility, but should not be combined with a discharge if the resident dies in the facility or is transferred to another payer source in the facility.

2. **A PPS 5-day (A0310B = 01) or readmission/return assessment (A0310B = 06) has been completed.** The PPS 5-day or readmission/return assessment may be completed alone or combined with the Start of Therapy OMRA.

3. **The ARD (A2300) of the Start of Therapy OMRA must be on or before the 8th day of the Part A Medicare covered stay.** The ARD minus the start of Medicare stay date (A2400B) must be 7 days or less.

4. **The ARD (A2300) of the Start of Therapy OMRA must be the last day of the Medicare Part A stay (A2400C).** See instructions for Item A2400C in Chapter 3 for more detail.

5. **The ARD (Item A2300) of the Start of Therapy OMRA may not be more than 3 days after the start of therapy date (Items O0400A5, O0400B5 or O0400C5, whichever is earliest).** This is an exception to the rules for selecting the ARD for a SOT OMRA, as it is not possible to have the ARD for the Short Stay Assessment to be 5-7 days after the start of therapy since therapy must have been able to be provided only 1-4 days.

6. **Rehabilitation therapy (speech-language pathology services, occupational therapy or physical therapy) started during the last 4 days of the Medicare Part A stay (including weekends).** The end of Medicare stay date (A2400C) minus the earliest start date for the three therapy disciplines (O0400A5, O0400B5, or O0400C5) must be 3 days or less.

7. **At least one therapy discipline continued through the last day of the Medicare Part A stay.** At least one of the therapy disciplines must have a dash-filled end of therapy date (O0400A6, O0400B6, or O0400C6) indicating ongoing therapy or an end of therapy date equal to the end of covered Medicare stay date (A2400C). Therapy is considered to be ongoing when:
   - The resident was discharged and therapy was planned to continue had the resident remained in the facility, or
   - The resident’s SNF benefit exhausted and therapy continued to be provided, or
   - The resident’s payer source changed and therapy continued to be provided.

8. **The RUG group assigned to the Start of Therapy OMRA must be Rehabilitation Plus Extensive Services or a Rehabilitation group (Item Z0100A).** If the RUG group assigned is not a Rehabilitation Plus Extensive Services or a Rehabilitation group, the assessment will be rejected.

If all eight conditions are satisfied, record “Yes” in the Medicare Short Stay Indicator (Z0100C); otherwise record “No”. 

MEDICARE SHORT STAY INDICATOR Yes_____ No_____
STEP # 2

If the Medicare Short Stay Indicator is “Yes,” then calculate the Medicare Short Stay Average Therapy Minutes as follows:

This average is the Total Therapy Minutes (calculated above in Calculation of Total Rehabilitation Therapy Minutes) divided by the number of days from the start of therapy (earliest date in O0400A5, O0400B5, and O0400C5) through the assessment reference date (A2300). For example, if therapy started on August 1 and the assessment reference date is August 3, the average minutes is calculated by dividing by 3 days. Discard all numbers after the decimal point and record the result.

MEDICARE SHORT STAY AVERAGE THERAPY MINUTES = _______

See Section 6.4 for Medicare Short Stay Assessment Algorithm.
CATEGORY I: REHABILITATION PLUS EXTENSIVE SERVICES  
RUG-IV, 66 GROUP HIERARCHICAL CLASSIFICATION

Start the classification process beginning with the Rehabilitation Plus Extensive Services category. In order for a resident to qualify for this category, he/she must meet three requirements: (1) have an ADL score of 2 or more, (2) meet one of the criteria for the Extensive Services category, and (3) meet the criteria for one of the Rehabilitation categories.

STEP # 1

Check the resident’s ADL score. If the resident's ADL score is 2 or higher, go to Step #2.

If the ADL score is less than 2, skip to Category II now.

