

Case Mix #3 Medicaid RUG-III 34-Grouper



Effective July 2016

	ADL				
RUG Level	Score	Requirements	MDS 3.0 Section		
Rehabilitation					
RAD RAC RAB RAA	17-18 14-16 10-13 4-9	Received one of the following services with ADL = 4-18 Criteria #1 • 150 minutes or more (total) of therapy • At least 5 days of any combination OR Criteria #2 • 45 minutes or more (total) of therapy • At least 3 days of any combination • At least 2 Restorative Nursing Programs, each administered for at least 15 minutes, each for 6 or more days	O0400A,B,C O0400A,B,C O0500A-J		
	ADL				
RUG Level	Score	Requirements	MDS 3.0 Section		
		Extensive Services			
SE3 SE2 SE1	4-5 2-3 0-1	Received one of the following services with ADL sum≥ 7: 1. Parental/IV 2. Suctioning 3. Tracheostomy Care 4. Ventilator or Respirator 5. IV Medication • Evaluate for Special Care, Clinically Complex, Impaired cognition for the total Extensive Services count	K0510A, 1 or 2 O0100D, 1 or 2 O0100E, 1 or 2 O0100F, 1 or 2 O0100H, 1 or 2		



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	ADL		
RUG Level	Score	Requirements	MDS 3.0 Section
		SPECIAL CARE	
SSC	17-18	Any one of the following services received with	
SSB	15-16	ADL sum ≥ 7:	
SSA	7-14	1. Cerebral Palsy, ADL sum > 10	14400
		2. Quadriplegic, ADL sum > 10	15100
		3. Multiple Sclerosis, ADL sum ≥ 10	15200
		4. Fever and 1 of the following:	J1550A
		- Pneumonia	12000
		- Vomiting	JI550B
		- Dehydration	JI550C
		Weight LossFeeding Tube*	K0300 K0510B
		5. Feeding Tube* and aphasia	
		Feeding Tube and applasia Feeding Tube classification must include:	K0510B, 1 or 2, I4300
		1. 51% or more calories OR	K0710A3 or
		2. 26-50% calories and 501 cc or more per	K0710A3 on K0710A3 and K0710B3
		day enteral/parenteral intake	107 107 15 dila 107 1005
		6. Ulcers (2+ sites over all stages) with 2 or	M0300A, B1 and
		more skin treatments	M1030
		7. Any stage 3 or 4 pressure ulcer with 2 or	M0300C1, D1, and F1
		more skin treatments	, ,
		 Pressure relieving device chair/bed* 	M1200A, B
		*Count as 1 even if both provided	
		 Turning/repositioning program 	M1200C
		 Nutrition or hydration intervention to 	M1200D
		manage skin problems	
		- Pressure ulcer care	M1200E
		 Application of non-surgical dressings 	M1200G
		other than to feet	
		- Application of ointment/medication	M1200H
		other than to feet	N4104D
		8. Open lesions with 1 or more treatments	M104D
		9. Surgical wounds including 1 or more	M1040E
		treatments 1. Surgical wound care	M1200F
		Surgical wound care Application of non-surgical dressings	M1200F M1200G
		other than to feet	IVITZUUG
		3. Application of non-surgical dressings	M1200H
		other than to feet	IVITZUUII
		10. Radiation Treatments	O0100B
		11. Respiratory therapy = 7 days	O0400D



