

BHAKYA LAKSHMI K

Senior Medical Coder - Immediate joiner

Certified Medical Coder (CCS, CRC) with 4.7 years of experience in medical coding, auditing, and healthcare revenue cycle management, including UAE RCM operations. Skilled in ICD-10-CM diagnosis coding, CPT and HCPCS procedure coding, HCC Risk Adjustment, and OP coding. Experienced in clinical documentation review, coding audits, and accuracy and compliance validation. Strong foundation in medical terminology, anatomy, and physiology, with a quality-focused approach to healthcare documentation



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CERTIFICATIONS

CERTIFIED CODING SPECIALIST (CSC)

AHIMA ID - 05135543

CERTIFIED RISK ADJUSTMENT CODING (CRC)

AAPC ID - 01998124

CORE COMPETENCIES

- ICD-10-CM Diagnosis Coding
- CPT and HCPCS Procedure Coding
- HCC Risk Adjustment
- Medical Terminology, Anatomy, Physiology
- Claims Review and Reimbursement Support
- Coding Audits and Accuracy Validation
- Clinical Documentation Review
- OP Coding
- UAE RCM Workflows

WORK EXPERIENCE

Senior Medical Coder & Auditor Access Healthcare

2025 – 2026

Dubai, UAE

Key Responsibilities

- Performed medical coding and auditing activities within healthcare revenue cycle management (UAE RCM) workflows.
- Reviewed clinical documentation and coded diagnoses and procedures using applicable ICD-10-CM and CPT concepts.
- Conducted coding audits to identify errors, inconsistencies, missing documentation, and opportunities for correction.
- Validated coding accuracy, documentation support, and compliance with established coding and quality guidelines.
- Reviewed claims and coding-related information to support accurate healthcare billing and reimbursement processes.
- Identified coding discrepancies and provided appropriate corrections based on documentation and coding requirements.
- Maintained quality, accuracy, and productivity standards while handling healthcare records.
- Supported UAE-focused RCM processes and developed practical understanding of payer-oriented healthcare workflows.

Medical Coder CorroHealth

2022 – 2024

Key Responsibilities

- Reviewed clinical documentation and assigned appropriate ICD-10-CM diagnosis codes based on documented conditions.
- Applied CPT coding concepts for accurate reporting of documented healthcare services and procedures.
- Worked with HCC Risk Adjustment concepts to identify and capture documentation-supported chronic conditions.
- Validated diagnosis specificity and clinical support while reviewing medical records for coding accuracy.
- Applied medical terminology, anatomy, and physiology knowledge to interpret provider documentation.
- Followed coding guidelines, project instructions, and quality standards while meeting productivity expectations.
- Identified coding discrepancies and supported correction of coding issues through appropriate review processes.

EDUCATION QUALIFICATION

Bachelor of Science (B.Sc.) in Zoology

Ethiraj College for Women – Chennai | 2018 – 2021

PROFESSIONAL SKILLS

- Medical Coding & Clinical Documentation
- Risk Adjustment & HCC Coding
- Medical Record Abstraction
- Healthcare Revenue Cycle Operations
- Claims Processing & Denial Management
- Coding Accuracy & Quality Assurance
- Provider Communication & Query Management
- Healthcare Compliance & HIPAA
- Insurance Portal Operations
- Medical Terminology & Clinical Concepts
- Documentation Analysis & Interpretation
- Microsoft Office Applications

TECHNICAL SKILLS

- Encoder
- AAPC Coder
- CIOX
- Salesforce
- Datavant
- EncoderPro
- Microsoft Word
- Microsoft Excel
- Microsoft PowerPoint

LANGUAGES

- English
- Tamil
- Telugu

PASSPORT DETAILS

- **Passport No:** AP153627
- **Issue Date:** 11/03/2026
- **Expiry Date:** 10/03/2036