

**Classification Grid**  
**Medicare Part A**  
**RUG-IV 66 Grouper**

RUG Level		ADL Score	Requirements	MDS 3.0 Section
<b>Rehabilitation / Extensive Services</b>				
<b>ULTRA HIGH</b> RUX RUL		<b>11-16</b> <b>2-10</b>	<p><i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i></p> <ul style="list-style-type: none"> <li>• Rx 720 minutes/week minimum AND</li> <li>• At least 1 discipline 5 days/week AND</li> <li>• A second discipline at least 3 days/week AND</li> <li>• <b>Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident</b> AND</li> <li>• <b>ADL score &gt; =2</b></li> <li>• <b>See updated Extensive Services Category*</b></li> </ul>	O, A,B,C, 1,2,3,4
<b>VERY HIGH</b> RVX RVL		<b>11-16</b> <b>2-10</b>	<p><i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i></p> <ul style="list-style-type: none"> <li>• Rx 500 minutes/week minimum AND</li> <li>• One discipline at least 5 days/week AND</li> <li>• <b>Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident</b> AND</li> <li>• <b>ADL score &gt; =2</b></li> <li>• <b>See updated Extensive Services Category</b></li> </ul>	O, A,B,C, 1,2,3,4
<b>HIGH</b> RHX RHL		<b>11-16</b> <b>2-10</b>	<p><i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i></p> <ul style="list-style-type: none"> <li>• Rx 325 minutes/week minimum AND</li> <li>• One discipline 5 days/week AND</li> <li>• <b>Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident</b> AND</li> <li>• <b>ADL score &gt; =2</b></li> <li>• <b>See updated Extensive Services Category*</b></li> </ul>	O, A,B,C, 1,2,3,4

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<b>Rehabilitation / Extensive Services (Continued)</b>				
<b>MEDIUM</b>  RMX RML		<b>11-16</b> <b>2-10</b>	<i>Residents needing both extensive medical services and PT, OT or SLP services.</i>  <ul style="list-style-type: none"> <li>• Rx 150 minutes/week minimum AND</li> <li>• 5 distinct calendar days of therapy across disciplines AND</li> <li>• <b>Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident</b> AND</li> <li>• <b>ADL score &gt;=2</b></li> <li>• <b>See updated Extensive Services Category*</b></li> </ul>	O, A,B,C, 1,2,3,4
<b>LOW</b>  RLX		<b>2-16</b>	<i>Residents needing both extensive medical services and physical or occupational therapy or speech-language pathology services.</i>  <p align="center">AND</p> <ul style="list-style-type: none"> <li>• 3 distinct calendar days of therapy across disciplines AND</li> <li>• Restorative nursing, 2 or more services, 6 or more days/week (see Reduced Physical Function for restorative nursing services) AND</li> <li>• <b>Tracheostomy care, ventilator/respirator or isolation for active infectious disease while a resident</b> AND</li> <li>• <b>ADL score &gt;=2</b></li> <li>• <b>See updated Extensive Services Category*</b></li> </ul>	O, A,B,C, 1,2,3,4
<p><b>*Updated Extensive Services:</b> Extensive Services qualification based on ADL Sum &gt; 2 and one of the following services:</p> <ul style="list-style-type: none"> <li>• <b>Tracheostomy Care</b></li> <li>• <b>Ventilator / Respirator OR</b></li> <li>• <b>Isolation for active infectious disease while a resident</b></li> </ul>				
<b>Rehabilitation</b>				
<b>ULTRA HIGH</b>  RUC RUB RUA		<b>11-16</b> <b>6-10</b> <b>0-5</b>	In last 7 days: <ul style="list-style-type: none"> <li>• Received 720 minutes/week minimum AND</li> <li>• At least 1 discipline 5 days/week AND</li> <li>• 2<sup>nd</sup> for at least 3 days/week</li> </ul>	O, A,B,C, 1,2,3,4
<b>VERY HIGH</b>  RVC RVB RVA		<b>11-16</b> <b>6-10</b> <b>0-5</b>	In last 7 days: <ul style="list-style-type: none"> <li>• Received 500 minutes/week minimum AND</li> <li>• At least 1 discipline 5 days/week</li> </ul>	O, A,B,C, 1,2,3,4

