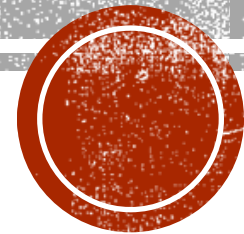


# **BILLING AND CODING: DISPARITIES IN HEALTHCARE PROVIDER TRAINING**

**By Brittany Romans,  
UAA/ISU P3 student**



# OBJECTIVE

- Upon conclusion of this presentation, the participant should be able to recognize current billing training offerings within five discrete healthcare disciplines, as well as identify disparities between the disciplines of pharmacy, social work, dietetics, nursing, and medicine.



# BACKGROUND & PURPOSE

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MEDICAL BILLING IS USED TO TRANSLATE MEDICAL ENCOUNTERS INTO CLAIM SUBMISSIONS



KNOWLEDGE ON MEDICAL BILLING IS CRUCIAL TO RECEIVE PAYMENT FOR PROVIDED HEALTHCARE SERVICES



MANY PROVIDERS DO NOT RECEIVE FORMAL TRAINING ON HOW TO DOCUMENT AND BILL FOR SERVICES



GOAL: 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)



# METHODS

- Literature Review: Performed using the PubMed database and Google Chrome Scholar
  - MeSH terms: billing, coding, and curriculum
- Survey:
  - Faculty of the top 100 U.S. colleges and universities offering degrees in social work, pharmacy, nursing, and medical studies were asked to complete a survey
    - Dietetic school faculty identified via [stateuniversity.com](http://stateuniversity.com)
  - Contact information was obtained from the program website
  - Two questions were asked of each school:
    - Is billing/coding taught (in any capacity; single lecture vs. entire module) within the program curriculum?
    - What resources are provided in the curriculum? Willingness to share resources



# SURVEY: WHO WAS CONTACTED AND HOW?

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## **Who: 493 schools contacted**

- 99 doctor of pharmacy schools
- 94 social work schools offering MS degree
- 96 dietetics schools offering MS or BS in nutrition
- 104 nursing schools offering MS degree
- 100 medical schools offering a doctoral degree



## **How:**

- Email (n=454, 92%)
- Webpage (n=25, 5%)
- Telephone (n=14, 3%)

