ANESTHESIA CODING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **Anesthesia for emergency tracheostomy on a 9-month-old. Which code(s) apply?**

   A. 00326-P1, 99140, 99100

   B. 00320-P1, 99100

   C. 00400-P1, 99100

   D. 00530-P3, 99100

2. **Which CPT code represents anesthesia services for an open carpal tunnel repair, right, in a normally healthy adult?**

   A. 01960-P1

   B. 01810-P1

   C. 00830-P1

   D. 01230-P1

3. **Which CPT code represents anesthesia services for an incarcerated inguinal hernia repair?**

   A. 00830-P1

   B. 00400-P1

   C. 01382-P1

   D. 01925-P1

4. **What should be documented when MAC with adjunct local anesthetic infiltration is performed?**

   A. Document MAC details, and the local infiltration technique and area; code appropriately for MAC plus any additional regional components if separately coded.

   B. Document only MAC details; local infiltration is not coded.

   C. Document only the area infiltrated; MAC code is not included.

   D. Do not code regional components if MAC is used.

5. **Which modifier indicates MAC was provided by a different provider than the primary anesthesiologist?**

   A. AA

   B. AD

   C. 26

   D. TC

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6. Which combination corresponds to a radical perineal prostatectomy in a patient with multiple systemic diseases?

A. 00904-P3, 99100

B. 01214-P3, 99100

C. 00790-P1, 99140, 99100

D. 01630-P1

7. Which is the correct code for a 3.0 cm scalp laceration repair in a healthy 24-year-old?

A. 00300-P1

B. 00400-P1, 99100

C. 00914-P2

D. 00300-P1, 99100

8. What is the anesthesia CPT code for the closed fracture of the radial shaft in a 25-year-old normally healthy patient?

A. 01830-P1

B. 01820-P1

C. 00904-P1

D. 00322-P1

9. Anesthesia performed on a normally healthy 66-year-old male for repair of an inguinal hernia, performed by the CRNA without supervision by the anesthesiologist. Which code corresponds?

A. 00918-P1

B. 00102-P1, 99100

C. 00830-P1-QZ

D. 00796-P3, 99100

10. How might obstetric neuraxial analgesia differ in coding from standard neuraxial anesthesia?

A. Labor analgesia via neuraxial techniques may have specific coding considerations and documentation requirements separate from cesarean delivery anesthesia

B. It uses the same coding rules as standard neuraxial anesthesia

C. It is never billed separately

D. It requires no documentation beyond standard neuraxial anesthesia

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Answers

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1. A
2. B
3. A
4. A
5. B
6. A
7. A
8. B
9. C
10. B

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Explanations

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1. Anesthesia for emergency tracheostomy on a 9-month-old. Which code(s) apply?

A. 00326-P1, 99140, 99100

B. 00320-P1, 99100

C. 00400-P1, 99100

D. 00530-P3, 99100

This question tests selecting the correct pediatric anesthesia base code based on the patient's age and the procedure, plus reporting the appropriate additional codes for an emergency situation. For a 9-month-old undergoing an emergency tracheostomy, the base anesthesia code must reflect both the infant patient and the airway procedure. The code 00326-P1 is the pediatric/infant anesthesia code appropriate for this airway procedure in an infant, with the P1 modifier indicating the patient's age category. Because the tracheostomy is an emergency, you also include codes that capture the additional evaluation/management services performed around the anesthesia, specifically 99140 and 99100. These add-on codes reflect the emergency context and perioperative evaluation that accompany the anesthesia service in such urgent cases. The other options either rely on a non-pediatric base code or omit the emergency/perioperative evaluation codes that are appropriate in this scenario, so they don't accurately represent the services provided.