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<b>Special Rehabilitation (Continued)</b>				
<b>HIGH</b> RHC RHB RHA		<b>11-16</b> <b>6-10</b> <b>0-5</b>	In last 7 days: <ul style="list-style-type: none"> <li>Received 325 minutes/week minimum AND</li> <li>At least 1 discipline -5 days/week</li> </ul>	O, A,B,C, 1,2,3,4
<b>MEDIUM</b> RMC RMB RMA		<b>11-16</b> <b>6-10</b> <b>0-5</b>	In last 7 days: <ul style="list-style-type: none"> <li>Received 150 minutes/week minimum AND</li> <li>5 distinct calendar days of therapy across disciplines</li> </ul>	O, A,B,C, 1,2,3,4
<b>LOW</b> RLB RLA		<b>11-16</b> <b>0-10</b>	In last 7 days: <ul style="list-style-type: none"> <li>Received 45 minutes/week minimum AND</li> <li>3 distinct calendar days of therapy across disciplines AND</li> <li>Restorative nursing, 2 or more services, 6 or more days/week (see Reduced Physical Function for restorative nursing services)</li> </ul>	O, A,B,C, 1,2,3,4
<b>Extensive Services</b>				
			<i>Residents receiving the following complex clinical care:</i> <ul style="list-style-type: none"> <li><b>Tracheostomy Care</b> OR</li> <li><b>Ventilator / Respirator</b> OR</li> <li><b>Isolation for active infectious disease while a resident</b> AND</li> <li><b>ADL score &gt;=2</b></li> </ul>	O0100E2 O0100F2 O0100M2
ES3		<b>2-16</b>	Notes: Qualifiers count for end splits <ul style="list-style-type: none"> <li>Tracheostomy care (while a resident) AND</li> </ul>	O0100E2
ES2		<b>2-16</b>	<ul style="list-style-type: none"> <li>Ventilator / Respirator (while a resident)</li> <li>Tracheostomy care (while a resident) OR</li> </ul>	O0100F2 O0100E2
ES1		<b>2-16</b>	<ul style="list-style-type: none"> <li>Ventilator / Respirator (while a resident)</li> <li>Isolation for active infectious disease (while a resident)</li> </ul>	O0100E2 O0100M2

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<b>Special Care High</b>					
HE2 HE1	Yes No	15-16 15-16	<i>Residents receiving the following complex clinical care or with a following medical condition:</i> <ul style="list-style-type: none"> <li>• <b>Comatose and completely ADL dependent</b></li> <li>• <b>Septicemia</b></li> <li>• <b>Diabetes with daily injections requiring physician order changes on 2 or more days</b></li> <li>• Quadriplegia and ADL score &gt;= 5</li> <li>• <b>Chronic obstructive pulmonary disease and shortness of breath when lying flat</b></li> <li>• Fever with               <ul style="list-style-type: none"> <li>○ Pneumonia</li> <li>○ Vomiting</li> <li>○ <b>Feeding tube: 26-50% or more calories and at least 501 cc of fluid or 51% of the calories for the entire 7 days</b></li> <li>○ Weight loss</li> </ul> </li> <li>• <b>Parenteral/IV feedings</b></li> <li>• Respiratory therapy for 7 days AND</li> <li>• <b>ADL score &gt;=2</b></li> </ul> Notes: Signs of depression used for end splits; PHQ score =>10	B, B0100 I, I2100	
HD2 HD1	Yes No	11-14 11-14		I, I2900; Section N, N0350,A I, I5100	
HC2 HC1	Yes No	6-10 6-10		I, I6200 J, J1550,A I, I2000	
HB2 HB1	Yes No	2-5 2-5		J, J1550,B K, K0500,B K, K0300 K, K0500,A O, O0400,D	
<b>Special Care Low</b>					
LE2 LE1	Yes No	15-16 15-16		<i>Residents receiving the following complex clinical care or with a following medical condition:</i> <ul style="list-style-type: none"> <li>• Cerebral palsy and ADL score &gt;=5</li> <li>• Multiple sclerosis and ADL score &gt;=5</li> <li>• <b>Parkinson's disease and ADL score &gt;=5</b></li> <li>• <b>Feeding tube 26-50% or more calories and at least 501 cc of fluid or 51% of the calories for the entire 7 days</b></li> <li>• Ulcers with 2 or more skin treatments               <ul style="list-style-type: none"> <li>○ 2 or more stage II</li> <li>○ 1 or more stage III or IV pressure ulcers</li> <li>○ <b>Unstageable secondary to slough/eschar</b> <ul style="list-style-type: none"> <li>▪ <b>2 or more venous/arterial ulcers OR</b></li> <li>▪ <b>1 stage II pressure ulcer AND</b></li> <li>▪ <b>1 venous/arterial ulcer</b></li> </ul> </li> </ul> </li> <li>• Foot infection, diabetic foot ulcer or open lesions on the foot with treatment</li> <li>• Radiation therapy while a resident</li> <li>• <b>Respiratory failure and oxygen therapy while a resident</b> <ul style="list-style-type: none"> <li>• <b>Dialysis while a resident</b> AND</li> </ul> </li> <li>• ADL score &gt;=2</li> </ul> Notes: Signs of depression used for end splits; PHQ score =>10	I, I4400 I, I5200 I, I5300 K, K0700,A,B, M M, M0800,A M, M0800,B,C M, M1030 M, M-0800,A M, M1030 M, M1040,A,C
LD2 LD1	Yes No	11-14 11-14			O, O0100,B,2 I, I6300 O,O0100C O, O0100,J,2
LC2 LC1	Yes No	6-10 6-10			
LB2 LB1	Yes No	2-5 2-5			