STEP # 2

Determine whether the resident is coded for one of the following treatments or services:

- O0100E2 Tracheostomy care while a resident
- O0100F2 Ventilator or respirator while a resident
- O0100M2 Infection isolation while a resident

If the resident does not receive one of these treatments or services, skip to Category II now.

STEP # 3

Determine if the resident’s rehabilitation therapy services (speech-language pathology services, or occupational or physical therapy) satisfy the criteria for one of the RUG-IV Rehabilitation categories. If the resident does not meet all of the criteria for a Rehabilitation category (e.g., Ultra High Intensity), then move to the next category (e.g., Very High Intensity).

- **Ultra High Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     - Total Therapy Minutes (calculated on page 7) of 720 minutes or more
     - One discipline (O0400A4, O0400B4 or O0400C4) for at least 5 days
     - A second discipline (O0400A4, O0400B4 or O0400C4) for at least 3 days
  2. If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:
     - Medicare Short Stay Average Therapy Minutes (calculated on page 10) of 144 minutes or more.

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-16</td>
<td>RUX</td>
</tr>
<tr>
<td>2-10</td>
<td>RUL</td>
</tr>
</tbody>
</table>

Myers and Stauffer, Certified Public Accountants
- **Very High Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     Total Therapy Minutes (calculated on page 7) of 500 minutes or more
     and
     At least 1 discipline (O0400A4, O0400B4 or O0400C4) for at least 5 days.
  2. **If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:**
     Medicare Short Stay Average Therapy Minutes (calculated on page 10) of between 100 and 143 minutes.

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-16</td>
<td>RVX</td>
</tr>
<tr>
<td>2-10</td>
<td>RVL</td>
</tr>
</tbody>
</table>

- **High Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     Total Therapy Minutes (calculated on page 7) of 325 minutes or more
     and
     At least 1 discipline (O0400A4, O0400B4, or O0400C4) for at least 5 days.
  2. **If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:**
     Medicare Short Stay Average Therapy Minutes (calculated on page 10) is between 65 and 99 minutes.

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-16</td>
<td>RHX</td>
</tr>
<tr>
<td>2-10</td>
<td>RHL</td>
</tr>
</tbody>
</table>

- **Medium Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     Total Therapy Minutes (calculated on page 7) of 150 minutes or more
     and
     At least 5 days of any combination of the three disciplines (O0400A4 plus O0400B4 plus O0400C4).
  2. **If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:**
     Medicare Short Stay Average Therapy Minutes (calculated on page 10) of between 30 and 64 minutes

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-16</td>
<td>RMX</td>
</tr>
<tr>
<td>2-10</td>
<td>RML</td>
</tr>
</tbody>
</table>
• **Low Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied):

  1. In the last 7 days:
     - Total Therapy Minutes (calculated on page 7) of 45 minutes or more
     - and
     - At least 3 days of any combination of the 3 disciplines (O0400A4, plus O0400B4 plus O0400C4)
     - and
     - Two or more restorative nursing services* received for 6 or more days for at least 15 minutes a day

  2. **If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:**
     - Medicare Short Stay Average Therapy Minutes (calculated on page 10) of between 15 and 29 minutes.

*Restorative Nursing Services*
- H0200C, H0500** Urinary toileting program and/or bowel toileting program
- O0500A,B** Passive and/or active ROM
- O0500C Splint or brace assistance
- O0500D,F** Bed mobility and/or walking training
- O0500E Transfer training
- O0500G Dressing and/or grooming training
- O0500H Eating and/or swallowing training
- O0500I Amputation/prostheses care
- O0500J Communication training

**Count as one service even if both provided**

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-16</td>
<td>RLX</td>
</tr>
</tbody>
</table>

**RUG-IV Classification**

If the resident does not classify in the Rehabilitation Plus Extensive Services Category, proceed to Category II.
Rehabilitation therapy is any combination of the disciplines of physical therapy, occupational therapy, or speech-language pathology services, and is located in Section O (Items at O0400A,B,C). Nursing rehabilitation is also considered for the low intensity classification level. It consists of urinary or bowel toileting program, providing active or passive range of motion, providing splint/brace assistance, training in bed mobility or walking, training in transfer, training in dressing/grooming, training in eating/swallowing, training in amputation/prostheses care, and training in communication. This information is found in Sections H0200C, H0500, and O0500.

