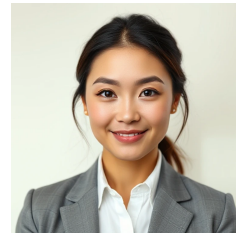


Cecilia Simpson

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SUMMARY

Detail-oriented Medical Coding Auditor specializing in auditing Evaluation and Management services within healthcare settings. Excels at reviewing medical documentation to ensure compliance with CPT and ICD-10 coding standards, cultivating strong analytical skills to maintain patient confidentiality while achieving accurate coding results. Proficient in employing various coding resources and encoders as well as Microsoft Office applications to enhance workflow efficiency. Driven by a passion for contributing positively to healthcare services through meticulous auditing practices. Eager for opportunities to further improve patient outcomes together with dedicated teams.

EXPERIENCE

Medical Coding Auditor

June 2022 - Present

Health Auditors LLC

Chicago, IL

Lead audits on medical claims while ensuring adherence to coding guidelines within a collaborative team-focused environment. Actively work on clarifying discrepancies with providers, supporting consistent workflow improvements across departments. Engage in ongoing education to uphold up-to-date knowledge on CPT and ICD-10 principles.

- Conduct thorough audits of medical claims, confirming compliance with established coding guidelines.
- Analyze clinical indicators related to Evaluation and Management services to optimize coding accuracy.
- Utilize coding software and encoders effectively, allowing for a significant reduction in overall coding errors.
- Collaborate with healthcare professionals when resolving medical information inquiries, enhancing communication.
- Sustain knowledge of coding protocols through dedicated professional development opportunities.
- Deliver valuable feedback to coding staff that has driven improvement in departmental accuracy.

Medical Coding Specialist

January 2018 - May 2022

Quality Care Group

Peoria, IL

Responsible for assessing and coding medical records accurately in compliance with industry standards while managing several priorities in a fast-paced environment. Developed internal processes to streamline operations and trained new hires effectively.

- Conducted thorough reviews of medical records to assign appropriate coding for diverse healthcare services.
- Created training materials to elevate onboarding for new staff members significantly.
- Managed competing workloads while prioritizing patient confidentiality with unwavering diligence.
- Contributed to the development of internal auditing processes aimed at bolstering operational efficiency.
- Facilitated communication with healthcare providers, promptly addressing coding concerns to improve documentation.
- Engaged in quality assurance initiatives, embedding a culture of continuous enhancement within the organization.

Junior Coding Auditor

September 2016 - December 2017

Healthcare Coding Solutions

Aurora, IL

Supported senior auditors in reviewing medical claims processes to identify issues and recommend enhancements. Focused on maintaining compliance standards and contributed to greater productivity through efficient practices.

- Assisted in processing audits to validate accuracy and adherence to prescribed coding standards.
- Partnered closely with senior team members to enact improvements in coding strategies.
- Participated diligently in ICD-10 and CPT coding training sessions to assure conformity to current guidelines.
- Conducted preliminary audits highlighting areas needing attention from coding teams.
- Developed a systematic approach to track coding errors that resulted in meaningful progress.
- Supported implementation efforts of advanced coding software, which improved productivity remarkably.

LEADERSHIP & AWARDS

- Dean's List, University of Illinois, 2025

EDUCATION

Bachelor's Degree in Health Information Management

2026

University of Illinois GPA: 3.8

Champaign, IL

Coursework: Healthcare Systems, Medical Coding, Health Data Analysis, Quality Assurance

CERTIFICATIONS

- Certified Professional Coder (CPC) 📅 2023
- Registered Health Information Technician (RHIT) 📅 2023

TECHNICAL SKILLS

- **Coding Software:** 3M CodeFinder, Optum360 Encoder, Clintegrity 3M
- **Microsoft Office:** Word, Excel, PowerPoint
- **Regulatory Compliance:** HIPAA, CMS Guidelines, ICD-10-CM
- **Auditing Tools:** InterQual, Milliman, eCriteria
- **Claim Lifecycle Management:** Patient Access, Billing, Reimbursement
- **Data Analysis Techniques:** Statistical Methods, Report Generation, Trend Analysis
- **Training Development:** Onboarding, Workshops, Manuals
- **Healthcare Standards:** AHIMA, AAPC, NCCI
- **Quality Assurance Processes:** Peer Review, Feedback Mechanism, Auditing Protocols
- **Privacy Practices:** Data Encryption, User Access Control, Anonymization

SKILLS

- | | | | |
|--------------------|------------------------|--------------------------|---------------------------|
| • Medical Coding | • Microsoft Office | • Clinical Documentation | • Healthcare Regulations |
| • CPT/HCPCS Coding | • Data Analysis | • Confidentiality | • Workflow Optimization |
| • ICD-10 | • Attention to Detail | • Problem Solving | • Performance Improvement |
| • Auditing | • Communication Skills | • Database Management | |

PROFESSIONAL AFFILIATIONS

- Member, Health Information Management Society, 2024 - Present
- Volunteer, Local Health Clinic Coding Initiative, 2023 - Present

LANGUAGES

- English (Native)
- Spanish (Proficient)

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST