



**Abhiram Godugula**  
**COC & CCS Certified**

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**Email:Abhiramgodugula0805@gmail.com**

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Kind Attn.:

Sub.: Application for the suitable position of Medical claims processor/Coding Auditor

Respected Sir,

I would like to apply for the position of Medical Coder with your esteemed organization. I possess overall eight years of experience and six years of professional coding experience and enjoy the field tremendously. In my current position as a Senior Medical Coder with RAK Hospitals. I enter medical code into insurance records and other patient documentation.

I am fast and efficient and data entry and know coding procedures inside and out. I am also extremely organized and efficient with keen attention to detail. I can handle a multitude of tasks at once and enjoy the busy atmosphere of a medical office. Past employers have praised me for my grace under pressure and good work ethic. I'd love to bring this same level of efficiency and professionalism to the position of Medical Coder with your facility.

I am confident that I am an ideal candidate to be your next Medical Coder and welcome you to contact me by phone or email at your convenience to set up a meeting. I look forward to hearing from you. Thank you so much for your time and any consideration you may give me.

Thanking you!

Abhiram G

Encl. RESUME

# Abhiram Godugula

## COC & CCS

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### Career Summary

Detail-oriented, organized and certified 'Medical Coder' with over 6+ years of experience in writing accurate codes for patient records, processing claims for payment and performing clerical duties as required. Adept in maintaining confidentiality of the patient data and entering accurate clinical codes in the software by using excellent research skills for complex diseases, treatment methods or medical prescriptions. Team player with exceptional organizational and communication skills.

### Summary of Skills

- Identify Coding Quality Improvement opportunities and work with compliance managers and others to develop recommendations
- Performs quality reviews on coding and DRG assignments for inpatient records
- Audit and educate new and established coders and auditors
- Authors, edits, and reviews quality communications (e.g., policies, procedures, and training) and makes recommendations for updates
- Develops and implements education of physician, nursing, and other clinical staff to improve documentation to yield better coding
- Escalates facility issues to manager ,doctors for resolution of diagnosis.
- Reviews inpatient and outpatient medical records for select payer populations post-discharge and pre-bill; audits the accuracy and completeness of diagnosis and procedure coding, billing, DRG assignment, and abstracted data - POA, Discharge Disposition
- Works independently in remote locations
- Develops and coordinates educational and training programs regarding technical coding and clinical topics for the coding staff
- Works with coders and CDS's to draft and initiate physician queries
- Sound knowledge of ICD-10, CPC and HCPCS codes for various diagnostics, treatment procedures, and medicines
- Strong knowledge of medical terminologies and coding systems
- Capable of determining exact amount of claims to present it to the patient's insurance company for collecting payment within limited time
- Familiar with assessing billing records to calculate pending fees from the concerned patient as well as approving reimbursement for special cases as per the instructions from the hospital's chair person
- Adept at writing accurate coding terminologies as well as performing various clerical duties as required
- Expertise in operating hospital's software, clinical database, and other computer applications such as MS Office suite, mail and Google spreadsheet
- Compassionate and empathetic medical professional with strong analytical and communication skills
- Team player with exceptional organizational and problem solving skills

## **Work Experience:**

<b>CERTIFIED MEDICAL CODER</b> <b>RAK HOSPITAL, RAS-AL-KHAIMAH,</b> <b>UAE</b> <b>OCTOBER 2018 - PRESENT</b>	<b>CERTIFIED MEDICAL CODER</b> <b>COGNIZANT TECHNOLOGIES AND</b> <b>SOLUTIONS, HYDERABAD, INDIA</b> <b>MARCH 2016 - MARCH 2018</b>	<b>CERTIFIED MEDICAL CODER: SENIOR</b> <b>CPT CODER</b> <b>XCHANGING, BANGALORE, INDIA</b> <b>OCTOBER2015- MARCH2016</b>
<b>MEDICAL CODER:</b> <b>VEE TECHNOLOGIES, BANGALORE, INDIA</b> <b>JANUARY 2014- OCTOBER2015</b>		

## **Current Role & Responsibilities in RAK Hospitals Managed by Elico RCM Third party administrator:**

- Initial Auditing submission & Re submission claims processing through E-claim link - Dubai Health Authority which is time consumable, submission are done without any errors for all the payers There by the files filtered with errors during the E-claim submission are been verified & is been resubmitted. Main errors so far analyzed were CPT code errors, Diagnosis errors which can be corrected at the time of submission.
- Assisting to translate medical procedures into standardized codes for helping insurance companies to assess patients' bill, and creating accurate invoice for the services provided
- Extracting clinical information from the software and assigning appropriate ICD-10 or CPT-4 codes to patient records as per the established procedures
- Auditing and Reviewing patients' medical reports for CPT coding, and assigning appropriate codes in the data to receive proper reimbursement
- Coordinating with the team to perform data entry tasks to maintain accurate medical information, including doctor's name, surgery dates or other procedures, prescription and discharge date in the hospital's database
- Maintaining an up-to-date database of Approvals in the hospital's software by coding diagnosis, treatment provided and prescriptions about drugs/injections
- Oversee daily Billing Department functions, including medical coding, charge entry, claims, payment posting, and reimbursement management.
- Examine patients encounter forms to verify diagnosis codes, and reconcile codes against services rendered.
- Used electronic charge capture practices such as billing and account receivables medical billing clearinghouse accounts submissions and resubmission invoices on time.
- Follow up on past due invoices and delinquent accounts to reduce number of unpaid and outstanding balances.

## **Achievements:**

Won the best coder and received **Ekalvy award** in **Cognizant Technologies**.

## **Other Experiences:**

- Having clinical experience in Global Hospitals, India as a Physiotherapist. 2010-2011
- Worked as a Health care Advisor in Tata Business Support Services, India.2011-2012

## **Professional Synopsis**

- ❖ Has a Professional **Bachelor's degree in Physiotherapy** , From NTR Health University.(2004-2009)India
- ❖ **Coding Certification from AAPC-COC** (Certified outpatient coder with Membership id-01349328),
- ❖ **Coding Certification in AHIMA-CCS** (Certified coding specialist with Membership id-2831036)

## **Affiliations**

- Active member of American Academy of Professional Coders (AAPC).
- Life member of Indian Association of Physiotherapists.
- Active Member of American Health Information Management Association. (AHIMA)

## **Language Proficiency:**

English          Medium of instruction (Entire education)

Telugu          Mother Tongue

Hindi          Indian National language

## **IT CREDENTIALS**

- Ms-Office: Word, Excel, Power Point
- Internet Tools

## **PERSONAL DETAILS**

Date of Birth          :          08<sup>th</sup>May 1985

Sex                      :          Male

Marital status        :          Married

Nationality           :          Indian

Present Address      :          Plot No.203, Apollo Building, Above Alia studio, Al-Nakheel , Ras al Khaimah

Languages Known    :          English, Kannada, Hindi & Telugu.

I hereby declare that, all statement made in Resume are true and correct to the best of my knowledge and belief.

**Date:**

**Place: Ras Al khaimah (Abhiram G)**