



Diana Keith

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SUMMARY

Experienced medical coder with over 3 years optimizing reimbursement through precise coding and evaluation of medical records. Proficient in ICD-10 and CPT codes, ensuring compliance with healthcare regulations while maintaining patient confidentiality. Established strong communication channels with healthcare providers to resolve coding issues efficiently. Dedicated to continuous improvement through collaboration with teams and regular audits that enhance accuracy and efficiency. Known for providing effective training to new staff, promoting teamwork and collective success within departments. Excited about opportunities to further refine skills and contribute positively to healthcare environments.

EXPERIENCE

Medical Coder II

January 2025 - Present

HealthCare Innovations

Atlanta, GA

Responsible for overseeing coding practices across various healthcare documents within a bustling environment. Coordinated closely with healthcare staff to enhance understanding of coding standards and minimize discrepancies during the billing cycle.

- Evaluate and code over 300 medical records weekly, achieving optimized reimbursement levels through rigorous compliance.
- Train new coding professionals, enhancing team efficiency by improving onboarding methods and maintaining high-quality output.
- Collaborate effectively with healthcare providers, resulting in quicker resolution of coding queries and fewer claim denials.
- Conduct routine audits of coding processes, ensuring alignment with CMS standards which leads to heightened reporting accuracy.
- Develop and implement updated coding guidelines reflecting current medical standards, facilitating ongoing professional development.
- Prioritize patient confidentiality while adhering to ethical documentation practices throughout all coding activities.

Medical Coder I

June 2023 - December 2024

MediCode Solutions

Macon, GA

Worked within an innovative team dedicated to enhancing medical billing protocols and coding accuracies. Gained vast experience managing coding systems against strict timeline constraints.

- Executed initial medical record coding to ensure seamless billing operations supporting physician services effectively.
- Assisted in the transition towards new coding software, elevating productivity and efficiency among team members.
- Addressed coding discrepancies through collaborative discussions and thorough research methods.
- Maintained knowledge of ICD-10 and CPT coding guidelines, resulting in decreased errors in submissions.
- Supported revenue cycle management discussions, clarifying how coding influences financial outcomes for the organization.
- Participated actively in continuing education sessions to preserve certification and advance skills pertinent to coding excellence.

LEADERSHIP & AWARDS

- Certified Coding Specialist (CCS) awarded by AHIMA, received in 2025.
- Recognition as 'Top Performer' due to consistent excellence in coding accuracy at HealthCare Innovations, 2026.

EDUCATION

Certificate in Medical Coding

2023

Georgia State University GPA: 4.0

Atlanta, GA

Coursework: ICD-10, CPT, Healthcare Law, Ethics in Medicine

CERTIFICATIONS

- Certified Coding Specialist (CCS) 📅 2025
- Basic Life Support (BLS) 📅 2026

TECHNICAL SKILLS

- **Coding Standards:** ICD-10, CPT, HCPCS
- **Regulatory Knowledge:** Medicare, Medicaid, Healthcare Compliance
- **Billing Procedures:** Charge Master, Claim Submissions, Balancing Adjustments

- **Auditing Tools:** CMS Regulations, Internal Audits, Reporting Templates
- **Software Expertise:** Epic, Cerner, MedAdept
- **Communication Skills:** Interdepartmental Liaison, Conflict Resolution, Documentation
- **Analytical Skills:** Data Visualization, Performance Metrics, Quality Assurance
- **Educational Courses:** Continuing Education, Coding Workshops, Policy Training
- **Technological Proficiency:** Microsoft Office, Google Workspace, Cloud Software
- **Customer Service:** Client Interactions, Provider Relations, Stakeholder Engagement

SKILLS

- ICD-10
- CPT Coding
- Medical Billing
- Healthcare Regulations
- Data Analysis
- Effective Communication
- Problem-Solving
- Patient Confidentiality
- Team Collaboration
- Audit Processes
- Training and Development
- Revenue Cycle Knowledge
- Healthcare Reimbursement Practices
- Software Implementation
- Coding Guidelines Compliance

PROFESSIONAL AFFILIATIONS

- Active member of the American Health Information Management Association (AHIMA).
- Participant in online workshops focused on advancements in medical coding and billing technologies.

LANGUAGES

- English (Native)
- Spanish (Intermediate)

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST