

State of Indiana
Case Mix #3
Medicaid
RUG-IV 48-Grouper
Effective

RUG Level		ADL Score	Requirements	MDS 3.0 Section
Rehabilitation				
RAD RAC RAB RAA		17-18 14-16 10-13 4-9	<p><i>Received one of the following services with ADL = 4-18</i></p> <p>Criteria #1</p> <ul style="list-style-type: none"> • 150 minutes or more (total) of therapy • At least 5 days of any combination <p>OR</p> <p>Criteria #2</p> <ul style="list-style-type: none"> • 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
RUG Level		ADL Score	Requirements	MDS 3.0 Section
Extensive Services				
SE3 SE2 SE1		4-5 2-3 0-1	<p><i>Received one of the following services with ADL sum \geq 7:</i></p> <ol style="list-style-type: none"> 1. Parental/IV 2. Suctioning 3. Tracheostomy Care 4. Ventilator or Respirator 5. IV Medication <ul style="list-style-type: none"> • 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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SPECIAL CARE			
SSC	17-18	<i>Any one of the following services received with</i>	
SSB	15-16	<i>ADL sum \geq 7:</i>	
SSA	7-14	<ol style="list-style-type: none"> 1. Cerebral Palsy, ADL sum \geq 10 2. Quadriplegic, ADL sum \geq 10 3. Multiple Sclerosis, ADL sum \geq 10 4. Fever and 1 of the following: <ul style="list-style-type: none"> - Pneumonia - Vomiting - Dehydration - Weight Loss - Feeding Tube* 5. Feeding Tube* and aphasia <i>Feeding Tube classification must include:</i> <ol style="list-style-type: none"> 1. 51% or more calories OR 2. 26-50% calories and 501 cc or more per day enteral/parenteral intake 6. Ulcers (2+ sites over all stages) with 2 or more skin treatments 7. Any stage 3 or 4 pressure ulcer with 2 or more skin treatments <ul style="list-style-type: none"> - Pressure relieving device chair/bed* *Count as 1 even if both provided - Turning/repositioning program - Nutrition or hydration intervention to manage skin problems - Pressure ulcer care - Application of non-surgical dressings other than to feet - Application of ointment/medication other than to feet 8. Open lesions with 1 or more treatments 9. Surgical wounds including 1 or more treatments <ol style="list-style-type: none"> 1. Surgical wound care 2. Application of non-surgical dressings other than to feet 3. Application of non-surgical dressings other than to feet 10. Radiation Treatments 11. Respiratory therapy = 7 days 	I4400 I5100 I5200 J1550A I2000 J1550B J1550C K0300 K0510B K0510B, 1 or 2, I4300 K0710A3 or K0710A3 and K0710B3 M0300A, B1 and M1030 M0300C1, D1, and F1 M1200A, B M1200C M1200D M1200E M1200G M1200H M104D M1040E M1200F M1200G M1200H O0100B O0400D

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CLINICALLY COMPLEX				
CC2	Yes	17-18	<i>Any one of the following:</i> 1. Coma and ADL performance = 4 or 8 OR 2. Pneumonia 3. Septicemia 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 15. Dialysis 16. Number of days in last 14, Physician visit or physician order changes: - Visits > 1 day and order changes ≥ 4 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 considered depressed	B0100
CC1	No	17-18		I2000
CB2	Yes	12-16		I2000
CB1	No	12-16		I2900 and N0300 and O0700
CA2	Yes	4-11		I4900
CA1	No	4-11		J1550C J1550D K0510B M1040A and M1200I M1040B, C and M1200I M1040F O0100C O0100C O0100I O0100J O0600, O0700 D0300 or D0600
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section
IMPAIRED COGNITION (BIMS)				
1B2	2+	6-10	<i>Cognitive Performance Scale score ≥ 3, ADL index < 10. CPS considered 5 MDS items:</i> 1. Repetition of three words 2. Temporal Orientation 3. Recall • BIMS score range 0-15 • Score of 9 or less = cognitively impaired • Score of 10 or higher = cognitively intact • Two or more Restorative Nursing Programs	C0200
1B1	0-1	6-10		C0300A, B, C
1A2	2+	4-5		C0400A, B, C
1A1	0-1	4-5		C0500

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IMPAIRED COGNITION				
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section
1B2	2+	6-10	<p><i>Cognitive Performance Scale score ≥ 3, ADL index < 10. CPS considered 5 MDS items:</i></p> <ol style="list-style-type: none"> 1. Coma and ADL self-performance 4 or 8 OR 2. Severely impaired decision making skills 3. Two or more of the following indicators are present <ul style="list-style-type: none"> >0 problem making self understood = 1 short term memory problem > 0 impaired decision-making skills and • One or more of the following severe impairment indicators are present <ul style="list-style-type: none"> • ≥ 2 • ≥ 2 • Two or more Restorative Nursing Programs 	B0100
1B2	0-1	6-10		C1000
1A2	2+	4-5		B0700
1A1	0-1	4-5		C0700
				C1000
				B0700
				C1000
BEHAVIOR PROBLEMS				
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section
BB2	2+	6-10	<p><i>Any of the following behaviors occurred on 4 or more of the last 7 days, ADL index ≤ 10:</i></p> <ol style="list-style-type: none"> 1. Hallucinations 2. Delusions 3. Physical behavior symptoms 4 or more days 4. Verbal behavior symptoms 4 or more 5. Other behavior symptoms 6. Rejection of Care 4 or more days 7. Wandering 4 or more days • Two or more Restorative Nursing Programs 	E0100A
BB1	0-1	6-10		E0100B
BA2	2+	4-5		E0200A
BA1	0-1	4-5		E0200B
				E0200C
			E0800	
			E0900	

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REDUCED PHYSICAL FUNCTIONING					
RUG Level	RN	ADL Score	Requirements	MDS 3.0 Section	
PE2	2+	16-18	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.		
PE1	0-1	16-18			
PD2	2+	11-15	Two or more Restorative Nursing Programs		
PD1	0-1	11-15			
PC2	2+	9-10	Restorative Nursing Programs <ul style="list-style-type: none"> • Current urinary toileting program**** • Current bowel 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; O0500A and B; O0500D and F) even if both are provided	H0200C**** H0500**** O0500A**** O0500B**** O0500C O0500D**** O0500E O0500F**** O0500G O0500H O0500I O0500J	
PC1	0-1	9-10			
PB2	2+	6-8			
PB1	0-1	6-8			
PA2	2+	4-5			
PA1	0-1	4-5			
					Restorative Nursing Program Criteria: <ul style="list-style-type: none"> • 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

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