

Devvon King, CFE, CCS, CPC, CEDC, CASCC, CPCO, CPMA, CEMA, CPB, CRC, CPC-I, FMC
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*Healthcare Reimbursement (Billing), Usual Customary Reasonable (UCR) - Medical Bill
Evaluation/Medical Coding Compliance / Healthcare Fraud Consultant/Medical Coding Auditor*

Broad View of Experience & Education:

2016-2026 Industry Educator-; Educate providers and trains staff on compliant coding practices; Assist physicians in performing correct coding /billing; Conduct coding audits; Monitors coding compliance; Respond to patient bill disputes; Assist in hospital policy updates for medical billing and coding; Estimating Usual, Reasonable, and Customary (UCR) charges for healthcare services rendered in various geographic zip code areas and year spans (full billed amount comparison) for varied healthcare delivery settings or for estimating future costs; False Claims Act (FCA) & Healthcare Fraud Analytics

BS – Healthcare Management (2018) Orange Beach, FL

Certifications- Certified Professional Medical Auditor, Certified Professional Compliance Officer, Certified E&M Auditor, Certified Coding Specialist, Certified Professional Biller, Certified Emergency Department Coder, Certified Ambulatory Surgery Center Coder, Certified Professional Coder, Certified Risk Adjustment Coder, Certified Professional Coding Instructor, Certified Fraud Examiner

Presenter to peers and providers on the topics of: Facility VS Profee (Chapter Presenter); Simplifying Injections and Infusions (Centra Health Systems Presenter/Chapter Presenter); Submitting a Compliant Query (Centra Health Systems Presenter/ Chapter Presenter); 2023 Guideline Updates (Chapter Presenter); 2024 Guideline Updates (Centra Health Systems Presenter); ED Coding 101 (Chapter Presenter)

Professional Experience

Available for plaintiff and defense counsel retention to provide independent forensic medical record audits, regulatory compliance assessments, and objective expert testimony regarding Usual, Customary, and Reasonable (UCR) medical billing disputes and healthcare fraud allegations.

March 2019-Present

Mediking Healthcare Solutions, LLC

Owner, Healthcare Reimbursement, Coding Compliance, & Fraud Expert Witness

- Provides billing and coding consulting Services
- Review and analysis of claims to establish Usual, Customary, and Reasonable (UCR) Value
- Evaluates existing medical provider compliance programs to confirm program accuracy
- Recommends continuous process improvement
- Estimating Usual, Reasonable, and Customary (UCR) charges for healthcare services rendered in various geographic zip code areas and year spans (full billed amount comparison) for varied healthcare delivery settings or for estimating future costs.
- Conducts forensic medical documentation/claim-audits that analyze/evaluates coding and billing alignment thus assuring compliance effectiveness and review of geographic UCR
- Retrospective and prospective analysis of CPT, HCPCS, and DRG codes to determine compliance with usual, customary, and reasonable (UCR) billing standards
- Provides in-depth examination of coding practices and billing accuracy

- Provides analysis, auditing, investigation, research, consultations & reporting for cases involving medical coding, reimbursement, auditing, and compliance

Sept 2024 – Present UCSD

Auditor/Educator

- Conducts secondary, complex, and high-risk case audits to identify deviations from compliant coding. Performs analysis, auditing, investigation, research, reporting, and other tasks to support the prevention of fraud, waste, and abuse.
- Trains and mentors coding staff on proper documentation, grouping, and accurate coding practices.
- Performs investigations and provides findings on reports of non-compliance with DHA coding and documentation guidance, instructions, policies, procedures, and standards
- Oversight and approved provider clinical queries to ensure timely and appropriate clinical documentation.
- Provides analysis, evaluation, review, and recommendations for changes and updates to the CDM and other systems and processes impacting medical coding

July 2024 – Present

Defense Health Agency

Coding Compliance Specialist

- Reviews of Federal laws, regulations, guidance, publications, and standards; industry guidelines, publications, and standards to ensure coding compliance of over 400+ military treatment facilities and dental clinics assigned to DHA Markets
- Performs analysis, auditing, investigation, research, reporting, and other tasks to support the prevention of fraud, waste, and abuse.
- Performs investigations and provide findings on reports of non-compliance with DHA coding and documentation guidance, instructions, policies, procedures, and standards
- Develops and monitors performance of revenue integrity project
- Provides analysis, evaluation, review, and recommendations for changes and updates to the CDM and other systems and processes impacting medical coding

