



FATHIMATHUL NADIYA P P

CERTIFIED PROFESSIONAL CODER

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SUMMARY

Detail-oriented and certified Medical Coder with a strong understanding of medical terminology, anatomy, and ICD-10-CM, CPT, and HCPCS coding systems. Skilled in reviewing clinical documentation to ensure accurate coding, compliance with healthcare regulations, and optimized reimbursement. Experienced in working with electronic health records (EHR) and maintaining patient confidentiality in line with HIPAA standards. Demonstrates excellent analytical skills, attention to detail, and commitment to quality and accuracy in all coding assignments. Adept at collaborating with healthcare providers to clarify diagnoses and procedures, ensuring precise and efficient medical record management.

WORK EXPERIENCE

August 2024 – August 2025 *Clarus RCM Infotech India PVT .Ltd*

1. Translating Clinical Documentation to Codes:

- Reviewing patient medical records, physician's notes, lab reports, and other documents.
- Translating the narrative descriptions of diagnoses, medical services, and procedures into the appropriate alphanumeric codes.
- Assigning codes from systems such as:
 - ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) for diagnoses.
 - CPT (Current Procedural Terminology) for medical procedures and services.
 - HCPCS Level II (Healthcare Common Procedure Coding System) for supplies, non-physician services, and durable medical equipment.

2. Ensuring Accuracy and Compliance:

- Selecting the correct codes to ensure the patient's entire encounter is accurately and specifically represented.
- Performing chart audits to validate that the documentation fully supports the assigned codes and services rendered.
- Analyzing medical records for any documentation deficiencies or missing information.

3. Communication and Collaboration:

- Liaising with physicians, nurses, and other healthcare providers to clarify documentation and resolve discrepancies before submitting a claim.
- Serving as a resource or subject matter expert to other coding and billing staff.

4. Claims and Reimbursement Support:

- Submitting claims for reimbursement to insurance companies (payers) or government programs like Medicare/Medicaid.
- Working to prevent claim denials and payment delays by ensuring codes are correctly sequenced and medically necessary.

5. Record-Keeping: Maintaining accurate, organized, and complete patient medical records.

Using coding software and Electronic Health Record (EHR) or Electronic Medical Record (EMR) systems proficiently.

EDUCATION

- DIS GIRLS HIGHER SECONDARY SCHOOL – 2020-2021 , Kannur, Kerala, India
- BA ECONOMICS – 2021-2024
Kannur university, Kannur, Kerala, India
- MEDICAL CODING ,CPC CERTIFIED
Edwin academy , Kannur, Kerala, India

SOFT SKILLS

- Medical billing and documentation
- HCPCS
- Specialised in ICD-10cm
- CPT
- Billing process

TECHNICAL SKILLS

- Microsoft Word
- Microsoft Excel

LANGUAGES

English: Fluent | Hindi: Native | Arabic: Native | Malayalam: Fluent