

## RESUME



**Shekhar Kumar,**  
Certified Coding Specialist (CCS)  
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### Objective:

Seeking a challenging position in Health care provider organizations, providing me a highly motivated, progressive, friendly environment, which allow the pursuit of career advancement and expand my knowledge and skills, and to set quality standards of professionalism in the field to achieve the best

### Professional Skills:

- Currently Developed 6 years' experience in medical coding and will peruse my career in same industry in future.
- Proficient in usage of the following code sets:
  - ⊙ **International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10-CM)**
  - ⊙ **Current Procedural Terminology, Fourth Edition (CPT®)**
  - ⊙ **Healthcare Common Procedure Coding System (HCPCS Level II codes)**
- Trained in the US Healthcare Revenue Cycle Management system (RCM system)
- Proficient in using the various software for electronic health record management
- Proven ability to use independent judgment and working with minimum supervision

**Work Experience:** Inpatient Visits, Outpatient visits, ED visits, Urgent care & HCC.

- Trained in facility coding and professional physician coding
- Knowledge of coding guidelines for Medicare and Medicaid coverage patients
- Interaction for follow-up with divisions of Revenue Cycle Management

Duration of Service: **NOV2014 to OCT 2015**

Job Responsibilities:

1. **Organization Name:** *Visionary RCM* Chennai.  
Validate all medical record documentation and charge information submitted by the physician to ensure compliance with coding regulations.
- **Designation: Medical coder (HCC)**  
Perform a variety of activities involving the coding of medical records by ascribing accurate diagnosis and CPT codes as per ICD-10 and CPT systems of coding.

- Verify with physicians on all the changes and charges made.
- Checking the LCD as per the carrier specifications.
- Meet daily coding production and quality standards as per SLA.
- Maintaining patient confidentiality and information security.
- HCC Coding Hierarchy Methodology and Guidelines

**2 Organization Name:** “*Nthrive Global Solutions Private Limited*” **chennai**

**Designation:** Senior Medical coder ( ED profee)

**Duration of Service:** OCT2015to **JULY2018**

**Job Responsibilities:**

- Worked as a Medical Coder & Temp QA, roles and responsibilities were involved in U.S Healthcare system which helped in financial reimbursement from insurance companies and government agencies, with regards to Medical Coding guidelines and coding techniques (ICD-10 CM and CPT) along with client specific guidelines.
- Perform Coding for records pertaining to E&M, ER, performed with a minimum of 96% accuracy and as per turnaround time requirements.
- Perform a variety of activities involving the coding of medical records by ascribing accurate diagnosis and CPT codes as per ICD-10 and CPT systems of coding.
- Utilized CPT, ICD-10-CM, HCPCS and Modifiers for the coding of various Surgical Procedures performed in **ED/ER**.
- Ensures that the highest level of HCC mapped diagnosis code was utilized in each date of service reviewed and documentation of findings in company data storage program.
- Experience in various project of ED
- Participate in testing and training as required by the Company.

3-Organization Name: *"GeBBs Healthcare Solutions"*, Aurangabad

Designation: Quality Analyst (ED Facility)

Duration of Service: **July 2018 to Till Now**

Job Responsibilities:

- Perform a variety of activities involving the coding of medical records by ascribing accurate diagnosis and CPT codes as per ICD-10 and CPT systems of coding.
- Ability to QA different types of chart formats & documentation.
- Provides Quality Assurance feedback by working as a liaison between Coder and the Team Lead to ensure 95% coding accuracy.
- 100% of the work is reviewed for a new Hire until they have a consistent 95% accuracy rate.
- Focuses on continuous improvement by working on projects that enables customers to arrest revenue leakage while being in compliance with the standards.
- Professionally communicates finds, errors, and any suggestions to all staff in order to facilitate on-going communications and efficient department operations.
- Completes internal audits as necessary to support quality accuracy.
- Responds to questions via the Questions Queue for individual coders.
- Reviews internal system reports on quality of work for all assigned Clinical Coder Specialists. These reports are reviewed daily, weekly, monthly, quarterly and yearly as needed.
- Communicate quality issues and trends to the Team lead, Coding Manager and Training Manager. Recommend additional training based on results of the quality audit for those Coders where they fall behind the 95% accuracy rate.
- Develop an action plan in collaboration with the Team Lead and Manager as needed with regard to improvement in the quality of work for coder and reports progress to the Team Lead.
- Provide training to new joiners regarding client updates and project guidelines
- Attending client calls for Errors review

- **Certified Coding Specialist (CCS) | AHIMA 2019**
- ICD-10 Proficiency Assessment Certified
- Graduation degree '**B pharm**' from "**SRM University**" Chennai, India 2013
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Personal Information:

**Address** : 509, Bhakti Nagar, N-1, C I D C O, Aurangabad ,Maharashtra 431203  
**Marital Status** : Married  
**Sex** : Male  
**DOB** : 25/02/1992  
**Permanent Address:** ward no-1 .vill+post-bishanpur ,jitwarpur .Dist.samastipur ,BihAR-848134

I hereby declare that the information furnished above is true to the best of my knowledge.

**Shekhar Kumar**