**STEP # 1**

Determine whether the resident's rehabilitation therapy services satisfy the criteria for one of the RUG-IV Rehabilitation categories. **If the resident does not meet all of the criteria for one Rehabilitation category (e.g., Ultra High Intensity), then move to the next category (e.g., Very High Intensity).**

- **Ultra High Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     - Total Therapy Minutes (calculated on page 7) of 720 minutes or more
     - One discipline (O0400A4, O0400B4 or O0400C4) for at least 5 days
     - A second discipline (O0400A4, O0400B4 or O0400C4) for at least 3 days
  2. If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:
     Medicare Short Stay Average Therapy Minutes (calculated on page 10) of 144 minutes or more.

- **Very High Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     - Total Therapy Minutes (calculated on page 7) of 500 minutes or more
     - At least 1 discipline (O0400A4, O0400B4 or O0400C4) for at least 5 days
  2. If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:
     Medicare Short Stay Average Therapy Minutes (calculated on page 10) of between 100 and 143 minutes
CATEGORY II: REHABILITATION
RUG-IV, 66 GROUP HIERARCHICAL CLASSIFICATION

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
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<tr>
<td>11-16</td>
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<td>RVB</td>
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<tr>
<td>0-5</td>
<td>RVA</td>
</tr>
</tbody>
</table>

- **High Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     Total Therapy Minutes (calculated on page 7) of 325 minutes or more
     and
     At least 1 discipline (O0400A4, O0400B4 or O0400C4) for at least 5 days
  2. **If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:**
     Medicare Short Stay Average Therapy Minutes (calculated on page 10) of
     between 65 and 99 minutes.

<table>
<thead>
<tr>
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<tr>
<td>6-10</td>
<td>RHB</td>
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<tr>
<td>0-5</td>
<td>RHA</td>
</tr>
</tbody>
</table>

- **Medium Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied)
  1. In the last 7 days:
     Total Therapy Minutes (calculated on page 7) of 150 minutes or more
     and
     At least 5 days of any combination of the three disciplines (O0400A4, plus
      O0400B4 plus O0400C4).
  2. **If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”:**
     Medicare Short Stay Average Therapy Minutes (calculated on page 10) of
     between 30 and 64 minutes.

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
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<tbody>
<tr>
<td>11-16</td>
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<td>RMB</td>
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<tr>
<td>0-5</td>
<td>RMA</td>
</tr>
</tbody>
</table>

- **Low Intensity Criteria** (the resident qualifies if either [1] or [2] is satisfied):
  1. In the last 7 days:
     Total Therapy Minutes (calculated on page 7) of 45 minutes or more
     and
     At least 3 days of any combination of the three disciplines (O0400A4 plus
      O0400B4 plus O0400C4)
     and
     Two or more restorative nursing services* received for 6 or more days for at least
     15 minutes a day
2. If the Medicare Short Stay Assessment Indicator (determined on page 9) is “Yes”: Medicare Short Stay Average Therapy Minutes (calculated on page 10) of between 15 and 29 minutes

*Restorative Nursing Services
H0200C, H0500** Urinary toileting program and/or bowel toileting program
O0500A,B** Passive and/or active ROM
O0500C Splint or brace assistance
O0500D,F** Bed mobility and/or walking training
O0500E Transfer training
O0500G Dressing and/or grooming training
O0500H Eating and/or swallowing training
O0500I Amputation/prostheses care
O0500J Communication training
**Count as one service even if both provided

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-16</td>
<td>RLB</td>
</tr>
<tr>
<td>0-10</td>
<td>RLA</td>
</tr>
</tbody>
</table>

RUG-IV Classification ________

If the resident does not classify in the Rehabilitation Category, proceed to Category III.
The classification groups in this category are based on various services provided. Use the following instructions to begin the calculation:

**STEP # 1**

Determine whether the resident is coded for one of the following treatments or services:

- O0100E2 Tracheostomy care while a resident
- O0100F2 Ventilator or respirator while a resident
- O0100M2 Infection isolation while a resident

If the resident does not receive one of these treatments or services, skip to Category IV now.

**STEP # 2**

If at least one of these treatments or services is coded and the resident has a total RUG-IV ADL score of 2 or more, he/she classifies as Extensive Services. Move to Step #3. If the resident's ADL score is 0 or 1, s/he classifies as Clinically Complex. Skip to Category VI, Step #2.

**STEP # 3**

The resident classifies in the Extensive Services category according to the following chart:

<table>
<thead>
<tr>
<th>Extensive Service Conditions</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracheostomy care* and ventilator/respirator*</td>
<td>ES3</td>
</tr>
<tr>
<td>Tracheostomy care* or ventilator/respirator*</td>
<td>ES2</td>
</tr>
<tr>
<td>Infection isolation*</td>
<td>ES1</td>
</tr>
<tr>
<td>without tracheostomy care*</td>
<td></td>
</tr>
<tr>
<td>without ventilator/respirator*</td>
<td></td>
</tr>
</tbody>
</table>

*while a resident

**RUG-IV Classification**

If the resident does not classify in the Extensive Services Category, proceed to Category IV.
The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

**STEP #1**

Determine if the resident is coded for one of the following conditions or services:

- **B0100, ADLs**: Comatose and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, and G0110I1 all equal 4 or 8)
- **I2100**: Septicemia
- **I2900, N0350A,B**: Diabetes with both of the following:
  - Insulin injections (N0350A) for all 7 days
  - Insulin order changes on 2 or more days (N0350B)
- **I5100, ADL Score**: Quadriplegia with ADL score >= 5
- **I6200, J1100C**: Chronic obstructive pulmonary disease and shortness of breath when lying flat
- **J1550A, others**: Fever and one of the following:
  - I2000 Pneumonia
  - J1550B Vomiting
  - K0300 Weight loss (1 or 2)
  - K0500B Feeding tube*
- **K0500A**: Parenteral/IV feedings
- **O0400D2**: Respiratory therapy for all 7 days

*Tube feeding classification requirements:
  1. K0700A is 51% or more of total calories OR
  2. K0700A is 26% to 50% of total calories and K0700B is 501 cc or more per day fluid enteral intake in the last 7 days.

If the resident does not have one of these conditions, skip to Category V now.

**STEP # 2**

If at least one of the special care conditions above is coded and the resident has a total RUG-IV ADL score of 2 or more, he or she classifies as Special Care High. **Move to Step #3. If the resident's ADL score is 0 or 1, he or she classifies as Clinically Complex. Skip to Category VI, Step #2.**
STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9 are in Chapter 3, Section D. The following items comprise the PHQ-9:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Staff</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0200A</td>
<td>D0500A</td>
<td>Little interest or pleasure in doing things</td>
</tr>
<tr>
<td>D0200B</td>
<td>D0500B</td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td>D0200C</td>
<td>D0500C</td>
<td>Trouble falling or staying asleep, sleeping too much</td>
</tr>
<tr>
<td>D0200D</td>
<td>D0500D</td>
<td>Feeling tired or having little energy</td>
</tr>
<tr>
<td>D0200E</td>
<td>D0500E</td>
<td>Poor appetite or overeating</td>
</tr>
<tr>
<td>D0200F</td>
<td>D0500F</td>
<td>Feeling bad or failure or let self or others down</td>
</tr>
<tr>
<td>D0200G</td>
<td>D0500G</td>
<td>Trouble concentrating on things</td>
</tr>
<tr>
<td>D0200H</td>
<td>D0500H</td>
<td>Moving or speaking slowly or being fidgety or restless</td>
</tr>
<tr>
<td>D0200I</td>
<td>D0500I</td>
<td>Thoughts better off dead or hurting self</td>
</tr>
</tbody>
</table>