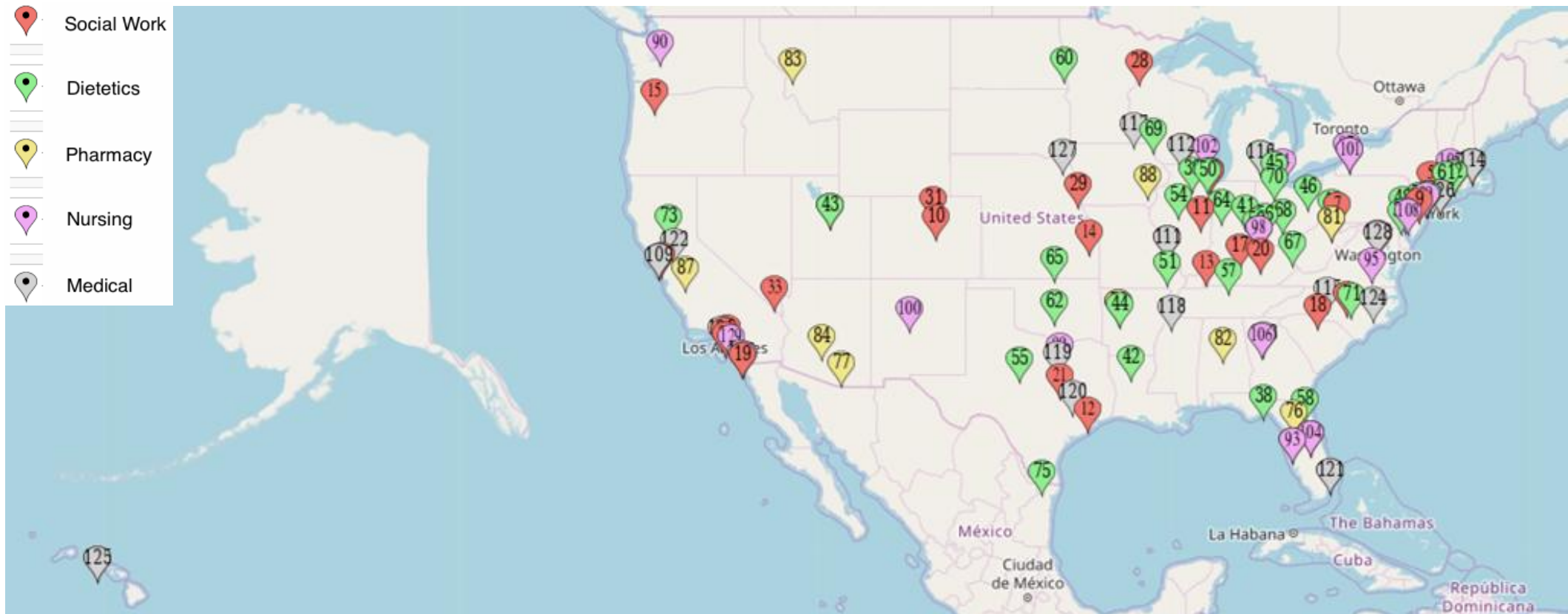


# RESULTS

- Literature Review:
  - 18 peer-reviewed manuscripts - state the need for billing to be taught
- Survey: 26% of schools (129/493) responded to the survey, the majority being public institutions (72%)
  - Pharmacy had mixed results (n=13, 23%)
  - No social work schools taught billing (n=36, 0%)
  - Dietetic schools were the most responsive and had the greatest number of billing programs (n=39, 92%)
    - These were the only ones required to teach coding/billing, due to accreditation standards
  - Nursing had mixed results (n=21, 52%)
  - One medical school out of those that responded to the survey taught billing (n=20, 5%)



# TOP 100 U.S. COLLEGES/UNIVERSITIES THAT RESPONDED TO SURVEY





# DIETETIC SCHOOL CASE STUDY EXAMPLES

### Case Study 1 – Private Practice

Please write the procedural steps and options for this case study within \_\_\_\_\_ hours and submit it to your preceptor by \_\_\_\_\_.

The scenario: You are in private practice in your own office. You are newly starting out and have no staff yet. You are a provider with a number of third party payers.

The phone rings and you answer it. The person on the phone is John Doe. He explains he was told to call you by his doctor and make an appointment. He was recently diagnosed with type 2 diabetes. His doctor wants him to lose weight.

1. What questions do you have or information do you need to obtain from Mr. Doe concerning his insurance while he is on the phone?

Mr. Doe says he has Blue Cross Blue Shield (BCBS) through his work and has the written referral from his doctor.

2. Now that you know Mr. Doe's insurance carrier and he says he has a referral, what additional information do you need about Mr. Doe's insurance and referral?

### CASE STUDY

You call Mr. Doe's BCBS.

3. What information do you need to have to speak or check online with his insurance?  
4. What questions do you need to ask Mr. Doe's insurance company in order to determine if your MNT will be covered for Mr. Doe?

Mr. Doe was approved by BCBS for 24 units of MNT for 180 days starting on December 15, 2013. The first appointment is made for Mr. Doe for January 2, 2014 at 1:00 p.m. It is January 2nd at 1:00 p.m. Mr. Doe has arrived to your office for his MNT.

5. What must you obtain from him at the appointment?

After the appointment you will need to submit an insurance claim form for Mr. Doe's service.

6. What is the name of the insurance form to complete in private practice?  
7. On the attached insurance form, complete the information for it to be submitted to Mr. Doe's insurance company.

Here is Mr. Doe's registration information.

ASSIGNMENTS: CASE STUDIES CODING AND BILLING HANDBOOK

**Mary Smith, RDN**  
456 Central Avenue  
Any, ZZ 11111  
222-555-6666 office phone  
NPI#: 9987654321  
EIN#: 11-1234567

**Patient Registration**

Patient name: <b>John A. Doe</b>	Date: <b>01/02/2014</b>			
Street address: <b>123 Main Street</b>	Town: <b>Any</b>	State: <b>ZZ</b>	Zip code: <b>11111</b>	Home phone: <b>(222) 333-4444</b>
Date of birth: <b>01/01/1960</b>	Sex: <b>Male</b>	Marital status: <b>Single</b>		
Referring PCP: <b>John Friendly, MD</b>	Referring PCP NPI: <b>1234567899</b>	ICD-9-CM: <b>250.00, 278.00</b>	Referral #: <b>98765-432</b>	
Date of service: <b>01/02/2014</b>	Amount of time for MNT: <b>63 minutes</b>	Fee: <b>\$XXX.00</b>		

I, **John A. Doe** gives Mary Smith, RDN permission to bill my insurance company, **Blue Cross Blue Shield**.