May 2024 – Present (PRN)

Centra Health Systems

Outpatient Auditor/Educator

- Completes annual initial coding reviews as assigned by the Manager of Professional Coding and Audit for Centra Medical Group (CMG) with a focus on Evaluation and Management
- Prepares individual provider Audit Summary reports based on review and shares findings per Centra's CMG Coding Audit Plan
- Maintains advanced knowledge and utilizes the current documentation guidelines for E/M services, ICD-10-CM, CPT, Healthcare Common Procedure Coding System (HCPCS) coding guidelines to apply best practices, conduct accurate audits and deliver feedback.
- Maintains advanced knowledge and utilizes Centers for Medicare & Medicaid Services (CMS), Medicare Administrative Contractor, Commercial payer, and other coding references (AMA, AAPC, CPT Assistant, etc.) guidelines related to coding to apply best practices, conduct accurate audits, and deliver feedback and education
- Facilitates education and training opportunities to Centra Medical Group (CMG) providers and staff related to professional coding and documentation (i.e. TEAMs instruction, small group and/or one-on-one setting).
- Serves as an expert coding resource to Centra Medical Group (CMG) practices and responds to

inquiries from providers and staff regarding proper coding/coding guidelines.

- Research authoritative coding guidance related to complicated coding questions, new codes and/or new services to serve as an organizational subject matter expert on Evaluation and Management coding

January 2022 – May 2024

Excite Health Partners

Medical Coding Auditor

- Conducted random and focused quality audits of multi-specialty outpatient charts for level 1 & 4 Trauma & Major Academic Teaching Hospitals.
- Monitored and reported coder progress through the orientation and training process
- Reviewed encounters for accurate ICD-10, CPT, APC (Medicare and EAPG), modifier assignments, E&M leveling, and injection and infusions
- Documented audit findings, trends, and ensure they are investigated, and timely education is prepared and provided to coding staff
- Keeps abreast of new regulatory requirements, annual revisions to the codes, etc. and applies information appropriately
- Served as a resource and subject matter expert to coding staff

June 2020 – January 2022

Healthcare Resolution Services

Auditor/Educator

- Documented audit findings and trends; ensured timely education and coding staff was reviewed with coding staff
- Conducted random and focused quality audits of ambulatory surgery and multi-specialty outpatient clinic charts for a Level 2 Trauma Hospital
- Participated in work groups to develop and plan education curriculum
- Prepared training programs and timelines for new hires and ongoing staff education
- Developed ongoing audit schedule for coding staff and reviewed cases for accurate code assignments
- Served as the subject matter expert to coding staff
- Attended denials management meetings
- Provided education to physicians on how to improve documentation.
- Conducted audits and team training.
- Monitored team productivity.
- Maintained appropriate accuracy and production levels.

December 2019 to June 2021

Presidio Health

ED Coder

- Clients Included: INOVA Health, Summit, Caprock, Emergent Care, Accent, SFEMA
- Abstracted Outpatient ED charts to determine appropriate codes.
- Assigned the appropriate ICD-10-CM, CPT procedures, facility/profee E/M, modifiers, and MIPS.
- Assigned appropriate codes for Injections and Infusions.
- Provided education to Physicians on how to improve documentation.
- Maintained appropriate accuracy and productivity rates.

UNITED STATES AIR FORCE 06/2000 to 09/2020

Served in various positions of increased responsibility and complexity at worldwide locations,

demonstrating exceptional leadership, knowledge, skills, and proven abilities in the following positions: Inpatient/Outpatient Coder, Credentialing Manager, Health Information Systems Manager, Medical Records Manager, Admissions and Disposition Manager, Medical Administrative Technician

January 2016 – September 2020

Keesler Medical Center/Edwards Clinic/Wilford Hall Medical Facility, Biloxi, MS Inpatient/Outpatient Coder

- Coded Inpatient and Outpatient cases for multiple facilities.
- Assigned appropriate ICD-10-CM, ICD-10-PCS, CPT, HCPCS and E/M codes.
- Ensured optimal reimbursement of all cases in compliance with CMS policies and procedures and Official Coding Guidelines.
- Queried physicians to clarify on their documentation.
- Adhered to Official Coding Guidelines, CMS and Medical Centers policies and procedures.
- Utilized various hospital information systems, encoders and other software.
- Ensured production and quality expectations were met.

