



Jayvie M. Bumatay, RN, CPC, CCS

CERTIFIED PROFESSIONAL CODER

ABOUT ME

Experience in Medical Coding within clinical and hospital settings, with exposure to multiple specialties (e.g., outpatient, inpatient, radiology, surgery). Knowledgeable in medical billing practices and insurance requirements, with additional experience as a Virtual Chart Reviewer (Medical Assistant).

EXPERIENCE

Certified Medical Coder (Revenue Management) Cycle

Theoria Medical June 2025 - May 2026

- Review patient charts and medical records from senior care facilities, nursing homes, assisted living, and Skilled Nursing facility.
- Assign accurate ICD-10, CPT, and HCPCS codes based on provider documentation and medical guidelines.
- Ensure coding accuracy for Medicare and insurance claims processing.
- Use Availity and Palmetto portals to verify claims status, eligibility, rejections, denials, and payer requirements.
- Utilize ChartEasy and eCW to review provider notes, diagnoses, procedures, and patient encounters.
- Support billing and revenue cycle teams by ensuring proper documentation for reimbursements.
- Identify and correct coding discrepancies.
- Maintain compliance with HIPAA, CMS, Medicare, and insurance regulations.
- Assist in claim resubmissions, denial management, and audit preparation.
- Handle coding related to geriatric and chronic care patients in skilled nursing or senior living facilities..
- Ensure timely completion of coding tasks while meeting productivity and quality standards.

TOOLS

- EMR/EHR (Cerner, EPIC, Point Click Care, Gehrimed)
- 3M Coding and Reimbursement System
- ICD-10-CM, CPT, ICD - 10 PCS
- SAP Billing, PALMETTO, CHART EASY, eClinical Works
- Microsoft Office

MVA/MC SKILLS

- Familiar with EHR/EMR systems
- Medical Terminology Knowledge
- Administrative Proficiency
- Medical Billing Support
- Coding Proficiency
- Email Management

SOFT SKILLS

- Teamwork and Collaboration
- Time Management
- Ability to multitask
- Attention to Detail
- Resolving coding discrepancies, claim denials, or incomplete documentation.
- Discretion & Confidentiality

CERTIFICATIONS

- Registered Nurse
- AAPC Certificate
- AHIMA Certificate

EDUCATION

Far Eastern University
Bachelor of Science in Nursing
2011-2015

EXPERIENCE

Medical Coder (Insurance Department) Dar Al Shifa Hospital October 2022 - April 2025

- Review patients medical records and physician documentation (EMR) to assign appropriate diagnosis and procedure codes.
- Query physicians or healthcare providers when documentation is incomplete or unclear.
- Participate in internal coding audits to ensure accuracy and identify trends in errors or denials.
- Provide coding support during the pre-authorization process to ensure services are properly documented.
- Work closely with billing specialists to reconcile discrepancies between coding and billing data.
- Ensure that services rendered are supported by appropriate documentation for insurance billing.
- Maintaining patient confidentiality and information security.

Virtual Chart Reviewer (Medical Assistant) Theoria - medical 5-star Telemed Sept. 2020 - Dec. 2020

- Monitoring vital signs such as blood pressure, temperature, and pulse, MAR, and other medical test and addressing additional patient concerns.
- Assist in improving provider documentation practices by flagging common issues and recommending clarification.
- Ensuring accuracy and completeness of patient charts to support coding and billing processes.
- Handle confidential patient information securely and professionally.

EXPERIENCE

Inpatient Coder

**Shearwater Health Global
Healthcare Solutions
October 2021 - August 2022**

- Assigning appropriate ICD-10 CM codes using 3M in Blue Cross Blue Shield Account
- Analyzing and reviewing patient's medical record using EPIC.
- Search for information in cases where the coding is complex or unusual.
- Maintain continuing education requirements.
- Maintain quality and production standards required by company
- Adhere to official coding guidelines
- Maintaining patient confidentiality and information security

Medical Coder (QAQC Department)

**Al Safa Polyclinic
May 13, 2018 – March 01, 2020**

- Review Doctor's Documentation for Insurance purposes to make sure what is written
- in the Claim form was also documented in the Electronic Medical Record (EMR).
- Follow up with the provider on any documentation that is insufficient or unclear.
- Communicate with other clinical staff regarding documentation.
- Interacting with Physicians and Nurses to ensure accuracy of the documentation.
- Determining and Providing correct codes in each Diagnosis in the patient medical records.
- Expert in filing, updating and auditing related to patient diagnoses, treatments and medications and Reading and analyzing patient medical records.
- Maintaining patient confidentiality and information security.
- Ensure codes are accurate and sequenced correctly in accordance with government or
- Insurance regulations.
- Keep the system and documents of the office up to date

EXPERIENCE

Risk Adjustment Coder

Omega Healthcare

November 2015 - March 2018

- Expert in Risk Adjustment Coding model using HCC (Hierarchical Condition Category) method.
- Assigning appropriate ICD-9 CM codes that are mapping to risk adjustment models.
- Adhere to official coding guidelines
- Maintain quality and production standards required by company
- Maintaining information about the important terminologies pertinent to medical, physiology, and anatomy subjects.
- Maintaining patient confidentiality and information security.
- Maintain continuing education requirements.