

Importance of Billing and Coding Education in Residency Training Programs

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Residency training across specialties is based on gaining clinical knowledge in the field, developing diagnostic acumen, mastering appropriate use of therapeutic options, and increasing surgical experience. Traditionally, residency programs are evaluated on their ability to ensure specific numbers of patient encounters and minimum surgical volumes, a formal schedule of didactic sessions, and clinical exposures to related subspecialties. A resident's competency is confirmed based on measurable outcomes. However, a successful transition to clinical practice requires various other skills. These skills include the ability to lead a team of support staff and allied health professionals, provide high-quality health care at an economical price while following government regulations and private insurance policies, and do all of this in an environment that fosters teamwork, efficiency, and collaboration, and economic security. This is a vital component of proper billing and coding to comply with Medicare, Medicaid, and commercial payer regulations. These skills should be considered part of the Accreditation Council for Graduate Medical Education (ACGME) terms systems-based learning.

Keywords: Residency training, billing

Why should billing and coding be important to a resident physician? Literature supports a high rate of error in physician coding for professional services [1], suggesting that residency training in this area is inadequate to meet the needs in clinical practice. As many residents graduate and go into practice as early-career physicians, having a financially healthy practice depends on advertising, business management skills, and, most importantly, effectively coding and billing. While reimbursements may vary between specialties, this is particularly true for primary care specialties due to narrow margins and reliance on outpatient visits for the primary source of their incomes. Additionally, accurate coding is required to comply

with Medicare, Medicaid, and commercial payer regulations.

In large studies comparing billing and coding exposure in a variety of settings, including hospital-based sites, community health centers, and private practice in pediatrics, surgery, and dermatology, many residents indicated that their exposure to billing is inadequate during residency training [2,3]. Private practice settings gave residents more exposure to billing issues than the other two settings, but most felt that the training was inadequate regardless of the setting [4]. One of the biggest challenges for teaching billing and coding is that no written curriculum on these topics is currently available. Studies and curricula comparing resident billing and coding practices to that of the residency faculty members who teach them may help illuminate gaps in proper billing and coding practices. To this end, programs may need to enhance faculty skills in billing and coding to ensure that they feel competent training trainees. During residency training, comparing resident and attending E&M coding with the established benchmarks of the Medical Group Management Association (MGMA) can help determine if billing is done at the correct level of complexity in comparison to faculty or practicing physicians, preventing significant revenue loss to their teaching clinics.

As medical coding systems undergo frequent changes, billing for outpatient evaluation and management (E&M) services becomes increasingly complex. There are over 70,000 ICD-10 codes and several coding modifiers [5]. The result is improper billing by physicians, resulting in billions of dollars in annual costs to the United States health care system [1]. In several questionnaire-based studies across several specialties that examined residents' confidence in billing once they became independent practitioners, it was found that there was a general lack of confidence in billing abilities and a general wish to have more training in this area incorporated into the resi-

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residency curriculum [2]. It is crucial for busy resident physicians to understand E&M coding and apply codes correctly. There are several reasons for this, including funding needs of residencies, compliance with Medicare and Medicaid regulations, and educational objectives. To this end, the Accreditation Council for Graduate Medical Education has included coding and billing as part of its core competencies in specialties such as dermatology.⁶ Programs can use residency milestones to track billing and coding competence and incorporate teaching through didactics and daily practice.

Resident education can be centered around three key aspects of billing and coding for E&M visits (1) medical history; (2) physical examination; and (3) medical decision-making. In addition to this, education on procedure codes and modifiers relevant to each specialty should also be emphasized. It is important to evaluate the short- and long-term effectiveness of teaching these key components after incorporating them into the didactic curriculum. For example, assessing simple knowledge recall of key elements can be done through ‘traditional’ exams containing multiple-choice questions (MCQs) or through group discussions among residents and faculty [7]. Measuring advanced skills, such as knowledge applications for the actual coding of visits, may require strategies such as mock billing scenarios⁷ or quarterly reviews and feedback on a resident’s billing practices in the actual coding of visits may require strategies, such as mock billing scenarios or quarterly reviews and feedback on a resident’s billing practices.

Including ‘medical administration and practice management content to residency curricula is not without potential pitfalls. Arguably, completing administrative tasks, including review of billing practices and other paperwork, is a less desired part of medical practice for many physicians. However, ensuring timely reimbursement through proper billing and coding is crucial to practicing medicine and is a critical skill to develop. Thus, we believe that integrating some content on billing and coding during residency training may prove, in the long run, to be a beneficial skill.

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References

1. Improper T, Information P, Elimination IP, Act R, Services H. Medicare Fee-for-Service 2011 Improper Payments Report. Published online 2011: 1-51. <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/CERT/Downloads/MedicareFFS-2011CERTReport.pdf>: Medicare FFS 2011 CERT Report; 2012.
2. Paz KB, Halverstam C, Rzepecki AK, McLellan BN. A national survey of medical coding and billing training in United States dermatology residency programs. *J Drugs Dermatology.* 2018; 17(6): 678-682.
3. McDonnell PJ, Kirwan TJ, Brinton GS, et al. Perceptions of Recent Ophthalmology Residency Graduates Regarding Preparation for Practice. *Ophthalmology.* 2007; 114(2). doi:10.1016/j.ophtha.2006.10.027.
4. Serwint JR. Multisite survey of pediatric residents’ continuity experiences: their perceptions of the clinical and educational opportunities. *Pediatrics.*
5. Salz T. How ICD-10 will affect your practice. *Med Econ.* 2011; 88(19): 64, 71-2. PMID: 22175202.
6. Turiansky GW, Loo D. The Dermatology Milestone Project. *J Grad Med Educ.* 2014; 6(1s1): 44-46. doi:10.4300/jgme-06-01s1-04.
7. Tran J, Cennimo D, Chen S, Altschuler EL. Teaching billing and coding to medical students: A pilot study. *Med Educ Online.* 2013;18(1):1-2. doi:10.3402/meo.v18i0.21455.