**First Name of Application CV No 1625586**

Whatsapp Mobile: +971504753686



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**Professional Summary**

To contribute to the overall success of a progressive, growth-oriented organizations that will benefit from my knowledge and skills acquired through education and experience, and that will provide me with an opportunity to grow professionally.

I have more than six years of experience in healthcare, four years and eleven months of experience in the Healthcare Revenue Cycle Management and one year three months experience as a staff nurse. I have strong experience of investigating fraud and abuse cases from the insurance claims data and also have experience in creation and revision of clinical coverage policies of insurance payers. I am proficient in coding outpatient visits (professional and facility) and HCC coding. I am extremely knowledgeable with regard to Medical Coding guidelines & techniques (ICD-9, ICD-10, CPT-4, HCPCS) Anatomy, Physiology, Advanced Medical Terminology, Psychology, and Pharmacology.

**Skills**

* Strong experience of investigating Fraud and Abuse cases from the insurance claims data.
* Research and data analysis
* Experience in creation and revision of clinical coverage policies of insurance payers.
* Extremely knowledgeable with regard to Medical Coding guidelines and coding techniques (ICD-9, ICD-10, CPT-4, HCPCS).
* Proficient in physician coding, outpatient coding, facility coding and HCC coding.
* Strong knowledge of Anatomy & Physiology, Advanced Medical Terminology, Psychology, and Pharmacology.
* Very efficient in Microsoft Word & Excel.
* Effective communication and interpersonal skills.
* Tools-3M-Encoder, Tru-Code, Encoder-Pro, Flash Code & SAS EG.

**Work History**

**CLINICAL CODING ANALYST**

**CONSULTANT AT NATIONAL HEALTH INSURANCE DAMAN-**ABU DHABI, UAE

**HOME COMPANY -SHIPS** – TECHNOPARK, TRIVANDRUM, INDIA (FEBRUARY 2014-PRESENT)

* MEDICAL INVESTIGATION AND AUDIT(Automated Medical Claims Audit)
* JOB RESPONSIBILITIES- Creation of Adjudication Logics for the Recovery Audit (Automated Medical Claims Audit). Process involved in the creation of adjudication logic includes medical claims data analysis & research for the binding standards to validate the adjudication logic. Adjudication Logics are created in accordance with HAAD Adjudication Rule, Medical Coding Guidelines, DAMAN Adjudication rule, Daman Schedule of Benefits & General Exclusions.
* OTHER EXPERIENCE-Creation of Adjudications Rule.

**SENIOR ASSOCIATE (SENIOR CONSULTANT)**

**EXL SERVICES** – KOCHI, INDIA (SEPTEMBER 2013-FEBRUARY 2014)

* Revising Clinical Policy Bulletins-AETNA-US.

**CODER ANALYST**

**E4E HEALTH CARE SOLUTIONS**-CHENNAI, INDIA (MAY 2012-SEPTEMBER 2013)

* Emergency Department Coding, HCC Coding

**JUNIOR CODER**

**REVENUE MED**-TECHNOPARK TRIVANDRUM, INDIA (APRIL 2011-APRIL 2012)

* Medical Coding Trainee, Emergency Department Coder

**STAFF NURSE**

**APPOLLO CLINIC** –BANGLORE, INDIA (MAY 2009-SEPTEMBER 2010)

* Occupational Health Nurse

**Education**

**Bachelor of Science:** Nursing

**RAJIV GANDHI UNVIRESITY**-BANGLORE

**Accomplishments**

* Won Best Employee award in 2013 from EXL Services.

**Personal Information**

Nationality: Indian

Date of birth: 02.01.1986

Language Known: English, Hindi, Malayalam, Tamil & Kannada

**Interest**

* Reading
* Music
* Cooking
* Exercise
* Running

**Certification**

* CPC( Certified Professional Coder)
* CPMA(Certified Professional Medical Auditor)