

Mail to:
 Department of Labor & Industries
 Health Services Analysis
 PO Box 44322
 Olympia, WA 98504-4322



RUG
(Resource Utilization Group)
Residential Care Services for Injured Workers
(In place of MDS 3.0 beginning Oct 1, 2010)
 This form does not apply to self insurers

If any section does not apply, leave blank and go to next section

<i>Provider Name</i>	<i>Provider Number</i>	<i>Assessor's name</i>	<i>Claim Number</i>
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Step #1	1. Independent or supervision only.	Enter numeric score	
	2. Limited assistance.	Bed mobility:	
	3. Extensive assistance or total dependence, setup or 1 person assisted	Transfer:	
	4. Extensive assistance or total dependence and 2 people assisted	Toilet use:	

Step #2	1. Independent or supervision		
	2. Limited assistance		
	3. Parental/IV or total dependence or tube feeding with 26% to 75% calorie intake	Eating:	

Step #3		Total ADL Score	
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RUG Calculation

Category 1 (of 6) – Rehabilitation – RUG Hierarchical Classification

Rehab Ultra High - 720 minutes expected or actual therapy per week minimum AND one discipline 5 days/week AND a 2 nd discipline 3 days/week. Bill REHAB ULTRA HIGH Using Code 8880H	Place X in correct box <input type="checkbox"/>
Rehab Very High – 500 to 719 minutes total therapy per week AND 1 discipline 5 days/week. Bill REHAB VERY HIGH Using Code 8881H	<input type="checkbox"/>
Rehab High – 325 to 499 minutes total therapy per week AND 1 discipline 5 days/week. Bill REHAB HIGH Using Code 8882H	<input type="checkbox"/>
Rehab Medium – 150 to 324 minutes total therapy per week on any combination of 3 disciplines. Bill REHAB MEDIUM Using Code 8883H	<input type="checkbox"/>
Evaluate Category 2: Extensive Services BEFORE assigning REHAB LOW Rehab Low – 48 to 149 minutes total therapy per week AND at least 3 days of any combination of 3 disciplines. Bill REHAB LOW Using Code 8884H	<input type="checkbox"/>

Category 2 (of 6) – Extensive Services – RUG Hierarchical Classification

Extensive Services – Tracheostomy care OR Ventilator or respirator OR Isolation for active infectious disease AND ADL score greater than or equal to 2. Bill EXTENSIVE SERVICES Using Code 8885H	Place X in correct box <input type="checkbox"/>
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RUG CALCULATION CONTINUED

If any section does not apply, leave blank and go to next section

Provider Name	Provider Number	Assessor's name	Claim Number
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Category 3 (of 6) – Special Care – RUG Hierarchical Classification

Place X in correct box

<p><u>Special Care High</u> Comatose and completely ADL dependent; OR Septicemia; OR Diabetes with daily injections requiring physician order changes on 2 or more days; OR Quadriplegia and ADL score greater than or equal to 5; OR Chronic obstructive pulmonary disease and shortness of breath when lying flat; OR Fever with pneumonia, or vomiting, or weight loss, or feeding tube; OR Parenteral/IV feedings; OR Respiratory therapy for 7 days</p> <p style="text-align: center;">Bill SPECIAL CARE HIGH Using Code 8886H</p>	<input type="checkbox"/>
<p><u>Special Care Low</u> Cerebral palsy and ADL score greater than or equal to 5; OR Multiple sclerosis and ADL score greater than or equal to 5; OR Parkinson's disease and ADL score greater than or equal to 5; OR Respiratory failure and oxygen therapy while a resident; OR Feeding tube; OR Ulcers (2 or more venous/arterial ulcers; or 1 stage II pressure ulcer and 1 venous/arterial ulcer) with 2 or more skin treatments; OR Radiation therapy while a resident; OR Dialysis while a resident</p> <p style="text-align: center;">Bill SPECIAL CARE LOW Using Code 8887H</p>	<input type="checkbox"/>

Category 4 (of 6) – Clinically Complex – RUG Hierarchical Classification

Place X in correct box

<p><u>Clinically Complex</u> Pneumonia; OR Hemiplegia and ADL score greater than or equal to 5; OR Surgical wounds or open lesions with treatment; OR Burns;</p>	<p>OR Chemotherapy while a resident; OR Oxygen therapy while a resident; OR IV medications while a resident; OR Transfusions while a resident</p>	<input type="checkbox"/>
Bill SPECIAL CLINICALLY COMPLEX Using Code 8888H		

Category 5 (of 6) – Behavioral Symptoms and Cognitive Performance RUG Hierarchical Classification

Place X in correct box

<p><u>Behavioral Symptoms and Cognitive Performance</u> Hallucinations or delusions; OR Residents displaying any of the following on 4 or more days over the last 7 days:</p> <ul style="list-style-type: none"> • Physical or verbal behavioral symptoms toward others; • Rejection of care; • Wandering; • Other behavioral symptoms <p style="text-align: center;">Bill BEHAVIORAL SYSTEMS AND COGNITIVE PERFORMANCE Using Code 8889H</p>	<input type="checkbox"/>
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Category 6 (of 6) – Reduced Physical Function – RUG Hierarchical Classification

Place X in correct box

<p><u>Reduced Physical Function</u> Restorative nursing services: OR Urinary and/or bowel training program; OR Passive and/or active ROM; OR Splint and/or brace assistance; OR Bed mobility and/or walking training; OR Transfer training;</p>	<p>OR Dressing and/or grooming training; OR Eating and/or swallowing training; OR Amputation/prosthesis care training; OR Communication training; OR Residents not qualifying for other categories</p>	<input type="checkbox"/>
Bill REDUCED PHYSICAL FUNCTION Using Code 8890H		

Please complete and FAX this page to the Department of Labor & Industries

Obtain FAX number from Claims Unit ONC or by calling the Claims Unit at (360) 902-5013
MAIL pages 1, 2 and 3 of this form to the address below

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Health Services Analysis
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PLACE AN "X" IN APPROPRIATE BOX TO INDICATE ACTION TAKEN:

- Initial (first) RUG assessment for the L&I Injured worker
- New RUG assessment
-  An L&I Occupational Nurse Consultant (ONC) has authorized a new RUG assessment

INITIAL RUG ASSESSMENT

- Initial RUG Category assessed (6 categories possible)
- Initial RUG code assessment
- Initial RUG payment rates (see L&I RUG fee schedule at):
<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2010/default.asp>,
"Residential Facility Rates"
- Initial RUG billing code (see L&I RUG fee schedule at):
<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2010/default.asp>,
"Residential Facility Rates"

NEW RUG ASSESSMENT

- Current RUG category assessed
- Current RUG code assessed
- Current RUG payment rate
- Current RUG billing code
- New RUG payment rate (see L&I RUG fee schedule at):
<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2010/default.asp>,
"Residential Facility Rates"
- New RUG billing code (see L&I RUG fee schedule at):
<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2010/default.asp>,
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