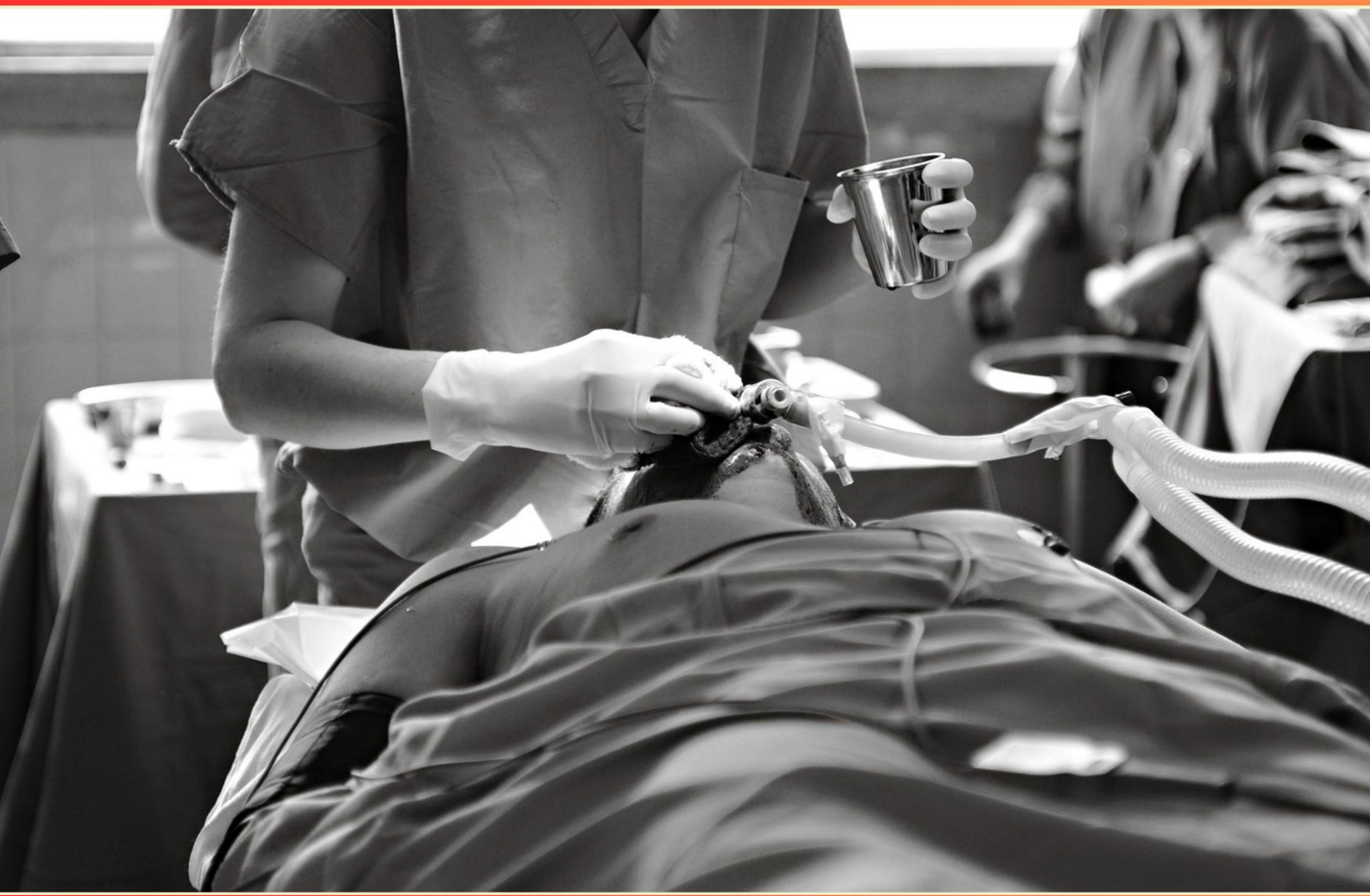
ANESTHESIA CODING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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https://anesthesiacoding.examzify.com

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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.

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!

Questions

1. Anesthesia services for radical perineal prostatectomy on a 75-year-old patient with severe CAD, hypertension, and COPD should be coded with which combination?

A. 01214-P3, 99100

B. 01925-P3, 99100

C. 00580-P3

D. 00904-P3, 99100

2. Which statement best summarizes the role of airway management across anesthesia procedures?

A. Airway management events are optional to document and do not affect coding.

B. Airway management events are considered part of the anesthesia service and should be documented with the technique to support coding.

