

**Table 13**  
**Crosswalk of MDS 3.0 Items and RUG-IV Groups**

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-IV CODES
ULTRA HIGH REHABILITATION PLUS EXTENSIVE SERVICES Rehabilitation Rx 720 minutes/week minimum  AND At least 1 rehabilitation discipline 5 days/week  AND A second rehabilitation discipline 3 days/week  AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more	11-16 2-10	Not Used Not Used	RUX RUL
VERY HIGH REHABILITATION PLUS EXTENSIVE SERVICES: <u>Rehabilitation Rx 500 minutes/week</u>  <u>minimum</u>  AND <u>At least 1 rehabilitation discipline</u>  <u>5 days/week</u>  AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more	11-16 2-10	Not Used Not Used	RVX RVL
HIGH REHABILITATION PLUS EXTENSIVE			

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-IV CODES
<p>SERVICES</p> <p><b><u>Rehabilitation Rx 325 minutes/week</u></b></p> <p><b><u>minimum</u></b></p> <p>AND</p> <p><b><u>At least 1 rehabilitation discipline 5</u></b></p> <p><b><u>days/week;</u></b></p> <p>AND</p> <p>Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident</p> <p>AND</p> <p>ADL score of 2 or more</p>	<p>11-16</p> <p>2-10</p>	<p>Not Used</p> <p>Not Used</p>	<p>RHX</p> <p>RHL</p>
<p>MEDIUM REHABILITATION PLUS EXTENSIVE SERVICES</p> <p><b><u>Rehabilitation Rx 150 minutes/week</u></b></p> <p><b><u>minimum</u></b></p> <p>AND</p> <p><b><u>5 days any combination of 3 rehabilitation</u></b></p> <p><b><u>disciplines;</u></b></p> <p>AND</p> <p>Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident</p> <p>AND</p> <p>ADL score of 2 or more</p>	<p>11-16</p> <p>2-10</p>	<p>Not Used</p> <p>Not Used</p>	<p>RMX</p> <p>RML</p>
<p>LOW REHABILITATION PLUS EXTENSIVE SERVICES</p> <p><b><u>Rehabilitation Rx 45 minutes/week minimum</u></b></p> <p><b><u>AND</u></b></p>	<p>2-16</p>	<p>Not Used</p>	<p>RLX</p>

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-IV CODES
<p><b><u>3 days any combination of 3 rehabilitation disciplines;</u></b></p> <p>AND</p> <p><b><u>Restorative nursing 6 days/week, 2 services</u></b></p> <p><b><u>(see Reduced Physical Function (below) for restorative nursing services);</u></b></p> <p>AND</p> <p>Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident</p> <p>AND</p> <p>ADL score of 2 or more</p>			
<p>ULTRA HIGH REHABILITATION</p> <p>Rehabilitation Rx 720 minutes/week minimum</p> <p>AND</p> <p>At least 1 rehabilitation discipline 5 days/week</p> <p>AND</p> <p>A second rehabilitation discipline 3 days/week</p>	<p>11-16</p> <p>6-10</p> <p>0-5</p>	<p>Not Used</p> <p>Not Used</p> <p>Not Used</p>	<p>RUC</p> <p>RUB</p> <p>RUA</p>
<p>VERY HIGH REHABILITATION</p> <p>Rehabilitation Rx 500 minutes/week minimum</p> <p>AND</p> <p>At least 1 rehabilitation discipline 5 days/week</p>	<p>11-16</p> <p>6-10</p> <p>0-5</p>	<p>Not Used</p> <p>Not Used</p> <p>Not Used</p>	<p>RVC</p> <p>RVB</p> <p>RVA</p>
<p>HIGH REHABILITATION</p> <p><b><u>Rehabilitation Rx 325 minutes/week</u></b></p> <p><b><u>minimum</u></b></p> <p>AND</p> <p>At least 1 rehabilitation discipline 5 days/week</p>	<p>11-16</p> <p>6-10</p> <p>0-5</p>	<p>Not Used</p> <p>Not Used</p> <p>Not Used</p>	<p>RHC</p> <p>RHB</p> <p>RHA</p>
<p>MEDIUM REHABILITATION</p> <p><b><u>Rehabilitation Rx 150 minutes/week</u></b></p>	<p>11-16</p> <p>6-10</p>	<p>Not Used</p> <p>Not Used</p>	<p>RMC</p> <p>RMB</p>

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-IV CODES
<u>minimum</u>  AND 5 days any combination of 3 rehabilitation disciplines	0-5	Not Used	RMA
LOW REHABILITATION <u>Rehabilitation Rx 45 minutes/week minimum</u>  AND  <u>3 days any combination of 3 rehabilitation disciplines;</u>  AND Restorative nursing 6 days/week, 2 services ( <u>see Reduced Physical Function for restorative nursing services</u> )	11-16 0-10	Not Used Not Used	RLB RLA
EXTENSIVE SERVICES Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more	2-16 2-16 2-16	Tracheostomy care and ventilator/respirator Tracheostomy care or ventilator/respirator Isolation for active infectious disease	ES3 ES2 ES1
SPECIAL CARE HIGH <u>Comatose; septicemia; diabetes with daily injections and order change on 2 or more days; quadriplegia with ADL score &gt;=5; chronic obstructive pulmonary disease and shortness of</u>	15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5	Signs of Depression No Signs Signs of Depression No Signs Signs of Depression	HE2 HE1 HD2 HD1 HC2 HC1 HB2 HB1

