

SANA KUSAR

MEDICAL CODER

CONTACT

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Dubai, UAE

SKILLS

- Medical Coding (ICD-10-CM, CPT, HCPCS)
- UB-04 & CMS-1500 Claims Review
- Medical Records & Clinical Documentation Review
- Appeals & Grievance Processing
- Denial Management & Root Cause Analysis
- E/M Coding & Modifier Application
- In-Network & Out-of-Network (OON) Claims
- COC, SPD & Benefit Interpretation
- Timely Filing Limit (TFL) Compliance
- HIPAA & CMS Guidelines
- Fraud, Waste & Abuse (FWA) Identification
- Provider Statutory Validation (TIN, NPI)
- MS Office Suite (MS Word, MS Excel, MS PowerPoint)
- Operating Systems: Windows XP, Windows 7, Windows 8, Windows 10
- Internet Applications
- SAS: Base SAS, Advanced SAS, SAS PROC, SAS Macros
- Database & Querying: SQL

LANGUAGES

- English - Proficient
- Hindi - Advanced
- Telugu - Native
- Urdu - Advanced



PROFILE

Results-driven Medical Coding and Revenue Cycle professional with 9 years of experience in US healthcare operations, including medical coding, claims adjudication, appeals, denial management, and provider billing. Proven expertise in ICD-10-CM, CPT, HCPCS, UB-04 and CMS-1500 claims, payer policies, and compliance standards. Adept at ensuring coding accuracy, regulatory compliance, revenue optimization, and timely claim resolution while consistently meeting SLA/TAT benchmarks.



WORK EXPERIENCE

Appeal Representative – E&I Appeals 08/2019 - 12/2023 Optum Global Solutions, Telangana, India

- Reviewed and analyzed medical claims and appeals to determine appropriate outcomes based on SOPs, CMS guidelines, payer policies, and benefit plans.
- Processed hospital (UB-04) and physician (CMS-1500) claims with high accuracy and compliance.
- Handled clinical pre-service, post-service, and post-administrative claims, ensuring proper authorization and documentation.
- Conducted medical record reviews to validate coding accuracy, medical necessity, and benefit eligibility.
- Managed in-network and out-of-network (OON) claims using ENRP, MNRP, and R&C methodologies.
- Reduced claim rework by 20% through accurate application of payment policies and coding logic.
- Evaluated Timely Filing Limit (TFL) appeals and ensured adherence to payer deadlines.
- Routed complex cases for Medical Review (MCR) and implemented determinations from clinical teams.
- Identified fraudulent billing patterns, escalated cases for Optum review, and filed TIP forms per compliance protocols.

Technical Support Associate 06/2018 - 03/2019 Tech Mahindra, Telangana, India

- Delivered end-to-end customer support for DSL and FIOS services, managing inbound and outbound interactions.
- Applied analytical problem-solving skills to diagnose service issues, enhancing first-call resolution.
- Collaborated with field technicians and cross-functional teams for issue resolution.
- Documented customer interactions, troubleshooting steps, and resolutions with high accuracy, ensuring compliance with process guidelines and quality standards.
- Analyzed service issues by reviewing system data and customer information, applying root-cause analysis to resolve complex cases within defined SLA/TAT.

Senior Process Associate 08/2016 - 06/2018 AGS Health Pvt. Ltd., Telangana, India

- Managed accounts receivable, denial management, and claims follow-ups for US healthcare providers.
- Reviewed denied claims, analyzed EOBs, and initiated reprocessing and appeals to recover revenue.
- Checked medical records to validate denial reasons and ensure compliance with payer requirements.
- Performed provider status using TIN and NPI verification across payer portals.
- Improved claim recovery rate by 15% through effective denial resolution strategies.

WORK EXPERIENCE

Computer Operator

06/2015 - 07/2016

Mee Seva – Government Services, Telangana, India

- Assisted citizens with government service applications and data processing.
- Maintained accurate digital records while ensuring service compliance and turnaround time.
- Accurately captured, verified, and updated citizen data in government systems, ensuring 100% data accuracy and compliance with documentation standards and turnaround timelines.
- Reviewed and processed high-volume applications, validating supporting documents and resolving discrepancies to minimize rework and processing delays.
- Maintained confidentiality of sensitive personal information while adhering to data privacy, record management, and quality assurance protocols, strengthening audit readiness.

EDUCATION

M.Pharmacy (Drug Regulatory Affairs)

2018

Chaitanya College of Research & Pharmacy Education

B.Pharmacy

2015

Blue Birds College of Pharmacy

Intermediate (H.S.E)

2011

Govt. Junior College for Girls

SSC

2009

St. Gabriel's High School

CERTIFICATION

CPC (Certified Professional Coder) – AAPC | Member ID: 02496108

KEY ACHIEVEMENTS

- Achieved 98% accuracy in medical claims review and appeals adjudication while consistently meeting SLA/TAT benchmarks.
- Successfully resolved high-volume UB-04 and CMS-1500 claims, improving first-pass resolution and reducing claim rework by 20%.
- Recovered 15% additional revenue through effective denial analysis, root-cause identification, and timely appeal submissions.
- Demonstrated strong expertise in ICD-10-CM, CPT, and HCPCS coding validation, ensuring compliance with CMS, HIPAA, and payer guidelines.
- Reduced Timely Filing Limit (TFL) misses by proactively monitoring deadlines and prioritizing appeal workflows.

STRENGTH

- Detail-Oriented & Accuracy Driven: Consistently review medical records, claims, and appeals with high precision to ensure correct coding, compliance, and error-free outcomes.
- Strong Analytical & Decision-Making Skills: Ability to interpret clinical documentation, payer policies, SOPs, COC, and SPD to determine appropriate claim outcomes.
- Time Management & Productivity Focused: Efficiently manage high-volume workloads while meeting strict SLA and TAT requirements without compromising quality.
- Compliance & Policy Adherence: Thorough understanding of CMS guidelines, HIPAA regulations, and payer rules, ensuring audit-ready documentation at all times.

PERSONAL DETAILS

Date of Birth: 12/03/1992

Nationality: Indian

Gender: Female

Passport No: S1955460

DECLARATION

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