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<b>Clinically Complex</b>				
CE2 CE1	Yes No	<b>15-16</b> <b>15-16</b>	<i>Residents with Extensive Services, Special Care High or Special Care Low qualifier.</i> AND • ADL score = 0-1	
CD2 CD1	Yes No	<b>11-14</b> <b>11-14</b>	OR <i>Residents with any one of the following clinically complex qualifiers:</i> • Pneumonia • Hemiplegia and ADL score >=5	I, I2000 I, I4900
CC2 CC1	Yes No	<b>6-10</b> <b>6-10</b>	• <b>Surgical wounds or open lesions with treatment</b> • Burns • Chemotherapy <b>while a resident</b>	M, M1040,E M, M1040,F
CB2 CB1	Yes No	<b>2-5</b> <b>2-5</b>	• Oxygen <b>while a resident</b> • <b>IV medications while a resident</b> • Transfusions <b>while a resident</b>	O, O0100,A,2 O, O0100,C,2 O, O0100,H,2 O, O0100,I,2
CA2 CA1	Yes No	<b>0-1</b> <b>0-1</b>	Notes: Signs of depression used for end splits: PHQ score =>10	
<b>Behavioral Symptoms and Cognitive</b>				
BB2	*	<b>2-5</b>	<i>Residents having cognitive impairment BIMS score&lt;=9 or CPS &gt;=3</i> OR	C
BB1	**	<b>2-5</b>	• Hallucinations or delusions OR	E0100A E0100B
BA2	*	<b>0-1</b>	<i>Residents displaying any of the following on 4 or more days over last 7 days:</i>	
BA1	**	<b>0-1</b>	• Physical or verbal behavioral symptoms toward others • Other behavioral symptoms • Rejection of care • Wandering AND • ADL score <=5	E, E0200,A,B,C E, E0300,1 E, E0900
	* 2 or more Restorative Services 6+ days ** Less Restorative Nursing		Notes: Restorative nursing used for end splits. See Reduced Physical Function for restorative nursing services count	

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<b>Reduced Physical Functioning</b>				
PE2 PE1	* **	15-16 15-16	<i>Residents whose needs are primarily for activities of daily living and general supervision.</i> <ul style="list-style-type: none"> <li>• Residents not qualifying for other categories</li> <li>• Restorative nursing services:               <ul style="list-style-type: none"> <li>○ Urinary and/or bowel training program                   <ul style="list-style-type: none"> <li>▪ Passive and/or active ROM</li> </ul> </li> <li>○ Amputation/prosthesis care training                   <ul style="list-style-type: none"> <li>▪ Splint or brace assistance</li> <li>▪ Dressing or grooming training</li> <li>▪ Eating or swallowing training</li> <li>▪ Transfer training</li> </ul> </li> <li>○ Bed mobility and/or walking training                   <ul style="list-style-type: none"> <li>▪ Communication training</li> </ul> </li> </ul> </li> </ul>	O, 0500,A-J H, H0200/H0500
PD2 PD1	* **	11-14 11-14		
PC2 PC1	* **	6-10 6-10		
PB2 PB1	* **	2-5 2-5		
PA2 PA1	* **	0-1 0-1		
	*2 or more Restorative Services 6+ days			
	**Less Restorative Nursing			
			Notes: No clinical variables used	