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RUG Level Sad Mood Score Requirements MDS 3.0 Section	
CC2 Yes 17-18 1. Coma and ADL performance = 4 or 8 CC1 No 17-18 OR CB2 Yes 12-16 2. Pneumonia 12000 1	
CC2 Yes 17-18 1. Coma and ADL performance = 4 or 8 OR B0100 CB2 Yes 12-16 2. Pneumonia 12000 CB1 No 12-16 3. Septicemia 12000 CA2 Yes 4-11 4. Diabetes and Injections=7 days and Physician Order Changes 12900 and N0300 a O0700 S. Hemiplegia/Hemiparesis with ADLS ≥ 10 14900 6. Dehydration 7. Internal Bleeding J1550C 8. Feeding Tube J1550D 9. Infection of the foot with application of dressing M040A and M120 10. Diabetic foot ulcer/open lesions on the foot with application of dressing M1040A and M120 11. Burns M1200I 12. Chemotherapy M1040F 13. Oxygen therapy M1040F 14. Transfusions O0100C	and
CC2 Yes 17-18 1. Coma and ADL performance = 4 or 8 OR B0100 CB2 Yes 12-16 2. Pneumonia 12000 CB1 No 12-16 3. Septicemia 12000 CA2 Yes 4-11 4. Diabetes and Injections=7 days and Physician Order Changes 12900 and N0300 a O0700 CA1 No 4-11 Physician Order Changes 00700 5. Hemiplegia/Hemiparesis with ADLS ≥ 10 14900 6. Dehydration 7. Internal Bleeding J1550C 8. Feeding Tube J1550D 9. Infection of the foot with application of dressing M1040A and M120 10. Diabetic foot ulcer/open lesions on the foot with application of dressing M1040B, C and M1200 11. Burns M1200I 12. Chemotherapy M1040F 13. Oxygen therapy M1040F 14. Transfusions 00100C	and
CC1 No 17-18 OR CB2 Yes 12-16 2. Pneumonia 12000 CB1 No 12-16 3. Septicemia 12000 CA2 Yes 4-11 4. Diabetes and Injections=7 days and Physician Order Changes 12900 and N0300 a O0700 S. Hemiplegia/Hemiparesis with ADLS ≥10 14900 6. Dehydration 7. Internal Bleeding J1550C 8. Feeding Tube J1550D 9. Infection of the foot with application of dressing M1040A and M120 10. Diabetic foot ulcer/open lesions on the foot with application of dressing M1040B, C and M1200 11. Burns M1200I 12. Chemotherapy M1040F 13. Oxygen therapy M1040F 14. Transfusions O0100C	and
CB2 Yes 12-16 2. Pneumonia I2000 CB1 No 12-16 3. Septicemia I2000 CA2 Yes 4-11 4. Diabetes and Injections=7 days and Physician Order Changes I2900 and N0300 a O0700 CA1 No 4-11 Physician Order Changes O0700 5. Hemiplegia/Hemiparesis with ADLS ≥10 I4900 6. Dehydration 7. Internal Bleeding J1550C 8. Feeding Tube J1550D 9. Infection of the foot with application of dressing M1040A and M120 10. Diabetic foot ulcer/open lesions on the foot with application of dressing M1040B, C and 11. Burns M1200I 12. Chemotherapy M1040F 13. Oxygen therapy M1040F 14. Transfusions O0100C	and
CB1 No 12-16 Yes 4-11	and
CA2 CA1 Yes CA1 No 4-11 4. Diabetes and Injections=7 days and Physician Order Changes 5. Hemiplegia/Hemiparesis with ADLS ≥10 6. Dehydration 7. Internal Bleeding 8. Feeding Tube 9. Infection of the foot with application of dressing 10. Diabetic foot ulcer/open lesions on the foot with application of dressing 11. Burns 12. Chemotherapy 13. Oxygen therapy 14. Transfusions 12900 and N0300 a 00700 14900 14900 1550D K0510B M1040A and M120 M1040B, C and M1200I	and
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5. Hemiplegia/Hemiparesis with ADLS ≥10 6. Dehydration 7. Internal Bleeding 8. Feeding Tube 9. Infection of the foot with application of dressing 10. Diabetic foot ulcer/open lesions on the foot with application of dressing 11. Burns 12. Chemotherapy 13. Oxygen therapy 14. Transfusions M1040F	
≥ 10 6. Dehydration 7. Internal Bleeding 8. Feeding Tube 9. Infection of the foot with application of dressing 10. Diabetic foot ulcer/open lesions on the foot with application of dressing 11. Burns 12. Chemotherapy 13. Oxygen therapy 14. Transfusions 14900 14900 1550C 1550D 160510B 17550D	
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8. Feeding Tube 9. Infection of the foot with application of dressing 10. Diabetic foot ulcer/open lesions on the foot with application of dressing 11. Burns 12. Chemotherapy 13. Oxygen therapy 14. Transfusions J1550D K0510B M1040A and M120 M1040B, C and M1200I	
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10. Diabetic foot ulcer/open lesions on the foot with application of dressing M1040B, C and M1200I 11. Burns M1200I 12. Chemotherapy 13. Oxygen therapy M1040F 14. Transfusions O0100C	001
the foot with application of dressing M1040B, C and M1200I 12. Chemotherapy 13. Oxygen therapy M1040F 14. Transfusions O0100C	
11. Burns M1200I 12. Chemotherapy 13. Oxygen therapy M1040F 14. Transfusions O0100C	
13. Oxygen therapy M1040F 14. Transfusions O0100C	
13. Oxygen therapy M1040F 14. Transfusions O0100C	
15 Dialysis 001000	
15. Dialysis O0100C	
16. Number of days in last 14, Physician 00100l	
visit or physician order changes: O0100J	
- Visits > 1 day and order changes ≥ 4 O0600, O0700	
days or	
- Visits > 2 days and order changes ≥ 2	
days	
PHQ-9 score of 10 or greater is	
considered depressed OR	
PH-9-OV score of 10 or greater is D0300 or	
considered depressed D0600	
ADL	
RUG Level RN Score Requirements MDS 3.0 Section	
IMPAIRED COGNITION (BIMS)	
Cognitive Performance Scale score ≥ 3, ADL	
index < 10. CPS considered 5 MDS items:	
1. Repetition of three words C0200	
1B2 2+ 6-10 2. Temporal Orientation C0300A, B, C	
1B1 0-1 6-10 3. Recall CO400A, B, C	
1A2 2+ 4-5 • BIMs score range 0-15 C0500	
1A1 0-1 4-5 • Score of 9 or less = cognitively	
impaired	
• Score of 10 or higher =	
cognitively intact	
Two or more Restorative	
Nursing Programs	