**John Doe** 01/02/2014  
Signature Date

**BlueCross BlueShield**  
of Kansas City  
An independent licensee of the Blue Cross Blue Shield Association

**PPO** Preferred Care Blue  
[www.BCBSKC.com](http://www.BCBSKC.com)

HOSPITAL ADMISSIONS REQUIRE PRIOR APPROVAL

**JOHN A. DOE**  
YBC999999999 99  
GROUP: 27250000001 75.00 EMER ROOM  
20.00 OFFICE VISIT

**BCBSKC RX** 1-800-228-1426  
BC PLAN: 240 BS PLAN: 740  
CUST SERV: 816-232-8196/800-822-2583

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 01/12

1. MEMBER NAME: MEDICARE MEDICAID TRICARE CHAMPVA OTHER PLAN OTHER  
2. PATIENT'S NAME (Last, First, Middle Initial)  
3. PATIENT'S BIRTH DATE, SEX  
4. INSURED'S NAME (Last, First, Middle Initial)  
5. PATIENT'S ADDRESS (No. Name, City, State, ZIP Code)  
6. PATIENT RELATIONSHIP TO INSURED  
7. INSURED'S ADDRESS (No. Name, City, State, ZIP Code)  
8. OTHER INSURED'S NAME (Last, First, Middle Initial)  
9. OTHER INSURED'S POLICY OR GROUP NUMBER  
10. EMPLOYMENT (Current or Former)  
11. INSURED'S DATE OF BIRTH, SEX  
12. INSURED'S POLICY OR GROUP NUMBER  
13. INSURANCE PLAN NAME OR PROGRAM NAME  
14. CLAIM CODES (Designated by NUCC)  
15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
16. DATE OF SERVICE (MM/DD/YYYY)  
17. DATE OF REFERRAL PROVIDER OR OTHER SOURCE (MM/DD/YYYY)  
18. HOSPITALIZATION OR RELATED TO CURRENT SERVICES (FROM TO)  
19. OUTSIDE LAB EXCHANGES (YES/NO)  
20. FROM AUTHORIZATION NUMBER (ORIGINAL REF. NO.)

PLEASE PRINT OR TYPE (PRINTED) APPROVED CLAIM FORM 11/07 FORM 1400 (04/12)