2. Which CPT code represents anesthesia services for an open carpal tunnel repair, right, in a normally healthy adult?

A. 01960-P1

B. 01810-P1

C. 00830-P1

D. 01230-P1

Choosing the anesthesia CPT code depends on where the surgery is performed and the patient's overall health. Open carpal tunnel repair is a procedure on the hand and wrist, which means you use the anesthesia code designed for hand/wrist procedures on the upper extremity. The code 01810 is the appropriate selection for anesthesia services in the hand/wrist region, and appending the ASA status modifier -P1 indicates a normally healthy adult (ASA I). Therefore, 01810-P1 best represents the anesthesia for this open carpal tunnel release in a healthy adult. The other codes map to anesthesia for different body regions or contexts, so they don't fit this scenario. The right-sided detail doesn't change the code, since laterality is not used to modify the anesthesia code for this procedure.

3. Which CPT code represents anesthesia services for an incarcerated inguinal hernia repair?

A. 00830-P1

B. 00400-P1

C. 01382-P1

D. 01925-P1

Anesthesia coding is driven by the surgical site and the procedure being performed. For an inguinal hernia repair, the code must reflect anesthesia care for procedures in the groin/inguinal region. Whether the hernia is incarcerated doesn't change the site of the operation, so the same region-specific anesthesia code applies. The code 00830 with the P1 modifier fits this scenario because 00830 is the anesthesia code designated for procedures in the groin/inguinal area, such as hernia repairs, and P1 indicates a normal, healthy patient (ASA I). The other options are for anesthesia care in different regions or contexts and don't match the groin/inguinal hernia repair, so they're not appropriate here.

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4. What should be documented when MAC with adjunct local anesthetic infiltration is performed?

A. Document MAC details, and the local infiltration technique and area; code appropriately for MAC plus any additional regional components if separately coded.

B. Document only MAC details; local infiltration is not coded.

C. Document only the area infiltrated; MAC code is not included.

D. Do not code regional components if MAC is used.

When MAC is used with an adjunct local infiltrative anesthesia, the record must capture both components. The main concept is that the sedation/analgesia management provided under MAC and the local anesthetic infiltrations are separate services that both contribute to the anesthesia care for the procedure. Document the MAC details (level of sedation, monitoring, airway status, and any medications or adjuncts used) and also document the local infiltration technique and the exact area infiltrated (how the local anesthetic was delivered, and which tissues or region received the infiltration). If there are additional regional components or nerve blocks performed that are coded separately, those should be documented and coded in addition to the MAC. This thorough documentation ensures the full anesthesia services provided are accurately reflected in coding and reimbursement.

5. Which modifier indicates MAC was provided by a different provider than the primary anesthesiologist?

A. AA

B. AD

C. 26

D. TC

MAC is the kind of anesthesia that covers sedation and monitoring during a procedure. When that MAC portion is carried out by someone other than the primary anesthesiologist, you use a modifier that signals a different provider did the MAC. That modifier is AD. It communicates that the main anesthesiologist managed the case, but a different clinician performed the MAC portion. The other modifiers don't fit: AA would mean the primary anesthesiologist provided the anesthesia themselves, while 26 and TC pertain to professional or technical components in other specialties, not to which clinician delivered MAC. So AD best conveys that the MAC was provided by a different provider.

6. Which combination corresponds to a radical perineal prostatectomy in a patient with multiple systemic diseases?

A. 00904-P3, 99100

B. 01214-P3, 99100

C. 00790-P1, 99140, 99100

D. 01630-P1

In anesthesia coding, you report the procedure-specific anesthesia service and then reflect the patient's risk from systemic disease with modifiers. Radical perineal prostatectomy has the base anesthesia code 00904. If the patient has multiple systemic diseases, this places them at ASA Physical Status 3, so you attach the modifier -P3. Because the patient's multiple systemic diseases raise risk and may require additional monitoring, you also add 99100 to represent that increased risk. Thus, 00904-P3 with 99100 best captures both the procedure and the level of comorbidity risk. Other options use an incorrect base code for this procedure or omit the appropriate risk coding (or apply a different risk code that doesn't fit this scenario).

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7. Which is the correct code for a 3.0 cm scalp laceration repair in a healthy 24-year-old?