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IMPAIRED COGNITION				
DUIC I avail	DN1	ADL	D. mains and a	MDC 2 0 Cti
RUG Level	RN	Score	Requirements	MDS 3.0 Section
4.00	2.	6.10	Cognitive Performance Scale score ≥ 3, ADL	
1B2	2+	6-10	index < 10. CPS considered 5 MDS items:	D0100
1B2	0-1 2+	6-10 4-5	1. Coma and ADL self-performance 4	B0100
1A2 1A1	0-1	4-5 4-5	or 8 OR 2. Severely impaired decision making	C1000
IAI	0-1	4-5	skills	C1000
			3. Two or more of the following	
			indicators are present	
			>0 problem making self understood	B0700
			= 1 short term memory problem	C0700
			> 0 impaired decision-making skills and	C1000
			One or more of the following	
			severe impairment indicators are	
			present	
			• >=2	B0700
			• >=2	C1000
			Two or more Restorative Nursing	
			Programs	
			BEHAVIOR PROBLEMS	
		ADL		
RUG Level	RN	Score	Requirements	MDS 3.0 Section
			Any of the following behaviors occurred on 4	
			or more of the last 7 days, ADL index ≤ 10:	
			1. Hallucinations	E0100A
BB2	2+	6-10	2. Delusions	E0100B
BB1	0-1	6-10	3. Physical behavior symptoms 4 or	E0200A
BA2	2+	4-5	more days	
BA1	0-1	4-5	4. Verbal behavior symptoms 4 or	E0200B
			more	502000
			5. Other behavior symptoms	E0200C
			6. Rejection of Care 4 or more days	E0800
			7. Wandering 4 or more days	E0900
			Two or more Restorative Nursing Programs	
			Programs	



Case Mix #3

Medicaid





			Effective July 2016	
REDUCED PHYSICAL FUNCTIONING				
		ADL		
RUG Level	RN	Score	Requirements	MDS 3.0 Section
PE2 PE1 PD2 PD1 PC2 PC1 PB2 PB1 PA2 PA1	2+ 0-1 2+ 0-1 2+ 0-1 2+ 0-1	16-18 16-18 11-15 11-15 9-10 9-10 6-8 6-8 4-5 4-5	Any assessment that does not meet any of the prior criteria or had a match in Impaired Cognition or Behavior Problems with an ADL score of 11 or more will classify in Reduced Physical Function. Two or more Restorative Nursing Programs Restorative Nursing Programs Current urinary toileting program**** Range of motion (passive)**** Range of motion (active)**** Splint or brace assistance Bed mobility**** Transfer Walking**** Dressing and/or grooming Eating and/or swallowing Amputation/prostheses care Communication ****Count as one service (H0200C and H0500; 00500A and B; 00500D and F) even if both are provided Restorative Nursing Program Criteria: Measurable objectives and interventions must be documented in the care plan and in the clinical record Evidence of periodic evaluation by licensed nurse during observation period must be present in the clinical record Nurse assistant/aides must be trained in the techniques that promote resident involvement in the activity These activities are carried out or supervised by members of the nursing staff This category does not include exercise groups with more than four residents per supervising helper or caregiver	H0200C**** H0500**** O0500A**** O0500C O0500D**** O0500E O0500F**** O0500G O0500H O0500I O0500J