# DIETETIC CODE EXAMPLES

Nutrition Intervention Terminology	
NCT Code	ANNUID
<b>Nutrition Prescription (NP)</b>	
<i>The client's caloric, recommended intake of energy and/or selected foods or nutrients based on current reference standards and evidence of best practice nutrition guidelines and validated the client's health and nutrition diagnosis (prevalence).</i>	
□ Nutrition Prescription	NP-1.1 10794
<b>FOOD AND/OR NUTRIENT DELIVERY (ND)</b>	
<i>Individualized approach for food/nutrient provision.</i>	
<b>Meals and Snacks (S)</b>	
<i>Regular eating episode (meal); food served between regular meals (snack)</i>	
□ General liquidified diet	ND-1.1 10489
□ Mildly composition of meals/snacks	ND-1.2 10826
□ Texture modified diet (1)	ND-1.2.1 10829
□ Easy to chew diet	ND-1.2.1.1 10914
□ Mechanically altered diet	ND-1.2.1.2 10915
□ Pureed diet	ND-1.2.1.3 10916
□ Liquid consistency thin liquid	ND-1.2.1.4 10905
□ Liquid consistency nectar thick liquid	ND-1.2.1.5 10906
□ Liquid consistency honey thick liquid	ND-1.2.1.6 10907
□ Liquid consistency open thick liquid	ND-1.2.1.7 10908
□ Soft bite sized food Level five Blue	ND-1.2.1.8 12216
□ Mixed moist food Level five Orange	ND-1.2.1.9 12217
□ Pureed food Level four Green	ND-1.2.1.10 12218
□ Easy chew thick liquid Level four Green	ND-1.2.1.11 12219
□ Liquidified food Level three Yellow	ND-1.2.1.12 12220
□ Moderately thick liquid Level three Yellow	ND-1.2.1.13 12221
□ Mildly thick liquid Level two Pink	ND-1.2.1.14 12222
□ Slightly thick liquid Level one Grey	ND-1.2.1.15 12223
□ Energy modified diet (2)	ND-1.2.2 10830
□ Increased energy diet	ND-1.2.2.1 10835
□ Decreased energy diet	ND-1.2.2.2 10836
□ Protein modified diet (3)	ND-1.2.3 10831
□ Complete protein diet	ND-1.2.3.1 10896
□ Increased protein diet	ND-1.2.3.2 10972
□ Decreased protein diet	ND-1.2.3.3 10975
□ Decreased protein diet	ND-1.2.3.4 10999
□ Decreased gluten diet	ND-1.2.3.5 11000
□ Gluten free diet	ND-1.2.3.5.1 11027
□ Amino acid modified diet	ND-1.2.3.6 10897
□ Arginine modified diet	ND-1.2.3.6.1 10906
□ Increased arginine diet	ND-1.2.3.6.1.1 10974
□ Decreased arginine diet	ND-1.2.3.6.1.2 10975
□ Glutamine modified diet	ND-1.2.3.6.2 10899
□ Increased glutamine diet	ND-1.2.3.6.2.1 10976
□ Decreased glutamine diet	ND-1.2.3.6.2.2 10977
□ Histidine modified diet	ND-1.2.3.6.3 10900
□ Increased histidine diet	ND-1.2.3.6.3.1 10978
□ Decreased histidine diet	ND-1.2.3.6.3.2 10979
□ Inositol/cystine modified diet	ND-1.2.3.6.4 10980
□ Leucine modified diet	ND-1.2.3.6.5 10982
□ Increased isoleucine diet	ND-1.2.3.6.5.1 10981
□ Decreased isoleucine diet	ND-1.2.3.6.5.2 10982
□ Leucine modified diet	ND-1.2.3.6.6 10983
□ Increased leucine diet	ND-1.2.3.6.6.1 10984
□ Decreased leucine diet	ND-1.2.3.6.6.2 10984
□ Lysine modified diet	ND-1.2.3.6.7 10984
□ Increased lysine diet	ND-1.2.3.6.7.1 10985
□ Decreased lysine diet	ND-1.2.3.6.7.2 10986
□ Methionine modified diet	ND-1.2.3.6.8 10985
□ Increased methionine diet	ND-1.2.3.6.8.1 10987
□ Decreased methionine diet	ND-1.2.3.6.8.2 10988
□ Phenylalanine modified diet	ND-1.2.3.6.9 10986
□ Increased phenylalanine diet	ND-1.2.3.6.9.1 1971
□ Decreased phenylalanine diet	ND-1.2.3.6.9.2 10989
□ Threonine modified diet	ND-1.2.3.6.10 10987
□ Increased threonine diet	ND-1.2.3.6.10.1 10990
□ Decreased threonine diet	ND-1.2.3.6.10.2 10991
□ Tryptophan modified diet	ND-1.2.3.6.11 10988
□ Increased tryptophan diet	ND-1.2.3.6.11.1 10992
□ Decreased tryptophan diet	ND-1.2.3.6.11.2 10993
□ Tyrosine modified diet	ND-1.2.3.6.12 10994
□ Increased tyrosine diet	ND-1.2.3.6.13 10910
□ Decreased tyrosine diet	ND-1.2.3.6.13.1 10995
□ Valine modified diet	ND-1.2.3.6.14 10911
□ Increased valine diet	ND-1.2.3.6.14.1 10997
□ Decreased valine diet	ND-1.2.3.6.14.2 10998
□ Carbohydrate modified diet (4)	ND-1.2.4 10832
□ Complete carbohydrate diet	ND-1.2.4.1 10840
□ Increased carbohydrate diet	ND-1.2.4.2 10830
□ Increased complex carbohydrate diet	ND-1.2.4.2.1 1972
□ Increased simple carbohydrate diet	ND-1.2.4.2.2 1973
□ Decreased carbohydrate diet	ND-1.2.4.3 10831
□ Decreased simple carbohydrate diet	ND-1.2.4.3.1 1974
□ Decreased complex carbohydrate diet	ND-1.2.4.3.2 1975
□ Galactose modified diet	ND-1.2.4.4 10841
□ Increased galactose diet	ND-1.2.4.4.1 1976
□ Decreased galactose diet	ND-1.2.4.4.2 10932
□ Lactose modified diet	ND-1.2.4.5 10862
□ Increased lactose diet	ND-1.2.4.5.1 1977
□ Decreased lactose diet	ND-1.2.4.5.2 10933
□ Fructose modified diet	ND-1.2.4.6 1978
□ Increased fructose diet	ND-1.2.4.6.1 1979
□ Decreased fructose diet	ND-1.2.4.6.2 1980
□ Fat modified diet (5)	ND-1.2.5 10833
□ Increased fat diet	ND-1.2.5.1 10937
□ Decreased fat diet	ND-1.2.5.2 10938
□ Monounsaturated fat modified diet	ND-1.2.5.3 10869
□ Increased monounsaturated fat diet	ND-1.2.5.3.1 10939
□ Decreased monounsaturated fat diet	ND-1.2.5.3.2 10940
□ Polyunsaturated fat modified diet	ND-1.2.5.4 10970