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for RUG-IV classification in either of the two following cases:

- The D0300 Total Severity Score is greater than or equal to 10 but not 99
- The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____ No _____

STEP # 4

Select the Special Care High classification based on the ADL score and the presence or absence of depression record this classification:

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>Depressed</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td>Yes</td>
<td>HE2</td>
</tr>
<tr>
<td>15-16</td>
<td>No</td>
<td>HE1</td>
</tr>
<tr>
<td>11-14</td>
<td>Yes</td>
<td>HD2</td>
</tr>
<tr>
<td>11-14</td>
<td>No</td>
<td>HD1</td>
</tr>
<tr>
<td>6-10</td>
<td>Yes</td>
<td>HC2</td>
</tr>
<tr>
<td>6-10</td>
<td>No</td>
<td>HC1</td>
</tr>
<tr>
<td>2-5</td>
<td>Yes</td>
<td>HB2</td>
</tr>
<tr>
<td>2-5</td>
<td>No</td>
<td>HB1</td>
</tr>
</tbody>
</table>

RUG-IV CLASSIFICATION ________
STEP # 1

Determine if the resident is coded for one of the following conditions or services:

I4400, ADL Score  
Cerebral palsy, with ADL score >=5

I5200, ADL Score  
Multiple sclerosis, with ADL score >=5

I5300, ADL Score  
Parkinson’s disease, with ADL score >=5

I6300, O0100C2  
Respiratory failure and oxygen therapy while a resident

K0500B  
Feeding tube*

M0300B1  
Two or more stage 2 pressure ulcers with two or more selected skin treatments**

M0300C1,D1,F1  
Any stage 3 or 4 pressure ulcer with two or more selected skin treatments**

M1030  
Two or more venous/arterial ulcers with two or more selected skin treatments**

M0300B1, M1030  
1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**

M1040A,B,C; M1200I  
Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet

O0100B2  
Radiation treatment while a resident

O0100J2  
Dialysis treatment while a resident

*Tube feeding classification requirements:
(1) K0700A is 51% or more of total calories OR
(2) K0700A is 26% to 50% of total calories and K0700B is 501 cc or more per day fluid enteral intake in the last 7 days.

**Selected skin treatments:
M1200A,B# Pressure relieving chair and/or bed
M1200C Turning/repositioning
M1200D Nutrition or hydration intervention
M1200E Ulcer care
M1200G Application of dressings (not to feet)
M1200H Application of ointments (not to feet)

#Count as one treatment even if both provided

If the resident does not have one of these conditions, skip to Category VI now.
STEP # 2

If at least one of the special care conditions above is coded and the resident has a total RUG-IV ADL score of 2 or more, he or she classifies as Special Care Low. Move to Step #3. If the resident's ADL score is 0 or 1, he or she classifies as Clinically Complex. Skip to Category VI, Step #2.

STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are indentified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9 are in Chapter 3, Section D. The following items comprise the PHQ-9:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Staff</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0200A</td>
<td>D0500A</td>
<td>Little interest or pleasure in doing things</td>
</tr>
<tr>
<td>D0200B</td>
<td>D0500B</td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td>D0200C</td>
<td>D0500C</td>
<td>Trouble falling or staying asleep, sleeping too much</td>
</tr>
<tr>
<td>D0200D</td>
<td>D0500D</td>
<td>Feeling tired or having little energy</td>
</tr>
<tr>
<td>D0200E</td>
<td>D0500E</td>
<td>Poor appetite or overeating</td>
</tr>
<tr>
<td>D0200F</td>
<td>D0500F</td>
<td>Feeling bad or failure or let self or others down</td>
</tr>
<tr>
<td>D0200G</td>
<td>D0500G</td>
<td>Trouble concentrating on things</td>
</tr>
<tr>
<td>D0200H</td>
<td>D0500H</td>
<td>Moving or speaking slowly or being fidgety or restless</td>
</tr>
<tr>
<td>D0200I</td>
<td>D0500I</td>
<td>Thoughts better off dead or hurting self</td>
</tr>
<tr>
<td>-</td>
<td>D0500J</td>
<td>Short-tempered, easily annoyed</td>
</tr>
</tbody>
</table>