C. Airway management should always be coded separately from the anesthesia service.

D. Airway management is only relevant for intubated patients.

3. Anesthesia services for thyroidectomy, 36-year-old normally healthy female. Which code applies?

A. 01960-P3

B. 00160-P1

C. 99100

D. 00320-P1

4. Which statement best describes the documentation required to support the use of the AA modifier?

A. Documentation that the anesthesia was provided personally by the anesthesiologist

B. Documentation that a non-physician performed anesthesia

C. Documentation of patient consent for anesthesia

D. Documentation that the case required MAC

5. Anesthesia for radical orchiectomy, inguinal, on 45-year-old normally healthy male.

A. 00921-P1

B. 00144-P3

C. 00926-P1

D. 00812-P1

6. Which code represents anesthesia services for reduction mammoplasty in a 35-year-old female with mild hypertension?

A. 00402-P2

B. 00530-P3

C. 99100

D. 00320-P1, 99100

7. Which statement best reflects how to document failure or conversion during regional anesthesia?

A. Failure or conversion to general anesthesia, and timing.

B. Nothing; ongoing case continues.

C. Only the final anesthesia code.

D. Postoperative vitals.

8. Which modifier indicates MAC was provided by the same physician?

A. AA

B. AD

C. QZ

D. AU

9. If conversion to general anesthesia occurs, what should documentation emphasize?

A. Only the regional block details.

B. Failure or conversion to general anesthesia and timing.

C. Surgeon's preference.

D. Payer name.

10. Which codes are associated with anesthesia services for an elderly patient with liver disease undergoing exploratory laparotomy for evaluation for possible liver transplant?

A. 00790-P3, 99100

B. 00731-P1

C. 00142-P2

D. 01961-P1

Answers

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

Explanations

1. Anesthesia services for radical perineal prostatectomy on a 75-year-old patient with severe CAD, hypertension, and COPD should be coded with which combination?

A. 01214-P3, 99100

B. 01925-P3, 99100

C. 00580-P3

D. 00904-P3, 99100

The main concept here is that anesthesia coding reflects the procedure, the patient's ASA physical status, and any extra service due to high-risk preoperative conditions. For a radical perineal prostatectomy, the procedure-specific anesthesia code is 00904. The patient has severe systemic disease (CAD, hypertension, COPD), which corresponds to ASA Physical Status 3, so you add the modifier -P3 to indicate ASA-PS 3. Because these significant systemic diseases increase intra- and preoperative risk, there's an additional anesthesia service captured with 99100. So the correct combination is the procedure code 00904 with the ASA status modifier -P3, plus 99100 to reflect the extra risk-related anesthesia evaluation/monitoring. The other options use different base procedure codes or omit the ASA status or the extra 99100 service, which is why they're not appropriate here.

2. Which statement best summarizes the role of airway management across anesthesia procedures?

A. Airway management events are optional to document and do not affect coding.

B. Airway management events are considered part of the anesthesia service and should be documented with the technique to support coding.

C. Airway management should always be coded separately from the anesthesia service.

D. Airway management is only relevant for intubated patients.

Airway management is woven into the anesthesia service itself, and the specific technique used must be documented to support the coding of that service. The anesthesia code reflects the entire perioperative anesthesia care, and knowing exactly how the airway was managed (for example, endotracheal intubation, laryngeal mask airway, or a basic mask/ventilation approach) helps determine the appropriate level of service and any modifiers or variations in complexity. Because the airway plan can change during a case (intubation, extubation, or conversion between devices), the record should clearly note what was used and when. This means airway management isn't optional or a separate billable item in most situations, and it isn't limited only to patients who are intubated. Instead, it is a fundamental part of the anesthesia service that must be documented with the technique to justify the coding.

3. Anesthesia services for thyroidectomy, 36-year-old normally healthy female. Which code applies?

A. 01960-P3

B. 00160-P1

C. 99100

D. 00320-P1

The key idea is matching the anesthesia code to the surgical site and the patient's ASA status. For a thyroidectomy, the procedure is in the neck, so the base anesthesia code that covers neck procedures is used, and you add the ASA status modifier to reflect the patient's health. Here, the neck-area anesthesia code is 00320, and the patient is normally healthy, so you attach the ASA status modifier -P1. That makes the appropriate report 00320-P1. The other options don't fit because: - 00160-P1 would correspond to a different anatomical site and isn't the neck/thyroid code. - 01960-P3 implies a different procedure/site and a much sicker patient (ASA III), which isn't accurate here. - 99100 is a sedation code, not the anesthesia service code for a thyroidectomy performed under general anesthesia.

4. Which statement best describes the documentation required to support the use of the AA modifier?

A. Documentation that the anesthesia was provided personally by the anesthesiologist

B. Documentation that a non-physician performed anesthesia

C. Documentation of patient consent for anesthesia

D. Documentation that the case required MAC

The main idea is that the AA modifier is used only when the anesthesia service is provided personally by the anesthesiologist. To support this modifier, the medical record should clearly show that the anesthesiologist performed the anesthesia themselves—not just supervised or assisted by nonphysician staff. Documentation should name the anesthesiologist and indicate that they administered the anesthesia, with the times and the provider's responsibility explicitly stated. This direct attribution is what distinguishes AA from other scenarios where anesthesia might be delivered by a nurse anesthetist or under supervision. Details like patient consent or whether the case used MAC are not what justify AA. Similarly, noting that a non-physician performed anesthesia would not support AA, since the modifier requires physician-performed service. In short, the best documentation is explicit language and records showing the anesthesiologist personally administered the anesthesia.

