



HIBA FABIN PP

AAPC Certified Medical Coder

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Maleha Road, Muweilah,
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PROFILE

Experienced and detail-oriented Medical Coder with expertise in translating complex medical data into accurate codes for billing and reimbursement. Proficient in ICD-10, CPT, and HCPCS coding systems. Known for precision, efficiency, and adherence to healthcare regulations. Seeking a dynamic role to contribute coding proficiency to a forward-thinking healthcare organization.

PROFESSIONAL QUALIFICATION

American Academy of Professional Coders (AAPC) Certified Professional Coder - CPC (Certified from AAPC)
Member ID: **01777795**

Knowledge about CPT/ICD/HCPCS/DRG Codes

Well Versed with the (DHA, MOH, DOH) Eligibility criteria for UAE licensing process.

PROFESSIONAL EXPERIENCE

MEDICAL CODER CUM SUBMISSION OFFICER

Samco Health Consultancies, dubai

October 2022 - Present

- ✓ Dedicated Certified Professional Coder-Cpc (Certified From Aapc), Currently Working In Healthcare Field Which Include Invention and Processing Insurance Claims Having Strong Familiarity With Coding Related To Medicine, Surgery, Radiology And Pathology.

Knowledge About Coding Guidelines ICD - 10 Cm, CPT And HCPCS.The Responsibilities And Daily Duties as a Coder :

- ✓ Submission Of Electronic/Paper Claim Forms Preparation To The Insurance Companies/Tpa Within The Stipulated Submission Time Line As Per The Dubai/United Arab Emirates Insurance Protocol.
- ✓ Deals With The Claim Forms Of Major Insurance Companies Such As Nextcare, NAS, Neuron, Aafiya, Khat Al Haya, E Care, Fmc, Al Madallah Etc.
- ✓ To Be Closely Associated With Management In Insurance Related Affairs And Advise The Management If There Is Any Requirement And Implement The New Rules And Regulations As Per Management Interest.
- ✓ Review of claim forms for diagnosis mismatch, wrong diagnosis, incompatible treatments, incomplete filling of the claims, calculation discrepancy, date of service rendered and if any other mistakes related to submission .
- ✓ To improve quality of insurance claims and educate the clinicians about the mistakes in their claims.
- ✓ To identify rejections and to take corrective action to reduce or eliminate the rejection.

RESUBMISSION OFFICER

October 2022 - Present

Samco Health Consultancies, dubai

- ✓ Resubmit those rejected claims with proper justification within the standard time frame.
- ✓ Review denial reasons and audit the claim to generate justification for the resubmission.
- ✓ Coordination with treating physicians to prepare justification in support valid claim.
- ✓ Coordinate directly with insurance company for any doubt/clarification/ and educate billing/submission/approval team to avoid further rejection.
- ✓ Troubleshooting of issues related to submission and resubmission.
- ✓ Application of deductibles, co-payment, insurance billing
- ✓ Coordinate with other teams for accurate reimbursement.

EDUCATION

AAPC (CPC) CERTIFIED WITH 82% MEDICAL CODING & BILLING COURSE

Arown Academy, Perinthalmanna

2020

MASTER OF ARTS IN ENGLISH LITERATURE

E.M.E.A. Arts and Science College Kondotty

2018

BACHELOR OF ARTS - ENGLISH

D.G.M.M.E.S. Mampad, Malappuram

2016

AREA OF EXPERTISE

ICD

CPT

HCPSC

Medical Terminology

Dental Coding

DHPO (eClaimLink)

eMRPlus

XML Forms Submission

Riayati Coding and Submission