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for RUG-IV classification in either of the two following cases:

- The D0300 Total Severity Score is greater than or equal to 10 but not 99

or

- The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____ No _____
STEP # 4

Select the Special Care Low classification based on the ADL score and the presence or absence of depression record this classification:

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>Depressed</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td>Yes</td>
<td>LE2</td>
</tr>
<tr>
<td>15-16</td>
<td>No</td>
<td>LE1</td>
</tr>
<tr>
<td>11-14</td>
<td>Yes</td>
<td>LD2</td>
</tr>
<tr>
<td>11-14</td>
<td>No</td>
<td>LD1</td>
</tr>
<tr>
<td>6-10</td>
<td>Yes</td>
<td>LC2</td>
</tr>
<tr>
<td>6-10</td>
<td>No</td>
<td>LC1</td>
</tr>
<tr>
<td>2-5</td>
<td>Yes</td>
<td>LB2</td>
</tr>
<tr>
<td>2-5</td>
<td>No</td>
<td>LB1</td>
</tr>
</tbody>
</table>

RUG-IV CLASSIFICATION
The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

**STEP # 1**

Determine whether the resident is coded for **one** of the following conditions or services:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2000</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>I4900, ADL Score</td>
<td>Hemiplegia/hemiparesis with ADL score &gt;=5</td>
</tr>
<tr>
<td>M1040D,E</td>
<td>Surgical wounds or open lesions with any selected skin treatment*</td>
</tr>
<tr>
<td>M1040F</td>
<td>Burns</td>
</tr>
<tr>
<td>O0100A2</td>
<td>Chemotherapy while a resident</td>
</tr>
<tr>
<td>O0100C2</td>
<td>Oxygen therapy while a resident</td>
</tr>
<tr>
<td>O0100H2</td>
<td>IV medications while a resident</td>
</tr>
<tr>
<td>O0100I2</td>
<td>Transfusions while a resident</td>
</tr>
</tbody>
</table>

*Selected Skin Treatments
- M1200F Surgical wound care
- M1200G Application of dressing (not to feet)
- M1200H Application of ointments (not to feet)

If the resident does not have **one** of these conditions, skip to Category VII now.

**STEP # 2**

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are indentified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9 are in Chapter 3, section D. The following items comprise the PHQ-9:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Staff</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0200A</td>
<td>D0500A</td>
<td>Little interest or pleasure in doing things</td>
</tr>
<tr>
<td>D0200B</td>
<td>D0500B</td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td>D0200C</td>
<td>D0500C</td>
<td>Trouble falling or staying asleep, sleeping too much</td>
</tr>
<tr>
<td>D0200D</td>
<td>D0500D</td>
<td>Feeling tired or having little energy</td>
</tr>
<tr>
<td>D0200E</td>
<td>D0500E</td>
<td>Poor appetite or overeating</td>
</tr>
<tr>
<td>D0200F</td>
<td>D0500F</td>
<td>Feeling bad or failure or let self or others down</td>
</tr>
<tr>
<td>D0200G</td>
<td>D0500G</td>
<td>Trouble concentrating on things</td>
</tr>
<tr>
<td>D0200H</td>
<td>D0500H</td>
<td>Moving or speaking slowly or being fidgety or restless</td>
</tr>
<tr>
<td>D0200I</td>
<td>D0500I</td>
<td>Thoughts better off dead or hurting self</td>
</tr>
<tr>
<td>-</td>
<td>D0500J</td>
<td>Short-tempered, easily annoyed</td>
</tr>
</tbody>
</table>
These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. A higher Total Severity Score is associated with more symptoms of depression. For the resident interview, a Total Severity Score of 99 indicates that the interview was not successful.

