

Nadia Webster

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SUMMARY

Detail-oriented medical coding professional with three years of experience ensuring accurate coding and compliance in healthcare settings. Possesses expertise in assigning codes to services and validating medical records, all while maintaining patient confidentiality. Strong commitment to ongoing education, adapting to updates in coding regulations while contributing meaningfully to process improvements. Recognized for high accuracy and prompt resolutions, providing excellent customer service in fast-paced environments. Collaborates effectively with healthcare teams, fostering communication and striving for timely reimbursements to improve organizational effectiveness.

EXPERIENCE

Medical Coder

June 2023 - Present

HealthFirst Solutions

Portland, OR

Focused on accurately assigning medical codes for diverse healthcare services at a major healthcare organization. Engages with providers to clarify coding discrepancies, thereby enhancing the quality of coding practices and ensuring steady revenue flow through timely reimbursements.

- Assign medical codes adhering strictly to compliance guidelines, facilitating reimbursement processes.
- Review documentation for completeness and accuracy, significantly improving claim approval rates.
- Collaborate with healthcare professionals, clarifying coding queries to minimize billing disputes.
- Stay up-to-date with evolving coding regulations, integrating changes swiftly into existing procedures.
- Participate in training initiatives that promote skill enhancement and enhance team competency.
- Maintain high productivity standards, noted for meticulous attention while meeting deadlines.

Junior Medical Coder

March 2021 - May 2023

WellCare Health

Beaverton, OR

Provided entry-level oversight in medical coding tasks, gaining essential skills while working alongside seasoned coders. Focused on continuous improvement and high-quality output by identifying weaknesses in documentation processes and participating asynchronously in meetings about best practices.

- Assisted senior coders in assigning appropriate medical codes, allowing smooth workflow improvements.
- Conducted thorough audits of coding accuracy, diminishing liabilities and enhancing quality assurance efforts.
- Engaged in team dialogues regarding regulatory changes, reinforcing a cooperative coding environment.
- Supported auditing measures to ensure coding practices aligned with HIPAA regulations regarding confidentiality.
- Facilitated resource creation aimed at onboarding new hires, minimizing knowledge gaps.
- Provided effective customer service for internal and external inquiries related to estimation and billing discrepancies.

LEADERSHIP & AWARDS

- Dean's List, Oregon State University, 2024
- Healthcare Coding Competition, 2nd Place, 2025

EDUCATION

Bachelor's Degree in Health Information Management

2026

Oregon State University GPA: 3.9

Corvallis, OR

Coursework: Medical Coding, Healthcare Regulations, Data Analysis, Patient Privacy

CERTIFICATIONS

- Certified Professional Coder (CPC) 📅 2026

TECHNICAL SKILLS

- **Coding Software:** 3M CodeFinder, AAPC Coder, Optum360
- **Compliance Standards:** ICD-10, CPT, HCPCS
- **Electronic Health Records (EHR):** Epic, Cerner, Allscripts
- **Billing Systems:** MedAssets, eCLAIMs, ClaimTrust
- **Data Management Tools:** Microsoft Excel, SQL, Tableau
- **Quality Control Frameworks:** HEDIS, STARS, NCQA
- **Training Programs:** Online Seminars, Workshops, CEU Courses

- **Patient Management Systems:** NextGen, Greenway Health, Practice Fusion
- **Project Management Tools:** Trello, Asana, Basecamp
- **Research Methodologies:** Statistical Analysis, Case Studies, Surveys

SKILLS

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|--------------------------|-----------------------|----------------------------|-------------------------|
| • Medical Coding | • Team Collaboration | • Reimbursement Strategies | • Healthcare Standards |
| • HIPAA Compliance | • Customer Service | • Auditing Practices | • Communications Skills |
| • Medical Records Review | • Coding Guidelines | • Billing Procedures | • Problem-Solving |
| • Quality Assurance | • Process Improvement | • Documentation Review | |

PROFESSIONAL AFFILIATIONS

- Member, Health Information Management Association, 2024 – Present
- Volunteer, Community Health Fair, 2025

LANGUAGES

- English (Native)

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST