Purpose: Medical billing and coding are processes used to translate medical encounters into claim submissions. Knowledge on this topic is crucial to receive payment for provided healthcare services and ensure sustainability of such services; however many providers do not receive formal training on how to document and bill for services. The goal of this project is to compare current billing and coding training offerings and identify training disparities of five discrete healthcare disciplines (e.g., pharmacy, social work, dietetics, nursing, and medicine). Disparities in training could impact healthcare provision and sustainability of services.

Methods: To identify currently referenced billing training programs, a literature review was completed. Eighteen peer-reviewed manuscripts were identified using the PubMed database and Google Scholar with MeSH terms: billing, coding, and curriculum with no set timeline for articles written in English. For each discipline, schools and universities were identified using the 2018 United States (U.S) News and World Report top 100 schools edition. Since dietetic schools were not provided in the US News and World Report, stateuniversity.com was used to obtain a list of schools. Contact information was obtained from the program website, and each individual program contacted once via email, webpage or telephone. Two questions were asked of each school: 1. Is billing/coding taught (in any capacity, e.g., single lecture vs. entire module) within the curriculum of the program, and 2. What resources/contacts are used/provided in the curriculum are you willing to share with the authors of this study? Schools were asked to answer question number one with either “yes” or “no,” and to supply and relevant materials for question two.

Results: Ninety-nine doctor of pharmacy schools, 94 social work schools offering master’s degrees, 96 dietetics schools offering masters or bachelors degrees in nutrition, 104 nursing schools offering master’s degrees, and 100 medical schools offering a doctoral degree were contacted. Of the 493 colleges and universities contacted, 14 were contacted via phone call, 26 were contacted via webpage, and 453 were contacted via email, with email being the most mode of contact due to better response rate. One-hundred twenty-nine out of the total 493 schools (29%) responded to the survey, dietetic schools being the most responsive (n=39) and most likely to respond with “yes” that they taught billing (92%). No social work schools taught billing (n=36, 0%) and one medical school reported teaching billing (n=20, 5%). Nursing (n=21) and pharmacy (n=13) schools reported 52% and 23% for respectively. Only dietetic programs indicated coding/billing instruction was required for accreditation standards. Majority of responding schools were public institutions (72%).

Conclusions: There is a large disparity in billing training in the five programs surveyed. Our survey did not identify the cause of the disparity except for the very high rate in dietetic programs. The high rate of training in Dietetic school respondents is likely attributed to self-reported accreditation requirements. It is interesting Medical school respondents indicated low rates of training despite physicians being the largest utilizers of evaluation and management billing, suggesting physicians likely receive training outside of the formal curriculum or perhaps during residency. Only a minority of nursing and pharmacy programs indicated training.