5. Anesthesia for radical orchiectomy, inguinal, on 45-year-old normally healthy male.

A. 00921-P1

B. 00144-P3

C. 00926-P1

D. 00812-P1

In anesthesia coding, you select the base code that matches the surgical procedure and the region, then apply the ASA status modifier (P1–P6). The patient is a normally healthy 45-year-old, so ASA status is P1. The procedure is a radical orchiectomy performed via an inguinal approach, which falls under the anesthesia code set for genitourinary procedures in that region. The code that corresponds to this specific procedure and healthy status is 00926-P1. The other options don't fit because their base codes align with different procedures or regions, or their ASA status would imply a sicker patient. For example, a code with P3 would indicate severe systemic disease, which isn't indicated here, and the other base codes reflect different operative site matches that aren't radical orchiectomy via inguinal access.

6. Which code represents anesthesia services for reduction mammoplasty in a 35-year-old female with mild hypertension?

A. 00402-P2

B. 00530-P3

C. 99100

D. 00320-P1, 99100

Understanding how to code anesthesia starts with matching the surgical site to the appropriate anesthesia code and then applying the correct ASA status modifier. For reduction mammoplasty, the code should reflect anesthesia for procedures on the breast. The patient has mild hypertension, which is considered mild systemic disease and corresponds to ASA status II. Applying that status, the breast-procedure anesthesia code with the P2 modifier is the correct choice: 00402-P2. The other options don't fit because they imply either a higher ASA severity (P3) or a different scenario (codes that aren't appropriate for a breast surgery or that represent separate evaluation services).

7. Which statement best reflects how to document failure or conversion during regional anesthesia?

A. Failure or conversion to general anesthesia, and timing.

B. Nothing; ongoing case continues.

C. Only the final anesthesia code.

D. Postoperative vitals.

When regional anesthesia doesn't go as planned, the essential documentation is noting that there was a failure or a conversion to general anesthesia, and the exact time this change happened. This detail matters because it shows the transition point between regional technique and any subsequent general anesthesia, which directly affects how the anesthesia services are coded and timed. Including the timing allows the coder to allocate anesthesia time properly to the regional component up to the moment of failure or conversion and then to the general anesthesia component after that point. Without this timing, it's difficult to determine the correct mix of regional versus general time and could lead to inaccurate billing. Other aspects like documenting nothing, only reporting the final anesthesia code, or focusing on postoperative vitals do not capture the critical change in modality and when it occurred, which are the key pieces needed for correct coding in a conversion scenario.

8. Which modifier indicates MAC was provided by the same physician?

A. AA

B. AD

C. QZ

D. AU

In anesthesia coding, modifiers attached to the anesthesia service tell who actually provided the Monitored Anesthesia Care (MAC) and whether the same clinician who is delivering the primary anesthesia service is also handling the MAC. The modifier in question communicates that the MAC was provided by the same physician who is responsible for the anesthesia overall, which is the scenario described. That's why it's the best choice here. The other modifiers describe different setups—such as MAC being carried out by another provider or under different supervision—which does not convey the "same physician" arrangement.

9. If conversion to general anesthesia occurs, what should documentation emphasize?

A. Only the regional block details.

B. Failure or conversion to general anesthesia and timing.

C. Surgeon's preference.

D. Payer name.

When the plan shifts from regional or MAC to general anesthesia, the chart must clearly record that a conversion occurred and the exact time of the conversion. This timing is essential for accurate anesthesia time accounting and codes, since the overall service reflects the transition from one modality to another. It's also helpful to document the reason for the conversion (e.g., inadequate block, patient discomfort, surgical requirements) to justify the change and support billing. Details like the surgeon's preference or payer name don't drive the coding of a conversion, whereas precisely noting that conversion and when it happened is what ensures the record supports the actual anesthesia service provided.

10. Which codes are associated with anesthesia services for an elderly patient with liver disease undergoing exploratory laparotomy for evaluation for possible liver transplant?

A. 00790-P3, 99100

B. 00731-P1

C. 00142-P2

D. 01961-P1

For anesthesia coding, you pick the CPT anesthesia code that matches the surgical procedure and then apply modifiers that reflect the patient's condition. This case is a major abdominal operation (exploratory laparotomy) for evaluation for a possible liver transplant in an elderly patient with liver disease. Liver disease represents a severe systemic condition, so the appropriate physical status modifier is P3 rather than a healthier status. The anesthesia code 00790 is the code used for procedures in the liver/upper abdominal area, which fits an exploratory laparotomy done for this case. Because the patient is elderly, you also add the extreme age modifier 99100, which covers anesthesia for patients at the extremes of age (over 70 years). Therefore, the best pairing is the 00790 code with the P3 modifier, plus the 99100 code for extreme age, i.e., 00790-P3 and 99100. The other options would understate the patient's risk (P1 or P2) or use an inappropriate procedure code for this scenario.

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!