## CPT and G codes for RDNs

**97802-4: Medical Nutrition Therapy Current Procedural Terminology (CPT) Codes<sup>1,2</sup>**

**97802:** ...initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.

**97803:** ...reassessment and intervention, individual, face-to-face with the patient, each 15 minutes.

**97804:** ...group (2 or more individuals), each 30 minutes.

**G0270-1: Medical Nutrition Therapy G Codes<sup>2</sup>**

**G0270:** ...Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, *each 15 minutes*.

**G0271:** ...Medical nutrition therapy; reassessment and subsequent interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease) group (2 or more individuals), *each 30 minutes*.

**G0108-9: Diabetes Outpatient Self-Management Training Services<sup>2</sup>**

**G0108:** ...Diabetes outpatient self-management training services, *individual*, per 30 minutes.

**G0109:** ...*group session* (2 or more individuals), per 30 minutes.

**G9873-85; and G9890 & G9891: Medicare Diabetes Prevention Program (MDPP)**

These codes may be used by approved suppliers of a Medicare Diabetes Prevention Program providing services to eligible beneficiaries with Medicare Part B coverage starting April 1, 2018.



# LIMITATIONS

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Few published articles found

- Hard to determine when billing training implemented

Low survey response rate; especially in pharmacy



# CONCLUSIONS

- Curriculums are based primarily on accreditation requirements
- Physicians utilize billing, however most medical schools don't offer training
  - Suggests training is outside curriculum or during residency
- Few nursing and pharmacy programs have established training programs on billing and documentation



# ACKNOWLEDGEMENTS

- Sincere thanks to those college/university members who participated in the survey and provided curriculum information
- Sincere thanks to the other contributors to this project:
  - Michael Biddle, Pharm.D.
  - Elaine Nguyen, Pharm.D., MPH
  - Andrew Hibbard, Pharm.D.
  - Thomas Wadsworth, Pharm.D.
  - Renee Robinson, Pharm.D., MPH, MSPharm



# LEARNING ASSESSMENT – QUESTION 1

Out of the different professions contacted, which one had the highest rate of response?

- A. Pharmacy
- B. Social Work
- C. Dietetics
- D. Nursing
- E. Medical



# LEARNING ASSESSMENT – QUESTION 1

Out of the different professions contacted, which one had the highest rate of response?

- A. Pharmacy
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# LEARNING ASSESSMENT – QUESTION 2

Out of the different professions contacted, which one had the lowest rate of response?

- A. Pharmacy
- B. Social Work
- C. Dietetics
- D. Nursing
- E. Medical





# LEARNING ASSESSMENT – QUESTION 2

Out of the different professions contacted, which one had the lowest rate of response?

- A. Pharmacy
- B. Social Work
- C. Dietetics
- D. Nursing
- E. Medical



# LEARNING ASSESSMENT – QUESTION 3

Why are dietetic schools required to teach billing/coding within their curriculum?

- A. It's a popular topic amongst students
- B. To meet accreditation standards
- C. It's not actually required
- D. For the fun of it



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Why are dietetic schools required to teach billing/coding within their curriculum?

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