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E-MAIL:

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LICENSE:

- Certified Coding Specialist (CCS)
- Certified Outpatient Coder (COC)

SPECIALIZATION:

Evaluation & Management (E&M) Emergency Department (ED) Acute Denials & Appeals IPDRG Coding

EDUCATION:

MBA from Delhi University

DATE OF BIRTH:

• 09th January, 1984

MARITIAL STATUS:

Married

RESIDENTIAL ADDRESS:

 B-521, DDA Flat, Bindapur Uttam Nagar, New Delhi

ACHIEVEMENTS:

- Maintained a close workingrelationship with all the clients served
- Awarded distinctive ratings
- Awarded for Achievements

PASSPORT NUMBER:

• U6103995

Dinesh Chander

Senior Coding Analyst, R1RCM Global Pvt. Ltd. (Noida, Uttar Pradesh, India)

Summary

- Dinesh is a Certified Coding Specialist (CCS) from American Health Information Management Association (AHIMA) and Certified Outpatient Coder (COC) from American Academy of Professional Coders (AAPC).
- He is currently working as a Senior Coding Analyst with R1RCM Global Pvt. Ltd. since 14th April, 2021. His previous employments include Xpert Healthcare Group for a period of 2.8 years.
- ◆ Dinesh has overall 14 years of experience in Hospital / Healthcare services in the department of Hospital Billing & Claims including 04 years of experience mainly focused in hospital outpatient records coding with ICD-10 and CPT guidelines.

Selected Experience

- Examined diagnosis codes for accuracy, completeness, specificity and appropriateness according to services rendered.
- Consistently ensured proper coding, sequencing of diagnosis and procedures.
- Accurately entered procedure codes, diagnosis codes and patient information into billing software.
- Researches and reviews payor denials related to surgery coding, referral, level of care, lack of prior authorizations and medical necessity.
- Formulates and submits appeal letters utilizing relevant and effective clinical documentation, evidence based medical necessity criteria, medical policies of the payer, and community and national medical management standards and protocols.
- Evaluated the accuracy of procedures, level of care, locations diagnosis, patient identification and provider signature. Interpreted medical reports to apply appropriate ICD-10, CPT and HCPCS codes.
- Analyzed and interpreted patient medical and surgical records to determine billable services.
- Added modifications appropriately and correctly for identified errors and re-filled denied/rejected claims as they were received from Patient Account Representative.
- Audited physicians on their documentation and proper code selection for both CPT Codes and ICD-10 codes. Reviewed denied claims for accuracy of denial and resubmitted based on documentation.
- Queried physicians for more specific procedure codes when documentation was nonspecific.

Additional relevant skills

- An effective communicator with excellent interpersonal, problem solving & analytical skills.
- Strong work ethics, Self-confident, hard-working, energetic, positive attitude.
- Ready to work in any Environment.