

# Adapting Enterprise Workflow for ICD-10-CM/PCS

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During her speech at the 2013 HIMSS Annual Conference, the Centers for Medicare and Medicaid Services' Acting Administrator Marilyn Tavenner said the healthcare industry should proceed full steam ahead on preparing to implement ICD-10-CM/PCS. The message conveyed is that CMS is 100 percent committed to moving ICD-10-CM/PCS forward and will not delay any further.<sup>1</sup> With the implementation date of October 1, 2014 getting closer, this message was well received by the many HIM professionals in attendance that have been working hard to implement the new code set across the country.

ICD-10-CM/PCS is not solely an IT problem, nor is it solely an HIM problem. While the focus and discussion may start in these areas, it does not end in them. Organizations must recognize that the ICD-10-CM/PCS impact reaches far beyond the walls of the HIM department and across healthcare settings. The entire workflow of an organization is impacted by ICD-10-CM/PCS, from registration to billing, in physician practices and ambulatory settings.

While there are many complexities to consider when it comes to the new code set, such as budgeting and mapping strategies, the following are some key steps necessary for HIM to remediate workflow during the ICD-10-CM/PCS implementation. For those who have not yet begun preparing for the transition-you must start now.

## Define a Governance Structure

Defining a formal program governance structure will help ensure alignment of an initiative from the top down, and allow for direction across an organization. A governance program will create a framework for structure, leadership, and support that will help mitigate risk and offer a clear communication channel to address issues as the ICD-10 implementation team(s) handles preparation activities.

## Inventory the Impact

The ICD-10-CM/PCS transition work can seem overwhelming, but it is important to take the time sooner rather than later to clearly understand the people, the processes, and the technology that may be impacted by the transition. This means meeting with key internal stakeholders (i.e., operational departments impacted by ICD-10-CM/PCS) to determine all the functions for diagnosis and procedure codes throughout the organization, including but not limited to use, sharing, documentation, and reporting.

For example, at a minimum the following workflows should be considered when meeting with key internal stakeholders:

- Patient scheduling
- Patient registration
- Medical necessity
- Physician documentation
- Clinical documentation improvement
- Coding
- Billing and claims processing
- Reporting, case finding

After considering workflows, each internal stakeholder of an organization should inventory their business process and identify how ICD-9-CM codes are currently being used. This will help identify the impact areas that require workflow remediation. Figure 1 (below) provides sample questions a department can use to inventory their workflow.

The workflow inventory described in Figure 1 may be approached differently by an organization or business unit. It may involve having a conversation with the business unit, and/or using workflow management tools such as conducting a survey, designing a matrix, or developing a flowchart. Following the inventory, each business unit should be given an impact level of high, medium, or low based on the impact findings relative to reimbursement, system upgrades, and resources required for the transition. A formal internal stakeholder analysis document should be developed to illustrate the level of impact on all internal stakeholder departments and business process areas. The report can be used to identify which internal stakeholders have the largest operational and financial impact, and focus transition efforts on those stakeholders first.

Many departments in an organization may be impacted by the transition, including Psychiatry, Home Health, and Occupational Health. Although a department may seem like it would not be impacted, it is best to inventory all areas to ensure no business process is overlooked.

### Figure 1: Sample Questions for Workflow Inventory

This chart includes sample questions a department can use to inventory their workflow to identify the impact areas that require workflow remediation in the transition to ICD-10-CM/PCS.

<b>Department: Radiology</b> <b>Business Process: Registration</b>	
Current Business Process Question(s)	Sample Responses
Is the business process performed in the department?	Yes
If so, by what role?	Patient Access (Registrar)
What system(s) are being used?	ABC System
Is diagnosis information entered into an application?	Yes
If yes, in what form (numeric codes or narrative text)?	Numeric code. If narrative is received, registrar uses “cheat sheet” for look up.

### Identify Operational Teams

Once the work impact has been identified and a level of impact assigned, the next step is to define operational workgroups and teams focused on remediating the work. Consider forming the following workgroups:

#### Revenue Accountability

Assess the workflow associated with billing operations and accounts receivable, financial reporting, and payer management. This team may also assist with financial planning efforts.

## Documentation

Assess workflow for organizational documentation including inpatient, outpatient, and physician practice. Documentation may include physician documentation, nursing or ancillary department documentation, test results, prescriptions, and requisitions.

## Business Process

Assess workflow for departmental and physician practice processes to include scheduling, medical necessity, patient registration, diagnosis and/or procedure capture, coding, billing, and data transfer to any outside entities. This workflow will be critical for end-to-end testing.

## Reporting

Inventory operational reports across all departments, including the source system, whether the report is canned or ad hoc, who the requestor is, how often the report is run, etc. External stakeholders (i.e., data registries) should be included.

## Information Technology

Inventory all systems across the organization, noting whether they will be impacted by ICD-10-CM/PCS. As a part of this inventory, include when the ICD-10-CM/PCS-compliant version will be available for upgrade, when the organization plans to schedule the upgrade, and when the vendor will be ready to test. Budgetary considerations should be included.

## Education

Assess the various educational needs across the organization. This will include identifying all employees across settings that require training on ICD-10-CM/PCS, as well as the level of training required. Budgetary considerations should be included.

## Communication

Assess the various avenues of communication across the organization as well as the multitude of audiences that need to be addressed. Develop a communication plan to cover all audiences in multiple formats.

## Coding

Assess enterprise standards for ICD-10-CM/PCS coding to include quality, productivity, and the query process. The workgroup may also work to develop a recruitment and retention plan, define a dual-coding plan, and contribute to the computer-assisted coding (CAC) implementation process.

The number of teams and groupings needed for a successful implementation will vary across organizations. For example, when discussing the IT impact, some entities may choose to separate out their physician practice workflow from that of acute care, while others may choose to include both entities. No matter the approach, having a key team leader and assigning ownership is important to help drive the success of each individual workgroup. This will not only help distribute the work, but will distinguish champions for various project efforts as well. It is important to note that each workgroup should include a project manager, subject matter experts, and that size should be kept to a minimum.

### ICD-10-CM/PCS Implementation Program Structure

This diagram illustrates the various operational workgroups (teams) as components of the overall ICD-10-CM/PCS implementation program. An operational team to address testing efforts may also be required.



## Be Lean and Identify Improvement Opportunities

“Lean” is a principle originally used in manufacturing that refers to eliminating waste by redirecting resources and time towards more efficient business processes. Workgroups should approach the ICD-10-CM/PCS transition as an opportunity to review and define every step in the business process that codes touch, as well as document what the business process should be for an ideal future state. The workgroup should then discuss where opportunities exist to be lean and eliminate unnecessary steps in the process.

For example, mapping ICD-9-CM codes on a superbill to an updated ICD-10-CM superbill may not be the most efficient. Perhaps the desired workflow would include capturing the ICD-10-CM codes on an electronic template within the electronic health record (EHR) in an effort to improve workflow efficiency, data collection, and eliminate waste. Once the future state is defined, a work plan should be developed to achieve that state.

When the desired workflow has been established, the workflow steps should be validated through end-to-end testing. This ensures the newly designed workflow is successfully passing information between the right people, and across systems and interfaces. While this may seem straightforward, testing may become more complicated given the number of systems, external partners, and resources impacted by the transition. Therefore, an additional operational team to manage testing efforts may be required.

## Expect the Unexpected

One of the many challenges with the ICD-10-CM/PCS implementation is that it is not the only initiative healthcare entities are addressing over the next two years. With various competing initiatives across departments and settings, resource needs for workflow remediation can become acute, as the same individuals may be required to participate on competing strategic initiatives. Additionally, ICD-10-CM/PCS may not have as high a priority in one department as it does in another.

Healthcare organizations will continue to implement and update healthcare systems, like EHRs or CAC programs, and expand their networks by opening new locations or offices. Key staff members to the implementation may come and go.

Therefore, program leaders should be mindful of the changing landscape and navigate accordingly, addressing workflow as necessary while remembering to keep the ICD-10-CM/PCS implementation initiative at the forefront of the healthcare organization.

## Note

1. Fry, Cynthia D., and Howard Walker. "No Further Delays for ICD-10: Acting Administrator Tavenner Tells HIMSS Attendees; Dispatch from the Front Lines of HIMSS." *ICD-10 Monitor*. March 07, 2013.  
[http://icd10monitor.com/index.php?option=com\\_content&view=article&id=837:no-further-delays-for-icd-10-acting-administrator-tavenner-tells-himss-attendees-dispatch-from-the-front-lines-of-himss&catid=48:icd10-news&Itemid=106](http://icd10monitor.com/index.php?option=com_content&view=article&id=837:no-further-delays-for-icd-10-acting-administrator-tavenner-tells-himss-attendees-dispatch-from-the-front-lines-of-himss&catid=48:icd10-news&Itemid=106).

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**Article citation:**

Clark, Jill S. "Adapting Enterprise Workflow for ICD-10-CM/PCS" *Journal of AHIMA* 84, no.6 (June 2013): 48-51.

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