June 2015 – June 2020

Keesler Medical Center, Biloxi, MS Credentialing Manager

- Processed hospital privileging applications for providers
- Tracked provider license, certifications, trainings, & DEA
- Maintained up-to-date data for each provider in credentialing databases and online systems.
- Managed provider peer review program
- Coordinated monthly Credential Function meetings with Chief of Staff and 16 Medical Directors

October 2007 – June 2015

Keesler Medical Center, Biloxi, MS Medical Records Manager

- Managed and secured patient records and oversaw the accuracy/completion of patient data.
- Oriented, monitored, supervised, mentored, and assist staff transitioning to EHR system.
- Conducted work center orientation for new personnel and weekly meetings with physicians.
- Managed insurance registration, enrollment, and education of beneficiaries.
- Organized and coordinated monthly one-on-one HIPAA training.

October 2004 – October 2007

Kadena Medical Center, Okinawa Japan Admissions Dispositions Manager

- Initiated nightly admission reports; created charts for inpatient records department; identified/fixed admission file discrepancies
- Tracked active-duty admissions to civilian hospitals
- coordinated death certificates, records, and remains transfer

June 2000 – October 2004

Tyndall Medical Center, Panama City FL

Administrative Technician (Urology/Family Practice/Pediatrics)

- Performed office duties including scheduling surgical preoperative visits and patient referrals.
- Organized physician templates and prepared monthly peer review for physicians.

Education

- Bachelor of Science in Healthcare Management Columbia Southern University, Orange Beach, AL, 2018
- Associates of Science in Healthcare Administration, Community College of the Air Force, Montgomery, AL, 2008
- Associate of Arts in General Studies, University of Phoenix, Phoenix, AZ, 2006

Professional Certifications

- Certified Fraud Examiner (CFE), ACFE, 2024
- Forensic Medical Coder (FMC), AFMC, 2024
- Certified Professional Coding Instructor (CPC-I), AAPC, 2024
- Certified Risk Adjustment Coder (CRC), AAPC 2023
- Certified Professional Medical Auditor (CPMA), AAPC, 2023
- Certified Professional Compliance Officer (CPCO), AAPC, 2022
- Certified E&M Auditor (CEMA), NAMAS, 2022
- Certified Coding Specialist (CCS), AHIMA, 2019
- Certified Professional Biller (CPB), AAPC, 2021
- Certified Emergency Department Coder (CEDC), AAPC, 2019
- Certified Ambulatory Surgery Center Coder (CASCC), AAPC, 2019
- Certified Professional Coder (CPC), AAPC, 2017

Professional Affiliations

- Association of Forensic Coders (AFMC)-member since 2024
 - Association of Certified Fraud Examiners (ACFE)-member since 2024
 - National Alliance of Medical Auditing Specialist (NAMAS)-member since 2019
 - Academy of Professional Coders (AAPC)-member since 2016
- American Health Information Management Association (AHIMA)-member since 2016

Litigation Support Experience

Experienced in forensic file review, Rule 26 expert report drafting, and deposition preparation. Detailed case review history available upon request.

Rates/Fees

- \$275 per hour for calls and to review records
- \$375 per hour for standard analysis, reports
- \$400 per hour for Healthcare Compliance / Fraud cases
- \$2,000 Retainer to be applied to billed amount for standard billing/coding cases
- \$5,000 Retainer for Compliance / Fraud cases
- ½ Trial Day (up to 4 hours) Flat Fee \$1,900. Full Day Trial Flat Fee (up to 8 hours) \$3,800
- \$475 per hour for Deposition / Trial (Over 8 hours)(Prepaid)
- Travel costs to be paid by requesting/deposing attorney. Depositions, Trial or Meetings. Airline, Hotel, Train, Fuel, Food - Airline and Hotel to be paid prior to travel. Port to Port and return to office travel time is \$150 per hour. If active work or testimony is performed on a travel day, those specific hours will be billed at their respective service rates (\$275/\$375/\$475 per hour) instead of—not in addition to—the travel rate.

