# MARJEE TARR, COC, COBGC

CURRICULUM VITAE | EXPERT WITNESS QUALIFICATIONS

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## Professional Profile

Medical coding professional with experience in medical-record review, coding and billing audits, documentation compliance, insurance-denial review, and surgical coding. Professional background includes Medicaid-related documentation review; emergency department, labor and delivery, and infectious disease coding; and obstetrics, gynecology, urogynecology, and gynecologic oncology surgical coding.

## Areas of Professional Experience

- Medical-record documentation review and coding audits
- Identification of coding and billing discrepancies
- Assessment of documentation supporting CPT codes, ICD-10 codes, and modifiers
- Emergency department evaluation and management level assignment
- Insurance-denial review and corrective-action communication
- Provider and physician queries concerning incomplete or inconsistent documentation

## Credentials and Education

COC; COBGC — credentials listed in the source résumé.

Fisher College | Medical Coding Certification | January 2006–January 2009

## Professional Leadership

American Academy of Professional Coders (AAPC) | Treasurer
Boston Chapter September 2017-Present

## Professional Experience

### Massachusetts General Hospital

Coder III — OB/GYN, Urogynecology, and Gynecologic Oncology
February 2016–Present

- Perform timely coding of obstetrics and gynecology, urogynecology, and gynecologic oncology surgical cases.

- Review physician surgical notes and clinical documentation to determine whether assigned CPT codes, ICD-10 codes, and modifiers are supported.
- Query physicians and medical staff regarding inconsistent or nonspecific documentation.
- Use Epic Hyperspace.

## Tufts Medical Center

Coding Review Analyst; Labor and Delivery, Emergency Department, and Infectious Disease Coder
May 2010–February 2016

- Conduct retrospective claims and medical-record reviews to identify coding and billing issues across multiple specialties, including issues related to ambulatory payment classifications (APCs).
- Audit medical records to determine whether provided services are accurately reflected in itemized statements and related documentation.
- Review payer denials for coding compliance and communicate corrective actions to relevant departments.
- Code and charge emergency department records and assign evaluation and management levels using established criteria.
- Track uncoded, missing, or incomplete charts and query clinical staff about inconsistent or nonspecific information.
- Use Epremis, SMS-Invision, 3M Coding and Reimbursement System, MedAssets, Logician/Clintrac, and the Tufts Charge Master.

## Hewlett-Packard

Coding Review Analyst / Provider Service Representative
September 2000–April 2010

- Work with surveillance, utilization, and review personnel to audit medical-record documentation against Medicaid regulations and guidelines.
- Work with healthcare providers to improve documentation compliance and clinical coding quality.
- Determine appropriate ICD-9 coding, identify billing and coding inconsistencies, and recommend improvements.
- Resolve provider billing concerns, including appropriate adjustments and recoupments.
- Maintain reports and Excel spreadsheets; assist with financial, resolution, and provider-enrollment projects.
- Provide guidance to new hires, balance workloads, and handle time-sensitive materials.