



AMRUTHA T KUMAR

RCM Coordinator

Professional Summary

Detail-oriented Medical Coder and Insurance Coordinator with extensive experience in coding medical procedures, diagnoses, and services using ICD-10, CPT, and HCPCS standards. Skilled in managing insurance claims, handling claim approvals, denials, and resubmissions, ensuring timely submissions for maximum reimbursement. Strong understanding of HIPAA regulations, patient confidentiality, and compliance in all coding and billing tasks. Expertise in insurance OP approval, submission, and resubmission processes, collaborating with healthcare providers and insurance companies to streamline operations. Committed to delivering high-quality service, improving operational efficiency, and ensuring maximum reimbursement within revenue cycle management.

Work Experiences

RCM COORDINATOR (2024 - PRESENT)

TRUDOC HEALTH CARE LLC

- Overseeing and managing the full revenue cycle for healthcare services, ensuring timely and accurate billing, coding, and claim submission.
- Reviewing, submitting, and tracking claims to insurance companies, ensuring the correct reimbursement process and reducing denied claims.
- Ensuring all billing processes adhere to industry standards and compliance regulations, including HIPAA and other healthcare-specific guidelines.
- Investigating and resolving denied claims by identifying root causes and implementing corrective actions to prevent future denials.
- Collaborating with patients to address billing inquiries, payment plans, and resolving outstanding balances on patient accounts.
- Working closely with medical professionals, billing departments, and insurance providers to optimize workflows and improve the efficiency of revenue cycle processes.
- Providing regular reports on key performance indicators (KPIs), such as claim denial rates, payment trends, and account receivables, to senior management.

EXECUTIVE RCM (2023-2024)

ASTER DM HEALTHCARE

- Managed end-to-end revenue cycle processes, including billing, coding, and collections to ensure timely and accurate reimbursement.
- Managed insurance claims submissions for 30+ Aster clinics and diagnostic centers across UAE, handling over 200 claims per day with accuracy.
- Expertly executed outpatient claims coding using ICD and CPT, improving revenue efficiency and ensuring compliance with insurance requirements.
- Analyzed and tracked key performance indicators (KPIs) to identify trends, optimize processes, and improve operational efficiency.
- Collaborated with clinical and administrative teams to ensure accurate documentation and smooth patient account management.

Contact

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Education

• **BVOC SPORTS NUTRITION AND PHYSIOTHERAPY (2015 - 2018)**

MG UNIVERSITY

• **PREPARATORY TRAINING PROGRAMME FOR CPC**

Certificates

- AAPC
- American Academy of Professional Coders
- Member ID:02036360

Digital Skills

- Insta and LT software

Skills

- Medical Coding (ICD-10, CPT, HCPCS)
- RCM coordination
- Sound knowledge in UAE submission process
- Insurance Claims Management
- HIPAA Compliance
- Billing and Reimbursement
- Claim Denial Resolution
- Revenue Cycle Management
- Coding Audits & Quality Assurance
- Data Entry and Accuracy
- Communication & Coordination
- Medical Terminology Knowledge
- Process Improvement & Efficiency
- 3M knowledge

Personal Details

- Date of Birth :
- Nationality : Indian
- Gender : Female

Languages

- English
- Malayalam
- Tamil

PROFESSIONAL ED CODER (2021-2023)

LOGIX HEALTH

- Accurately coded emergency department (ED) claims using ICD-10, CPT, and HCPCS codes, ensuring compliance with healthcare regulations and insurance requirements.
- Reviewed medical documentation to assign appropriate codes for diagnoses, procedures, and services, improving reimbursement accuracy.
- Collaborated with physicians and healthcare providers to clarify documentation, ensuring proper coding and minimizing claim denials.
- Ensured strict adherence to HIPAA guidelines, maintaining patient confidentiality and safeguarding sensitive healthcare information during the coding and claims process.
- Identified and resolved discrepancies in coding, performing appeals and re-submissions to maximize revenue recovery.
- Maintained up-to-date knowledge of coding guidelines, payer requirements, and regulatory changes, ensuring continuous compliance and operational efficiency.

Achievements

- Kudos Award
outstanding contribution in both quality and production in the month of August 2022
 - Best Performer RCM
Achieves more than 200 claims per day
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