

I0020B FAQs

What is I0020B?

This is a new ICD code item added to the MDS, which was created to capture a patient's primary reason for the SNF stay and is used to classify the patient into a single PDPM clinical category. This item asks what the main reason is for a patient being admitted to the skilled nursing facility.

How is clinical category for PT, OT and SLP determined?

Determining the clinical category for these components is accomplished by choosing one key ICD-10 code that will be entered in a new field on the MDS called I0020B or I-20-B. Based on predetermined mapping done by CMS, the code selected determines the clinical category.

Why is it so important to determine the primary reason for the SNF stay?

Each component utilizes different criteria as the basis for patient classification. However, it is crucial to identify the primary reason for the skilled nursing facility stay when PT, OT and SLP are involved. For both PT and OT, it is based on two factors — clinical category as determined by I0020B and level of function as documented in section GG of the MDS. For the SLP category, it is based on several factors but the

I0020. Indicate the resident's primary medical condition category	
Complete only if A0310B = 01 or 08	
Enter Code	Indicate the resident's primary medical condition category that best describes the primary reason for admission
<input type="text"/>	<ul style="list-style-type: none"> 01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Brain Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions
	I0020B. ICD Code
	<input type="text"/>

identification of the primary diagnosis is still critical. It is also important to note that of the over 15,000 ICD-10 codes, 42% of them will not map to any clinical category and will result in a "Return To Provider" (RTP), meaning you will not receive your full reimbursement until you submit a code that does map.

What happens if a resident has had a recent relevant surgical procedure during the prior hospital stay?

The clinical classification may be further adjusted by the classification grouper based on additional entries in a revised section J indicating the specific type of surgery.

What should my facility be doing to be better prepared for I-20-B?

Contact your software partner to begin discussions with them about how their programming will help your staff to determine the most representative ICD-10 code for field I-20-B that will also place the resident in a PDPM Clinical Category that best represents their needs.

What should we do if our facility cannot use an electronic medical record?

CMS has posted the "mapping crosswalk" from ICD-10 codes to PDPM Clinical Categories at: <https://www.cms.gov/Medicare/MedicareFee-for-Service-Payment/SNFFPS/PDPM.html>.

Questions about this information? Contact PDPM@AegisTherapies.com or visit our Resource Center for more information at [AegisTherapies.com/Resources](https://www.aegistherapies.com/resources).