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SUMMARY

Dynamic Medical Coder with over a year of experience in coding for healthcare, focusing on psychiatric services. Skilled in ICD-10 and CPT guidelines, showcased through effective claims submission and adherence to legal standards. Proven history of collaborating with insurance companies and resolving denied claims, resulting in enhanced financial outcomes. Renowned for attention to detail and commitment to confidentiality, recognizing the significance of accurate data management. Passionate about staying updated with industry developments to provide best practices in coding processes, ensuring quality patient care and compliance with regulatory requirements.

EXPERIENCE

Medical Coder

June 2025 - Present

Wellness Health Center

Des Moines, IA

As a Medical Coder, responsibility involves applying healthcare coding principles for optimal claim submissions. Contributed significantly to procedural accuracy and ensured they align with regulations while managing support operations for billing.

- Assigned procedures and diagnoses codes accurately for insurance billing, maintaining compliance with federal regulations.
- Utilized specialized coding software effectively, enhancing workflow efficiency in the coding process for submitted claims.
- Ensured clinical documentation compatibility with established CPT and ICD coding principles by reviewing all medical records.
- Communicated regularly with insurance entities to resolve discrepancies related to denied claims, advocating for necessary adjustments.
- Trained new staff on coding protocols and procedures, sharing best practices for successful issue resolution.
- Conducted extensive research into medical records to clarify coding decisions affecting overall reimbursement rates.

Junior Medical Coder

August 2024 - May 2025

Health Services Group

Cedar Rapids, IA

This role provided foundational experience in healthcare coding, focusing on compliance with coding regulations, which supported training under senior coders on a varied array of worthwhile coding tasks.

- Assisted in assigning diagnosis and procedure codes that complied with both basic and advanced coding standards across various departments.
- Reviewed claims submissions meticulously to ensure zero discrepancies or incomplete information prior to offering them to payers.
- Recorded and organized coding documentation required for auditing processes in accordance with HIPAA privacy guidelines.
- Actively participated in continual professional development efforts around best practices in managing coding updates from CMS.
- Collaborated with experienced coders in examining complex cases as part of ongoing improvement discussions within the team.
- Engaged structuring meetings focused on strategic problem solving for persistent issues faced during coding reviews.

LEADERSHIP & AWARDS

- Employee of the Month at Wellness Health Center for exceptional coding accuracy and reliability in December 2025.
- Recognition for collaboration and teamwork at Health Services Group for proper claims resolution in March 2025.

EDUCATION

Associate's Degree in Medical Coding

2026

Des Moines Community College GPA: 3.8

Des Moines, IA

Coursework: medical coding, healthcare reimbursement, ICD coding, CPT coding

CERTIFICATIONS

- Certified Professional Coder (CPC) 📅 2026
- Advanced ICD Coding Certification 📅 2026

TECHNICAL SKILLS

- **Coding Systems:** ICD-10, CPT, HCPCS
- **Medical Software:** 3M CodeFinder, Optum360, AHIMA resources
- **Documentation Standards:** CPT Guidelines, CMS Regulations, HIPAA Compliance

- **Claim Management Tools:** EDI Transmissions, Billing Software, Claims Scrubbing Solutions
- **Quality Assurance Techniques:** Auditing Methods, Peer Review Processes, Risk Mitigation Strategies
- **Database Management:** Microsoft Excel, Healthcare Databases, Claims History
- **Communication Platforms:** Email, Zoom, Microsoft Teams
- **Continuing Education Resources:** APC Seminars, Online Training Courses, Medical Coding Conferences
- **Office Software:** Microsoft Office Suite, Google Workspace, Financial Software
- **Healthcare Standards:** HIPAA, AAPC Guidelines, NCQA Best Practices

SKILLS

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|--------------------------------|----------------------------|-------------------------------|---------------------------------|
| • Medical coding (ICD-10, CPT) | • Effective communication | • Conflict resolution skills | • Client interaction |
| • Claims management | • Time management | • Medical terminology mastery | • Healthcare policies knowledge |
| • Data entry and documentation | • Revenue cycle efficiency | • Research capabilities | • Coding audits |
| • Attention to detail | • Regulatory compliance | • Claims analysis | • Workflow optimization |

PROFESSIONAL AFFILIATIONS

- Member of the American Academy of Professional Coders since 2025.
- Volunteer coder for non-profit clinics providing pro-bono coding work aimed at underserved communities.

LANGUAGES

- English (Native)
- Spanish (Intermediate)

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST