



# ETHAN MARTINEZ

Assistant Certified Professional Coder

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📍 Los Angeles

🌐 www.qwikresume.com

## PROFESSIONAL SUMMARY

Results-driven Assistant Certified Professional Coder with a strong background in coding compliance and documentation review. Enhanced coding quality through meticulous audits, contributing to a 20% reduction in coding errors and improved patient care.

## WORK EXPERIENCE

**Assistant Certified Professional Coder** 📅 May / 2018-Ongoing  
**Pineapple Enterprises** 📍 Santa Monica, CA

1. Able to give ideas to upper management to help make the process of ensuring proper insurance and patient demographics were obtained in a timely manner to make the billing process easier.
2. Reviewed medical documentation Accurately assign diagnosis codes and procedure codes Determine the proper Evaluation and Management code Submit charges.
3. Performed all phases of CPT and ICD-9 coding through chart abstraction involving surgeries and office procedures for 9 Urology surgeons Applied.
4. Responsible for verifying complete documentation in medical records, assigning appropriate ICD-10-CM, HCPCS, and CPT-4 codes for office visits.
5. Used Multitasking Typing Organization Time Management Communication Maintaining a friendly environment.
6. Reviewed and corrected any rejected or denied claims and re-submitting to insurance.
7. Responsible for accurate coding of professional services.

**Certified Professional Coder** 📅 May / 2015-May / 2018  
**Crescent Moon Design** 📍 Portland, OR

1. Competent home-based remote outpatient CPT and ICD-9 coding for hospital and several medical centers with varying specialties Utilized 3M Encoder-.
2. Consistently excelled in all phases of CPT, ICD-9, and HCPCS coding through chart abstraction for large cardiology group Applied personal initiative.
3. Coding office visits and surgeries for multiple orthopedic surgeons, pain management, and podiatry.
4. I am working with our providers and staff to ensure that proper coding guidelines and techniques are maintained at all times.
5. Effectively review and code claim for submission to insurance for processing.

## EDUCATION

**Associate of Applied Science in Health Information Technology** 📅 May / 2012 - May / 2015  
**Southern Technical College** 📍 Denver, CO

Focused on medical coding, billing, and health information management.

## SKILLS

Worked With E Clinical Works



Meditech



EncoderPro And Microsoft Word



Denial Management



Reimbursement Processes



## INTERESTS

✈ Travel

🏛 History

🥋 Martial Arts

🧘 Meditation

## STRENGTHS

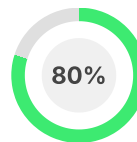
🗣 Assertiveness

👍 Willingness

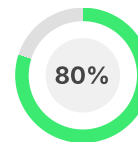
✅ Integrity

👥 Mentorship

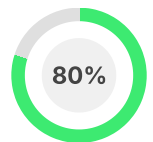
## LANGUAGES



English



Spanish



Dutch

## ACHIEVEMENTS

- 🌟 Reduced coding discrepancies by 25% through rigorous audits and staff training.
- 🌟 Achieved a 98% accuracy rate in coding submissions, minimizing claim denials.
- 🌟 Streamlined billing processes, enhancing revenue cycle efficiency by 30%.