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-IV CODES
<p><b><u>breath when lying flat; fever with pneumonia, or vomiting, or weight loss, or feeding tube; parenteral/IV feedings; respiratory therapy for 7 days</u></b></p> <p>AND ADL score of 2 or more</p>		<p>No Signs Signs of Depression No Signs</p>	
<p><b>SPECIAL CARE LOW</b> Cerebral palsy, multiple sclerosis, or Parkinson's disease with ADL score <math>\geq 5</math>; respiratory failure and oxygen therapy while a resident; feeding tube (calories <math>\geq 51\%</math> or calories = 26-50% and fluid <math>\geq 501</math>cc); ulcers (2 or more stage II or 1 or more stage III or IV pressure ulcers; or 2 or more venous/arterial ulcers; or 1 stage II pressure ulcer and 1 venous/arterial ulcer) with 2 or more skin care treatments; foot infection/diabetic foot ulcer/open lesions of foot with treatment; radiation therapy while a resident; dialysis while a resident</p> <p>AND ADL score of 2 or more</p>	<p>15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5</p>	<p>Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs</p>	<p>LE2 LE1 LD2 LD1 LC2 LC1 LB2 LB1</p>
<p><b>CLINICALLY COMPLEX</b> <b><u>Extensive Services, Special Care High or Special Care Low qualifier and ADL score of 0 or 1</u></b></p> <p>OR Pneumonia; hemiplegia with ADL score <math>\geq 5</math>; surgical wounds or open lesions with treatment; burns; chemotherapy while a resident; oxygen therapy while a resident; IV medications while a resident; transfusions while a resident</p>	<p>15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5 0-1 0-1</p>	<p>Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs</p>	<p>CE2 CE1 CD2 CD1 CC2 CC1 CB2 CB1 CA2 CA1</p>

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-IV CODES
		Depression No Signs	
BEHAVIORAL SYMPTOMS and COGNITIVE PERFORMANCE <u>Cognitive impairment BIMS score &lt;=9 or</u> <u>CPS &gt;=3</u>  <u>OR</u> hallucinations or delusions OR physical or verbal behavioral symptoms toward others, other behavioral symptoms, rejection of care, or wandering AND ADL score <=5 <u>See Reduced Physical Function for restorative nursing services</u>	2-5  2-5  0-1  0-1	2 or more restorative nursing on 6+ days/wk  Less restorative nursing  2 or more restorative nursing on 6+ days/wk  Less restorative nursing	BB2  BB1  BA2  BA1
REDUCED PHYSICAL FUNCTION Restorative nursing services: <ul style="list-style-type: none"> <li>• Urinary and/or bowel training program</li> <li>• passive and/or active ROM</li> <li>• amputation/prosthesis care training</li> <li>• splint or brace assistance</li> <li>• dressing or grooming training</li> <li>• eating or swallowing training</li> <li>• transfer training</li> <li>• bed mobility and/or walking training</li> <li>• communication training</li> </ul> NOTES:	15-16  15-16 11-14  11-14  6-10  6-10  2-5  2-5  0-1	2 or more restorative nursing on 6+ days/wk  Less restorative nursing  2 or more restorative nursing on 6+ days/wk  Less restorative	PE2  PE1 PD2  PD1 PC2  PC1 PB2  PB1 PA2

CATEGORY	ADL INDEX	END SPLITS	MDS RUG-IV CODES
No clinical variables used	0-1	nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing	PA1
Default			AAA

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**3. Development of the FY 2011 Case-Mix Indexes**

Section 1888(e)(4)(G)(i) of the Act requires that the Federal rates be adjusted for case mix. Pursuant to the statute, such adjustment must be based on a resident classification system, established by the Secretary, that accounts for the relative resource utilization of different patient types. The case-mix adjustment must be based on resident assessment data and other data the Secretary considers appropriate.

As discussed in the previous section, we are finalizing the RUG-IV model to be implemented in FY 2011. The RUG-IV update uses data collected in 2006-2007 during the STRIVE project, and reflects current medical practice and resource use in SNFs across the country. Our description of the proposed RUG-IV model in the FY 2010 proposed rule included a discussion of the development of the case-mix indexes to

be used under this model (74 FR 22208, 22236-22238, May 12, 2009).

The case-mix indexes will be applied to the unadjusted rates resulting in 66 separate rates, each corresponding with one of the 66 RUG-IV classification groups. To determine the appropriate payment rate, SNFs will classify each of their patients into a RUG-IV group based on assessment data from the MDS 3.0.

Our intent in implementing RUG-IV is to allocate payments more accurately based on current medical practice and updated staff resource data obtained during the STRIVE study, and not to decrease or increase overall expenditures. Thus, consistent with the policy in place when we transitioned to the RUG-III 53-group model in FY 2006 (as discussed in section III.B.2.b of this final rule), we believe that overall expenditures under the RUG-IV model should maintain parity with overall expenditures under the RUG-III 53-group model. Therefore, we simulated payments under the RUG-III 53-group

model and the RUG-IV 66-group model to ensure that the change in classification systems did not result in greater or lesser aggregate payments.

We used the resource minute data collected from STRIVE to create a new set of unadjusted relative weights, or case-mix indexes (CMIs), for the RUG-IV model as described in the proposed rule (74 FR 22208, 22236-22238, May 12, 2009). We then compared the CMIs for the RUG-53 and RUG-66 models in a way that is intended to ensure that estimated total payments under the 66-group RUG-IV model would be equal to those payments that would have been made under the 53-group RUG-III model. In the FY 2010 proposed rule, we stated that we used STRIVE data with sample weights applied and FY 2007 claims data (the most recent final claims data available at the time) to compare the distribution of payment days by RUG category in the 53-group model with the anticipated payments by RUG category in the new 66-group RUG-IV model. However, after the