

Anna Boyer

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 123 Main St, Little Rock, AR 72201

SUMMARY

Experienced Medical Coder with over two years in healthcare coding. Skilled in ICD-10-CM and CPT systems, I ensure accurate documentation for patient accounts, driving quality care and obtaining necessary reimbursements. My foundation in anatomy and medical terminology supports effective diagnosis regarding patients' conditions. Committed to maintaining privacy standards while actively collaborating with healthcare teams to clarify records and improve accuracy. Currently seeking a challenge where my analytical skills and attention to detail have an immediate, positive impact. Eager to contribute to a dynamic team at HealthTech Solutions.

EXPERIENCE

Medical Records Coder
HealthCare Innovations

June 2024 - Present
Little Rock, AR

- As a Medical Records Coder at HealthCare Innovations, proficiently manage patient account coding projects by employing advanced guidelines to optimize billing accuracy. Comprehensive review of medical records fosters effective collaboration across disciplines while ensuring compliance.
- Assign ICD-10-CM codes meticulously on patient accounts facilitating correct reimbursement from insurance providers.
 - Analyze patient records carefully, extracting essential information from detailed documentation.
 - Work consistently with physicians to resolve ambiguous details and strengthen overall documentation quality.
 - Safeguard patient confidentiality diligently, aligning processing protocols with ethical standards.
 - Notify administrators promptly about any discrepancies noted during chart reviews, aiding quick resolution.
 - Stay informed about increasing complexities in coding policies, amendments, and best practices.

Junior Medical Coder
MediCode Solutions

January 2023 - May 2024
North Little Rock, AR

- In the Junior Medical Coder role at MediCode Solutions, engaged in intensive coding projects applying ICD-10 and CPT coding for outpatient services while enhancing knowledge through practical applications and expert collaboration.
- Contribute significantly to coding claims through the effective use of ICD-10 and CPT codes attaining greater accuracy in patient records.
 - Assist billing departments methodically with queries and claims rejections, engineering solutions efficiently.
 - Engage fully in training sessions aimed at expanding insights into industry-relevant medical coding software and methodologies.
 - Conduct periodic audits ensuring procedures adhere strictly to industry standards, fostering constant improvement in accuracy measures.
 - Foster collective collaboration with healthcare professionals to secure pivotal information aiding successful coding and billing activities.
 - Implement checklists strategically that considerably reduce errors in the coding process.

LEADERSHIP & AWARDS

- Top Performer Award for coding accuracy, HealthCare Innovations, 2025.
- Outstanding Service Recognition, MediCode Solutions, 2024.

EDUCATION

Associate Degree in Medical Coding
Arkansas Community College GPA: 3.8

2023
Little Rock, AR

Coursework: Anatomy, Physiology, Medical Terminology, Healthcare Regulations

CERTIFICATIONS

- Medical Coding Certificate  2023
- Certified Billing and Coding Specialist (CBCS)  2024

TECHNICAL SKILLS

- **Coding Systems:** ICD-10-CM,CPT
- **Compliance Standards:** HIPAA, Medicare Guidelines, Medicaid Regulations
- **Coding Software:** 3M CodeFinder,Epic,AdvancedMD
- **Patient Management:** Electronic Health Records (EHR),Practice Management Systems
- **Data Analysis Tools:** Microsoft Excel,Access,Tableau
- **Documentation Techniques:** Clinical Documentation Improvement,Chart Review
- **Communication Platforms:** Slack,Microsoft Teams,Zoom
- **Training Platforms:** WebEx,Online Learning Modules,In-Person Seminars

- **Project Management:** Trello,Asana,JIRA
- **Auditing Tools:** Diversified Coding Audits,Internal Assessments,Outcomes Evaluations

SKILLS

- | | | | |
|-----------------------------|-------------------------|---------------------------|------------------------|
| • ICD-10-CM Coding | • Claims Management | • Documentation Analysis | • Quality Assurance |
| • CPT Coding | • Anatomy Skills | • Problem Solving | • Regulatory Standards |
| • Medical Documentation | • Physiology Knowledge | • Effective Communication | • Patient Advocacy |
| • Confidentiality Standards | • Healthcare Compliance | • Team Collaboration | |

PROFESSIONAL AFFILIATIONS

- Member of American Academy of Professional Coders (AAPC).
- Volunteer with local health services for community outreach programs.

LANGUAGES

- English (Native)
- Spanish (Intermediate)

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST