

## RUG-IV Medicare Pre-Admission Screening Form

Complete prior to admission and readmission by Medicare Nurse and Rehab Representative for any resident with a Medicare card and a 3-day qualifying hospital stay or when discharging someone from a Medicare Part A covered stay.

Resident Information					
Resident Name:		Age:	Sex:	Medicare Days:	
				Available:	Used:
Primary Diagnosis:			Secondary Diagnosis:		
Hospital:		Phone#	Admit Date:	Discharge Date:	
Prior Nursing Home		Phone#	Admit Date:	Discharge Date:	
Physician:		Phone#	Initial Certification: Y N	SNF Order: Y N	
Rehabilitation Plus Extensive Services					
ADL Score of 2-16		YES NO	Receives one of the following Extensive Services while a resident in SNF:		
45 minute or more of therapy		YES NO	<ul style="list-style-type: none"> <li>▪ Isolation</li> <li>▪ Tracheostomy Care</li> <li>▪ Ventilator or Respirator</li> </ul>		
Rehabilitation – During the first 7 days in facility the resident will receive					
720 minutes or more 5x/week by at least 1 disciplines and 3x/week by a second -		YES NO	325 minutes or more by at least 1 discipline 5x/week		YES NO
500 minutes or more by at least 1 discipline 5x/week		YES NO	150 minutes or more by any combination of disciplines		YES NO
45 minutes or more 3x/week AND 2 restorative nursing services Urinary and/or Bowel toileting program* Splint or brace assistance Transfer training Eating or swallowing training Communication training			Passive and/or Active ROM* Bed mobility and/or walking training* Dressing or grooming training Amputation/prosthesis care * Count as one services even if both provided		
ADL Score of 0-16					
Extensive Services Qualifiers – After Admission to SNF the resident has one of the following					
Has ADL score of 2-16		YES NO	Tracheostomy Care AND Ventilator		YES NO
Infectious Isolation requiring a room alone		YES NO	Tracheostomy Care OR Ventilator		YES NO
<i>If ADL score 0 or 1 and meets criteria for Extensive Services group, will re-classify into the Clinically Complex RUG group</i>					
Special Care High Qualifiers – Does the resident have one of the following Skilled Services					
Has ADL score of 2-16		YES NO	Fever AND pneumonia		YES NO
Comatose AND ADL dependent or did not occur		YES NO	Fever AND vomiting		YES NO
Septicemia		YES NO	Fever AND weight loss		YES NO
Diabetes with both: daily injections (7 days) AND Insulin order changes on 2+ days		YES NO	Fever AND Tube feeding**		YES NO
Quadriplegia AND ADL ≥ 5		YES NO	Parenteral /IV fluids for nutrition/hydration any setting in the last 7 days		YES NO
COPD AND SOB when lying flat		YES NO	Respiratory Therapy + 7 days		YES NO
<i>If ADL score 0 or 1 and meets criteria for Extensive Services group, will re-classify into the Clinically Complex RUG group</i>					
Special Care Low – Does the resident have one of the following Skilled Services					
Cerebral Palsy with ADL ≥ 5		YES NO	Any 1 Stage 3 or 4 pressure ulcer with 2 TXs***		YES NO
Multiple Sclerosis with ADL ≥ 5		YES NO	2 or more Stage 2 pressure ulcers with 2 TXs***		YES NO
Parkinson's with ADL ≥ 5		YES NO	2 or more venous/arterial ulcers with 2 TXs***		YES NO
Respiratory failure AND Oxygen while a resident		YES NO	1 Stage 1 and 1 venous/arterial ulcer with 2 TXs***		YES NO
Dialysis while a resident		YES NO	Foot Infection, diabetic ulcer, or other open lesion of foot with dressing /w or w/o medication		YES NO
Feeding Tube **		YES NO	Radiation therapy while a resident		YES NO
<i>If ADL score 0 or 1 and meets criteria for Extensive Services group, will re-classify into the Clinically Complex RUG group</i>					
Additional Qualifier Information					
** Tube Feed requirements – 51% or more of total calories OR 26-50% of total calories and 50lcc or more daily fluid intake in last 7 days.					
*** Selected Ulcer Treatments:					
Pressure relieving chair/bed – count as one even if both provided			Application of dressing (not to feet)		
Ulcer care			Nutrition/hydration interventions		
Turning/repositioning			Application of ointments (not to feet)		

