



Advanced Coding Specialist – General Surgery (ACS-GS)

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

Examination Outline

Evaluation and Management Coding (ICD-9-CM and CPT)

- E/M services in two different sites/same day (Medicare rules)
- Observation service codes
- Types of consultation services
- Postoperative E/M services
- Scenario-based E/M ICD-9-CM
- Referrals
- 1995 and 1997 documentation guidelines for physical examination
- E/M and minor procedure same day
- Critical
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Surgery Coding (ICD-9-CM, CPT and HCPCS)

- Central venous catheter placement
- Wound repairs
- Breast procedures
- Thyroid procedures
- Needle localization of the breast
- Excision of lesion (e.g. neck)
- Hernia procedures
- Laparoscopy procedures
- Dialysis fistula procedures
- Hemorrhoid procedures
- Colectomy procedures

Modifiers (combined with coding scenarios throughout the exam)

- -59
- -23
- -57
- -24 and -25
- -78
- Global surgery modifiers -54, -55, -56

HCCPS, Coding and Billing Rules and Medical Terminology and Anatomy (combined with coding scenarios throughout the exam)

- Level II modifiers
- G codes
- Neoplasm Table
- Infections and complications
- Digestive system
- Breast procedures
- Teaching physician rules
- ABN
- Claim filing deadlines
- HCFA1500 claims
- Category III codes
- HIPAA
- Medicare secondary payer
- Common General Surgery terminology (i.e. sentinel node, fistula, hemicolectomy)
- Anatomy (i.e. anatomy of the breast, stomach, bowels)