The resident qualifies as depressed for RUG-IV classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____  No _____

**STEP # 3**

Select the Clinically Complex classification based on the ADL score and the presence or absence of depression record this classification:

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>Depressed</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td>YES</td>
<td>CE2</td>
</tr>
<tr>
<td>15-16</td>
<td>NO</td>
<td>CE1</td>
</tr>
<tr>
<td>11-14</td>
<td>YES</td>
<td>CD2</td>
</tr>
<tr>
<td>11-14</td>
<td>NO</td>
<td>CD1</td>
</tr>
<tr>
<td>6-10</td>
<td>YES</td>
<td>CC2</td>
</tr>
<tr>
<td>6-10</td>
<td>NO</td>
<td>CC1</td>
</tr>
<tr>
<td>2-5</td>
<td>YES</td>
<td>CB2</td>
</tr>
<tr>
<td>2-5</td>
<td>NO</td>
<td>CB1</td>
</tr>
<tr>
<td>0-1</td>
<td>YES</td>
<td>CA2</td>
</tr>
<tr>
<td>0-1</td>
<td>NO</td>
<td>CA1</td>
</tr>
</tbody>
</table>

**RUG-IV CLASSIFICATION** _____
Classification in this category is based on the presence of certain behavioral symptoms or the resident’s cognitive performance. Use the following instructions:

**STEP # 1**

Determine the resident’s ADL score. If the resident's ADL score is 5 or less go to Step #2.

If the ADL score is greater than 5, skip to Category VIII now.

**STEP # 2**

If the resident interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of “0” for Item C0100), skip the remainder of this step and proceed to Step #3 to check staff assessment for cognitive impairment.

Determine the resident’s cognitive status based on resident interview using the BIMS. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS items involve the following:

- C0200  Repetition of three words
- C0300  Temporal orientation
- C0400  Recall

Item C0500 provides a BIMS Summary Score for these items and indicates the resident’s cognitive performance, with a score of 15 indicating the best cognitive performance and 0 indicating the worst performance. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

Determine whether the resident is cognitively impaired. **If the resident’s Summary Score is less than or equal to 9, he or she is cognitively impaired and classifies in the Behavioral Symptoms and Cognitive Performance category. Skip to Step #5.**

If the resident’s summary score is greater than 9 but not 99, proceed to Step #4 to check behavioral symptoms.

If the resident’s Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), proceed to Step #3 to check staff assessment for cognitive impairment.
STEP # 3

Determine whether the resident is cognitively impaired based upon the staff assessment rather than resident interview. The RUG-IV Cognitive Performance Scale (CPS) is used to determine cognitive impairment.

The resident is cognitively impaired if one of the three following conditions exists:

1. B0100 Coma (B0100 = 1) and completely ADL dependent or ADL did not occur (G0110A1, G0110B1, G0110H1, G0100I1 all = 4 or 8)
2. C1000 Severely impaired cognitive skills (C1000 = 3)
3. B0700, C0700, C1000 Two or more of the following impairment indicators are present:
   - B0700 > 0 Problem being understood
   - C0700 = 1 Short-term memory problem
   - C1000 > 0 Cognitive skills problem

   and

   One or more of the following severe impairment indicators are present:
   - B0700 >= 2 Severe problem being understood
   - C1000 >= 2 Severe cognitive skills problem

If the resident meets the criteria for being cognitively impaired, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If he or she does not present with a cognitive impairment as defined here, proceed to Step #4.

