

SNF PPS RUG III 53 GROUP HIERARCHICAL CLASS				ADL	RUG	RATE*	RANK
1 REHABILITATION PLUS EXTENSIVE SERVICES AND ADL SUM = 7 or higher (if less than 7 go to							
ULTRA HIGH INTENSITY CRITERIA				16-18	RUX	723.59	1
Rx 720 mins. a week minimum				7-15	RUL	635.46	2
At least 2 disciplines - 1 st = at least 5 days, 2 nd = at least 3 days 720 mins or Higher				< 7	➔Cat 2		
VERY HIGH INTENSITY CRITERIA				16-18	RVX	548.61	5
Rx 500 mins. a week minimum				7-15	RVL	511.59	8
At least 1 discipline = 5 days 500 – 719 mins				< 7	➔Cat 2		
HIGH INTENSITY CRITERIA				13-18	RHX	465.05	12
Rx 325 mins. a week minimum				7-12	RHL	456.23	13
1 discipline = 5 days 325 – 499 mins				< 7	➔Cat 2		
MEDIUM INTENSITY CRITERIA				15-18	RMX	532.38	7
Rx 150 mins. a week minimum				8-14	RML	488.31	10
Across 3 disciplines = 5 days 150 – 324 mins				< 7	➔Cat 2		
LOW INTENSITY CRITERIA				7-18	RLX	377.95	21
Rx 3 days, 45 mins. a week minimum (can be across 3 disciplines)				< 7	➔Cat 2		
AND Nursing Rehab.- 2 activities, 6 days a week Rehab Maint. Rx 45 – 149 mins							
2 REHABILITATION							
ULTRA HIGH INTENSITY CRITERIA				16-18	RUC	614.30	3
Rx 720 mins. a week minimum				7-15	RUB	563.19	4
At least 2 disciplines - 1 st = at least 5 days, 2 nd = at least 3 days 720 mins or Higher				4-8	RUA	536.74	6
VERY HIGH INTENSITY CRITERIA				16-18	RVC	493.97	9
Rx 500 mins. a week minimum				9-15	RVB	469.29	11
At least 1 discipline = 5 days 500 – 719 mins				4-8	RVA	421.70	16
HIGH INTENSITY CRITERIA				13-18	RHC	429.80	15
Rx 325 mins. a week minimum				8-12	RHB	410.40	17
1 discipline = 5 days 325 – 499 mins				4-7	RHA	380.45	20
If this is a Medicare 5 day or a Medicare Readmission/Return assessment, then the following apply							
• Ordered Therapies is checked (T1b)							
• 65 minutes or more (total) of therapy (P1ba, b, c)							
• Therapy services expected on 8 or more days (T1c)							
• 520 minutes or more (total) of therapy expected (T1d)							
MEDIUM INTENSITY CRITERIA				15-18	RMC	394.89	18
Rx 150 mins. a week minimum				8-14	RMB	384.31	19
Across 3 disciplines = 5 days 150 – 324 mins				4-7	RMA	375.50	22
If this is a Medicare 5 day or a Medicare Readmission/Return assessment, then the following apply							
• Ordered Therapies is checked (T1b)							
• Therapy services expected on 8 or more days (T1c)							
• 240 minutes or more (total) of therapy expected (T1d)							
LOW INTENSITY CRITERIA				14-18	RLB	348.00	24
Rx 3 days, 45 mins. a week minimum (can be across 3 disciplines)				4-13	RLA	296.87	30
AND Nursing Rehab.- 2 activities, 6 days a week Rehab Maint. Rx 45 – 149 mins							
If this is a Medicare 5 day or a Medicare Readmission/Return assessment, then the following apply							
• Ordered therapies is checked (T1b)							
• Therapy services expected on 5 or more days (T1c)							
• 75 minutes or more (total) of therapy expected (T1d)							
• 2 or more nursing rehabilitation services each received for at least 15 minutes with each administered for 2 or more days (P3, H3a, b)							
3 EXTENSIVE SERVICES (★If ADL sum <6 ➔ Special Care)							
•IV feeding in the last 7days				7-18	SE3†	435.28	14
Services in the last 14 days				7-18	SE2†	370.07	23
☞ •IV meds. •Suctioning •Tracheostomy care •Ventilator or respirator				7-18	SE1†	329.53	25
				< 7	➔Cat 4		
4 SPECIAL CARE (★If ADL sum <7 ➔ Clinically Complex)							
•MS, Quad, or CP with ADL sum >10 •Resp. therapy x 7 days •Radiation treatment				17-18	SSC	324.25	26
•Ulcers (2 sites any stage) w/ 2 or more rx •Any stage 3 or 4 pressure ulcer w/ 2 or more rx				15-16	SSB	306.62	28
•Surgical wound or open lesions w/ 1 or more rx •Tube feeding & aphasia				7-14	SSA	301.33	29
•Fever with dehydration, pneumonia, vomiting, weight loss, or tube feeding				< 7	➔Cat 5		
5 CLINICALLY COMPLEX							
•Burns •Coma •Septicemia •Pneumonia				17-18D*	CC2	322.48	27
•Foot lesions with dressings •Internal bleeding •Dehydration •Tube feeding				17-18	CC1	294.98	31
•Transfusions •Terminal illness •Hemiplegia with ADL sum >10				12-16D*	CB2	280.18	32
•Chemotherapy •Dialysis •Oxygen				12-16	CB1	267.89	33
•Last 14 days - 1 MD visit with 4 order changes minimum, 2 MD visits with 2 order changes minimum				4-11D*	CA2	266.04	34
•Diabetes + 7 days injections + 2 or more days of order changes				4-11	CA1	248.45	37

