**Tammie M. Jackson**

**1508 Oak Meadows Drive**

**Dallas, TX 75232**

**214-564-3091**

[**tjackson16@hotmail.com**](mailto:tjackson16@hotmail.com)

**Professional Summary**

A dedicated comprehensive professional with a long and varied career in Health Information Management with proficiency in (Emergency Services Coding, Outpatient Coding, Physician Services Coding, HCC Risk Adjustment Coding, Inpatient Coding , EMR Document Imaging and Departmental Administrative Assistant). Possess sound knowledge of Medical Terminology, Anatomy and Physiology, Medical Coding guidelines and Coding Techniques (ICD-10, ICD 10-PCS, ICD 9, CPT-4, HCPCS, E/M, POA, and DRG's, RVU’s and CMS). Detail oriented. Competent team player works effectively with minimum supervision. Comfortable in multi-tasking settings ensures deadlines are met. Superb communication, writing and customer service skills.

**Credential**

AHIMA-RHIT (Registered Health Information Technician)

AHIMA-CCA (Certified Coding Associate)

**Education**

Associate of Applied Science in Health Information Technology**, DeVry University**, Dallas, TX **October 2013**

**Technical Skills**

Windows (Word, Excel, PowerPoint, Outlook, Lotus Notes), Database Management (Access, ACT, Filemaker), Internet (Explorer, Netscape) Typing (60wmp), Other Software (Meditech, 3M (Encoder) EPIC, Allscripts, HPF, UDS, RGN, Patcom, Sharepoint)

**Work Experience**

**BaylorScott&White Nov 2015-Aug 2019**

***Remote Medical Coder/Emergency Services***

* Assigns codes for diagnoses, treatments, and procedures according to the appropriate classification system for inpatient or outpatient encounters.
* Maintains an accuracy rate at or above 95%.
* Reviews appropriate provider documentation to determine principal diagnosis, co-morbidities and complications, secondary condition and surgical procedures.
* Extracts required information from source documentation and enters into encoder and abstracting system.
* Abides by the Standards of Ethical Coding as set forth by the American Health Information Management Association (AHIMA) and adheres to official coding guidelines.
* Reviews daily system-generated error reports to correct or complete missing data elements.
* Assists in implementing solutions to reduce back-end billing errors.
* Abides by the Standards of Ethical Coding as set forth by the American Health Information Management Association (AHIMA) and adheres to official coding guidelines.
* Utilizes technical coding principals and APC reimbursement expertise to assign appropriate ICD-9-CM diagnoses, ICD-10-CM diagnoses and ICD-9-CM/CPT-4 procedures.
* Works collaboratively with revenue cycle departments to ensure coding and edits are processed timely and accurately.

**UT Southwestern Medical Center, Dallas, TX Oct 2013–Oct 2015**

***Abstractor/Coder/NICU Physician Services***

* Located inpatient service records of patients in Children’s Medical Center and Parkland Memorial Hospital Neonatal Intensive Care Units
* Abstracted relevant information, i.e., onset of symptoms, type of illness or condition, prospective or definitive diagnosis, tests, procedures, and other types of services rendered.
* Ensured all billable services performed by attending/teaching physician have been properly documented according to federal, state, and insurance regulations.
* Maintained or exceeds billing productivity standards of 1000 date of services billable per month
* Utilized coding resources, i.e., ICD-9, CPT, and department or division fee schedule, to enter services rendered and diagnosis into computer or on billing sheets.
* Performed other duties as assigned.

**Trusted Nurse Staffing, LLC (Travelling Coder), Buffalo, NY Oct 2012-Oct 2013**

***Medical Coder/HCC Risk Adjustment Field Reviewer***

* Accurately and effectively conducted inpatient medical record audit/review for HCC Risk Adjustment for insurance providers
* Abstracted and assigned all ICD-9 codes clinically identified and supported in the documentation on a timely basis.
* Scanned relevant components of the medical record to support review performed
* Abided by all HIPAA and associated patient confidentiality requirements
* Other duties as assigned

**Centerre Healthcare, (Methodist Rehab Hospital), Dallas, TX Nov 2009–Sept 2012**

***Inpatient/Outpatient Medical Coder***

* Abstracted Inpatient and Outpatient records of patient admission and discharge status assigning ICD-9 and CPT coding
* Adhered to ICD-9-CM rules, policies and procedures standardize coding rules, coding conventions for Ambulatory coding and requirements for coding of IRF records.
* Queried Physician on documentation to ensure accurate coding.
* Performed additional duties of a Health Information Management such as release of information, physician deficiencies, chart retrieval, chart analysis, filing of loose reports as well as any other duties of a Health InformationManagement department.

**Methodist Charlton Medical Center, Dallas, TX Sept 2005–Nov 2009**

***Outpatient Medical Coder*  - *Oct 2007 – Nov 2009***

* Classified and abstracted outpatient (women imaging, ob. gyn, family practice, physical rehab and emergency room) diagnosis and procedures and assigned appropriate ICD-9-CM and CPT codes for optimal reimbursement.
* Processed 260 to 265 claims daily while maintaining 95% accuracy and achieving productivity goals.
* Followed up on unbilled accounts to assure timely billing to avoid non-payment by third party payer.
* Attended seminar and in-services for updates on coding procedures.

***Administrative Assistant/Health Information Management - Sept 2005 – Oct 2007***

* Generated accurate reports for management and/or meetings utilizing professional software
* Charged out and in records requested by any source other than re-admits.
* Checked in and accounted for receipt of ancillary outpatient registrations.
* Completed the time and attendance input accuracy to ensure proper department bi-weekly payroll.
* Assisted the release of information area as needed.