A. 00300-P1

B. 00400-P1, 99100

C. 00914-P2

D. 00300-P1, 99100

The key idea is matching the anesthesia service to a simple scalp repair in a healthy patient. In anesthesia coding, you pick a base code that reflects the region and the invasiveness of the procedure, and you add a modifier that represents the patient's physical status. For a healthy patient (no systemic disease) undergoing a straightforward head/scalp procedure, you use the lowest level anesthesia code with the modifier indicating a normal patient. That is 00300-P1. This option fits because the procedure is a minor scalp repair and the patient is ASA I (healthy). The length of the laceration alone does not push you to a higher anesthesia code, and there's no need to add an extra local anesthesia code in this scenario. The other choices would suggest a different level of procedure complexity or patient risk, or would inappropriately add a separate local anesthesia code when it's encompassed by the standard anesthesia coding for a simple case.

8. What is the anesthesia CPT code for the closed fracture of the radial shaft in a 25-year-old normally healthy patient?

A. 01830-P1

B. 01820-P1

C. 00904-P1

D. 00322-P1

In anesthesia coding, you select the code based on the anatomical site of the procedure and apply a patient-status modifier for how healthy the patient is. A radial shaft fracture is an upper-extremity forearm procedure, and for a normally healthy patient the appropriate category is the forearm/upper-extremity code with the P1 modifier (indicating ASA I, a healthy patient). That combination best fits a closed fracture of the radial shaft in a young, healthy individual, since the site (forearm) determines the code and the patient's condition is captured by P1. The other options correspond to anesthesia codes for different body regions or scenarios, so they don't align with a forearm fracture. If the patient were less healthy, a higher modifier (P2–P4) would be used, but for this healthy patient the forearm code with P1 is the correct match.

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9. Anesthesia performed on a normally healthy 66-year-old male for repair of an inguinal hernia, performed by the CRNA without supervision by the anesthesiologist. Which code corresponds?

A. 00918-P1

B. 00102-P1, 99100

C. 00830-P1-QZ

D. 00796-P3, 99100

The key idea is selecting anesthesia coding that reflects a CRNA performing the service without physician supervision while the patient is ASA physical status I (normal healthy). For this inguinal hernia repair, the procedure-specific base code is 00830. Since the CRNA provided the anesthesia without supervision by an anesthesiologist, the proper modifier to indicate no physician supervision is -QZ. Together, 00830-P1-QZ communicates: anesthesia for an inguinal hernia repair, patient is ASA I, and no physician supervision. Other options don't fit because they either use a different base code not matching this procedure, add an extra preoperative evaluation code, or assign an ASA status that implies a sicker patient, which isn't correct for a normal healthy patient in this scenario.

10. How might obstetric neuraxial analgesia differ in coding from standard neuraxial anesthesia?

A. Labor analgesia via neuraxial techniques may have specific coding considerations and documentation requirements separate from cesarean delivery anesthesia

B. It uses the same coding rules as standard neuraxial anesthesia

C. It is never billed separately

D. It requires no documentation beyond standard neuraxial anesthesia

The main idea here is that neuraxial analgesia in obstetrics uses the same anesthesia coding rules as standard neuraxial anesthesia. The coding system focuses on the technique performed (epidural, spinal, or combined spinal-epidural) and the specifics of how it was delivered (single-shot vs catheter-based, duration, medications, presence of sedation, etc.), not on the fact that the patient is in labor. So labor analgesia via neuraxial techniques is billed under the same framework as neuraxial anesthesia for other procedures, with the documentation reflecting the analgesia context. In practice, you code based on what was actually performed: the type of neuraxial technique, whether there was a catheter for continuous analgesia, and whether the service remained as analgesia during labor or converted to surgical anesthesia for delivery. If the patient later requires cesarean delivery under neuraxial anesthesia, that is a separate anesthesia service to be coded appropriately, but the underlying coding approach remains consistent with standard neuraxial anesthesia. Documentation should clearly describe the technique used, catheter placement and status, duration of analgesia, medications administered intrathecally or epidurally, and any transition to surgical anesthesia. This is why the option asserting a separate, distinct coding path for obstetric labor analgesia isn't correct, and why saying it's never billed separately or requires no extra documentation isn't accurate.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://anesthesiacoding.examzify.com

We wish you the very best on your exam journey. You've got this!

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