

DHEERAN SAMBATH

CCS CCSP CPC COC

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📅 1991-07-27

🇮🇳 Indian

👤 Married



ABOUT ME

RCM professional with 10 years of experience in managing Revenue Cycle, Network, E-claims process, Medical Claims, Medical Auditing, and Resubmission. Hands-on experience in 3M, CernerEMR, EHR systems, clinical documentation improvement, and related. Looking to leverage my knowledge and experience into a leading role in the revenue cycle.

EXPERIENCE

06/2019 – Present
Dubai, UAE

Dubai Health Authority (DHA), Clinical Coder

Assign accurate DRG coding using ICD-10-CM Classification of diagnoses & procedures according to CPT and HCPCS by reviewing and interpreting the Electronic Medical Records and Physical case records based on the Doctor's documentation, Check and analyze medical records for accuracy, adequacy, and consistency of documentation. Notify cases that have insufficient documentation or documentation discrepancies. Helping the case management team in finalizing complex cases. Efficient in ICU, NICU, Cardiac Cath, Cardio surgeries, Neurosurgery, and medical management. Reviewing and justifying all the denial cases. Supporting case Management on Utilization review, LOS against documentation on DRG environment. Efficient in clinical patterns of DRG. Run daily outstanding cases for coding and clear the backlog according to dates. Participate in Department meetings, presenting coding issues and coding updates. Notifying cases for Doctor's evaluation and assisting in verifying coded cases, which are required for data. Ensure to achieve the corporation's targets and timely data submission. Initiating the DRG after the request received from the Authorization Team and maintaining the Coding concurrently.

01/2017 – 05/2019
Dubai, UAE

Emirates Hospital, Medical Coder-IP

Performing audits, specifically targeting to check the compatibility between ICD and CPT on outpatient claims, evaluating the selection of treatment and procedures in both surgical and management cases, and Presenting audit findings. Coordinates and conducts regular meetings with Physician Review denial reasons and audit the claims in order to generate justification for resubmission.
Check and analyze medical records for accuracy, adequacy and consistency of documentation. Notify cases that have insufficient documentation or documentation discrepancy Giving updates to the doctors regarding medical necessity rejection and requesting proper documentation for the same to avoid rejections in advance
Sending pre-authorization request to insurance companies.
Reconciliation of files received through rejections
Managing team performance and progress.
Enforcing all company approved policies and procedures.

07/2013 – 12/2016
Chennai, India

Omega Health Care Pvt Ltd, Medical Coder

Assigning ICD-9, CPT, to the medical records
Maintaining the quality as well as productivity
Worked in ED Files
Candled two ED projects
Submitted and resubmitted claims within stipulated time frames and met TATS.

EDUCATION

Chennai, India

Tamilnadu MGR Medical University, Bachelor of pharmacy

LANGUAGE KNOWN

English

Tamil

Telugu

Malayalam

TECHNICAL SKILLS

3M Encoder Current version • HIMS • Proficient in MS office, MS excel and MS PowerPoint

STRENGTHS

Able to read and interpret documents; self-manage time with minimal supervision; and handle sensitive, private information with confidentiality and diplomacy •

Experience with various coding software's-3M. Encoder Pro, etc. •

Training the new team members • Willingness to learn, Team Facilitator •

Eagerness to Explore and Learn. • Ability to deal with people diplomatically. •

Curious to learn new things, which enrich my knowledge base. •

Positive thinking, innovative thinking, quick learner.

CERTIFICATION

• CCS (Certified Coding Specialist)-AHIMA

• COC- (Certified Outpatient coder)-AAPC

• CCSP- (Certified Coding Specialist Physician)-AHIMA

RECOGNITION

Best Performer Award, DHA

• 2 Times

Best Coder of the month, omega

2 Times