D* - Plus at least 3 indicators of Depression (Section E1) † - Meets Extensive Services criteria

Any of the above satisfies Clinical Requirements for Medicare coverage.

6 IMPAIRED COGNITION						
Cognitive Performance Scale (CPS) = >3 (combination of codes totaling 3 or more)			6-10N^	IB2	237.88	40
•Coma			6-10	IB1	214.96	42
•Daily decision-making			4-5N^	IA2	234.35	46
•Short-term memory			4-5	IA1	206.15	48
•Making self understood						
•Eating self-performance						

7 BEHAVIOR						
<u>4+ days a week</u>			6-10N^	BB2	236.11	41
•Wandering		•Physical or verbal abuse	6-10	BB1	213.19	44
•Inappropriate behavior or resists care		•Hallucinations or Delusions checked	4-5N^	BA2	229.07	47
			4-5	BA1	199.10	52

8 PHYSICAL FUNCTION REDUCED						
NO Clinical Conditions used			16-18N^	PE2	257.26	35
			16-18	PE1	244.92	36
			11-15N^	PD2	232.59	38
			11-15	PD1	204.38	39
			9-10N^	PC2	200.86	43
			9-10	PC1	251.97	45
			6-8N^	PB2	241.40	49
			6-8	PB1	229.07	50
			4-5N^	PA2	202.62	51
			4-5	PA1	195.57	53

*RATES APPLY TO NEW YORK CITY (10/01/06)

EXTENSIVE SERVICES Criteria: <ul style="list-style-type: none"> • Presence of a clinical characteristic in Special Care category • Presence of a clinical characteristic in Clinically Complex category • Presence of a clinical characteristic in Cognitively Impaired category • Receiving or has receive IV feedings in past 7 days • Receiving or has received in past 14 days - IV meds, suctioning, trach. care, ventilator or respirator Clinical Score: 0 to 5 of above criteria → SE3 - 4 or 5, SE2 - 2 or 3, SE1 - 0 or 1	N^ - NURSING REHAB. <i>Activities 2 or > = 15 mins a day, at least 6 days a week</i> <ul style="list-style-type: none"> • Passive/active ROM • Amputation/Prosthesis care • Splint/brace assistance • Eating/swallowing • Training in dressing/grooming • Bed mobility or walking • Transfer • Communication • Toileting program or bladder retraining program 	D* - SIGNS OF DEPRESSION <i>At least 3 of the following coded 1 or 2</i> <ul style="list-style-type: none"> • Negative statements • Repetitive anxious • Repetitive questions • Unpleasant mood • Repetitive verbalizations • Insomnia • Persistent anger with self/ others • Sad, pained, worried facial • Self deprecation • Crying, tearfulness • Expressions of unrealistic fears • Repetitive physical mov'ts • Recurrent statements • Withdrawal from activities • Repetitive health complaints • Reduced social interaction
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ADL SUM	BED MOBILITY, TOILETING, TRANSFER			EATING		
	• Independent/Supervision	=	1	• Independent/Supervision	=	1
	• Limited Assistance	=	3	• Limited Assistance	=	2
	• Extensive/Total 1 - person assist	=	4	• Extensive/Total or Activity Did Not Occur	=	3
	• Extensive/Total 2 - person assist or	=	5	(Including Feeding tube / Parenteral feeding)		
	• Activity Did Not Occur			↳ with (1) 51+% calories or (2) 26% calories AND 501+cc or more enteral fluid intake per day in the last 7 days		

RUG III RANKING (Highest to lowest)

1	RUX	12	RHX	23	SE2	34	CA2	45	PC1
2	RUL	13	RHL	24	RLB	35	PE2	46	IA2
3	RUC	14	SE3	25	SE1	36	PE1	47	BA2
4	RUB	15	RHC	26	SSC	37	CA1	48	IA1
5	RVX	16	RVA	27	CC2	38	PD2	49	PB2
6	RUA	17	RHB	28	SSB	39	PD1	50	PB1
7	RMX	18	RMC	29	SSA	40	IB2	51	PA2
8	RVL	19	RMB	30	RLA	41	BB2	52	BA1
9	RVC	20	RHA	31	CC1	42	IB1	53	PA1
10	RML	21	RLX	32	CB2	43	PC2		
11	RVB	22	RMA	33	CB1	44	BB1		

RUG RATE CALCULATOR <http://www.synertx.com/pps/index.asp#state>