STEP # 4

Determine if the resident presents with one of the following behavioral symptoms:

- E0100A Hallucinations
- E0100B Delusions
- E0200A Physical behavioral symptoms directed toward others (2 or 3)
- E0200B Verbal behavioral symptoms directed toward others (2 or 3)
- E0200C Other behavioral symptoms not directed toward others (2 or 3)
- E0800 Rejection of care (2 or 3)
- E0900 Wandering (2 or 3)

If the resident presents with one of the symptoms above, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Proceed to Step #7. If he or she does not present with behavioral symptoms or a cognitive impairment, skip to Category VIII.
STEP # 5

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

- **H0200C, H0500** Urinary toileting program and/or bowel toileting program
- **O0500A,B** Passive and/or active ROM
- **O0500C** Splint or brace assistance
- **O0500D,F** Bed mobility and/or walking training
- **O0500E** Transfer training
- **O0500G** Dressing and/or grooming training
- **O0500H** Eating and/or swallowing training
- **O0500I** Amputation/prostheses care
- **O0500J** Communication training

**Count as one service even if both provided**

Restorative Nursing Count ________

STEP # 6

Select the final RUG-IV Classification by using the total RUG-IV ADL score and the Restorative Nursing Count.

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>Restorative Nursing</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5</td>
<td>2 or more</td>
<td>BB2</td>
</tr>
<tr>
<td>2-5</td>
<td>0 or 1</td>
<td>BB1</td>
</tr>
<tr>
<td>0-1</td>
<td>2 or more</td>
<td>BA2</td>
</tr>
<tr>
<td>0-1</td>
<td>0 or 1</td>
<td>BA1</td>
</tr>
</tbody>
</table>

RUG-IV CLASSIFICATION ________
STEP # 1

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a RUG-IV ADL score greater than 5, are placed in this category.

STEP # 2

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

- H0200C, H0500** Urinary toileting program and/or bowel toileting program
- O0500A,B** Passive and/or active ROM
- O0500C Splint or brace assistance
- O0500D,F** Bed mobility and/or walking training
- O0500E Transfer training
- O0500G Dressing and/or grooming training
- O0500H Eating and/or swallowing training
- O0500I Amputation/prostheses care
- O0500J Communication training

**Count as one service even if both provided

Restorative Nursing Count _______

STEP # 3

Select the RUG-IV Classification by using the RUG-IV ADL score and the Restorative Nursing Count.

<table>
<thead>
<tr>
<th>RUG-IV ADL Score</th>
<th>Restorative Nursing</th>
<th>RUG-IV Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td>2 or more</td>
<td>PE2</td>
</tr>
<tr>
<td>15-16</td>
<td>0 or 1</td>
<td>PE1</td>
</tr>
<tr>
<td>11-14</td>
<td>2 or more</td>
<td>PD2</td>
</tr>
<tr>
<td>11-14</td>
<td>0 or 1</td>
<td>PD1</td>
</tr>
<tr>
<td>6-10</td>
<td>2 or more</td>
<td>PC2</td>
</tr>
<tr>
<td>6-10</td>
<td>0 or 1</td>
<td>PC1</td>
</tr>
<tr>
<td>2-5</td>
<td>2 or more</td>
<td>PB2</td>
</tr>
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<td>PB1</td>
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<tr>
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<td>PA2</td>
</tr>
<tr>
<td>0-1</td>
<td>0 or 1</td>
<td>PA1</td>
</tr>
</tbody>
</table>

RUG-IV CLASSIFICATION _______
If an assessment is a Start of Therapy OMRA (indicated by MDS Item A0310C = 1 or 3 [whether or not it is combined with other types of assessments]), then RUG-IV classification must be in a Rehabilitation Plus Extensive Services group or a Rehabilitation group. Lower classifications are not allowed. If the classification for a Start of Therapy OMRA is not in a Rehabilitation Plus Extensive Services group or a Rehabilitation group, then adjust the classification to AAA (the default group) for both the Medicare Part A RUG reported in Item Z0100A and the Medicare Part A non-therapy RUG in Item Z0150A. The Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system will reject the assessment.