



Advanced Coding Specialist – Family Practice/Pediatrics (ACS-FP)

As a service to candidates, this outline is designed to provide representative examples of the coding and billing issues covered on the ACS-FP examination. While it should serve as a guide for your test preparation, you should not consider it inclusive of every procedure or issue addressed within the examination.

Examination Outline

Section One - Family Practice/Pediatrics Medical Terms and Abbreviations

Abbreviations, e.g.:

I&A

PRN

BID

Common terminology, e.g.:

Precordial

Auscultation

Percussion

Anatomical definitions, e.g.:

Cephalic

Tympanic membrane

SA Node

Section Two - Evaluation and Management Scenario Coding

1995 guidelines (will be provided for reference)

Multi-system 1997 documentation guidelines (will be provided for reference)

Referral vs. consultations

Key components of evaluation and management services

New vs. established patient encounter

Use of modifier –25 on an E/M code

Hospital admission codes 99221-99223

Observation service codes

Skilled Nursing Facility comprehensive and follow-up patient encounters

Billing on “time”

Diagnosis sequencing

E/M and diagnostic testing (e.g. guaiac)

Admission from an office encounter

Emergency department service codes

Pediatric visits

Visits related to medical condition and incidental pregnancy

Prolonged services

Care Plan Oversight

Section Three - Surgery

Remove cerumen buildup

Laceration repairs
Wound excisions
Incision and drainage
Foreign body removal
Fracture care
Sprains
Casting
Local anesthesia
Lesion removal
Spinal puncture procedure
Wart treatment

Section Four -HCPCS Level II

Screening tests (Level II codes)
Level II pelvic and breast examination
Mammography codes
Care Plan Oversight

Section Five -Radiology

MRI services, supervision and interpretation
Chest x-rays
Ultrasound services
Multiple x-ray interpretations
Limb x-rays

Section Six - Laboratory

TB testing
Pap smear testing
Hepatitis testing
Glucose tolerance testing
Diabetic adequacy testing
Testing for occult blood
Electrolyte testing
CBC testing
Urinalysis

Section Seven - Medicine

IV infusion physician services
Pulse oximetry billing issues (Medicare)
Nebulizer services
Allergy injections
Vaccination services
ABN and diagnostic tests
Medical nutrition therapy
Pulmonary services

Section Eight -Modifiers

-GZ
-GC and -GE

-24

-52

-76

-22

-26

-TC

-GA

T and F digit modifiers

Section Nine - General Coding and Billing Issues

Incident-to services

PA services

Unlisted codes

ABN and CMS requirements

Rule of Nines for burn coding