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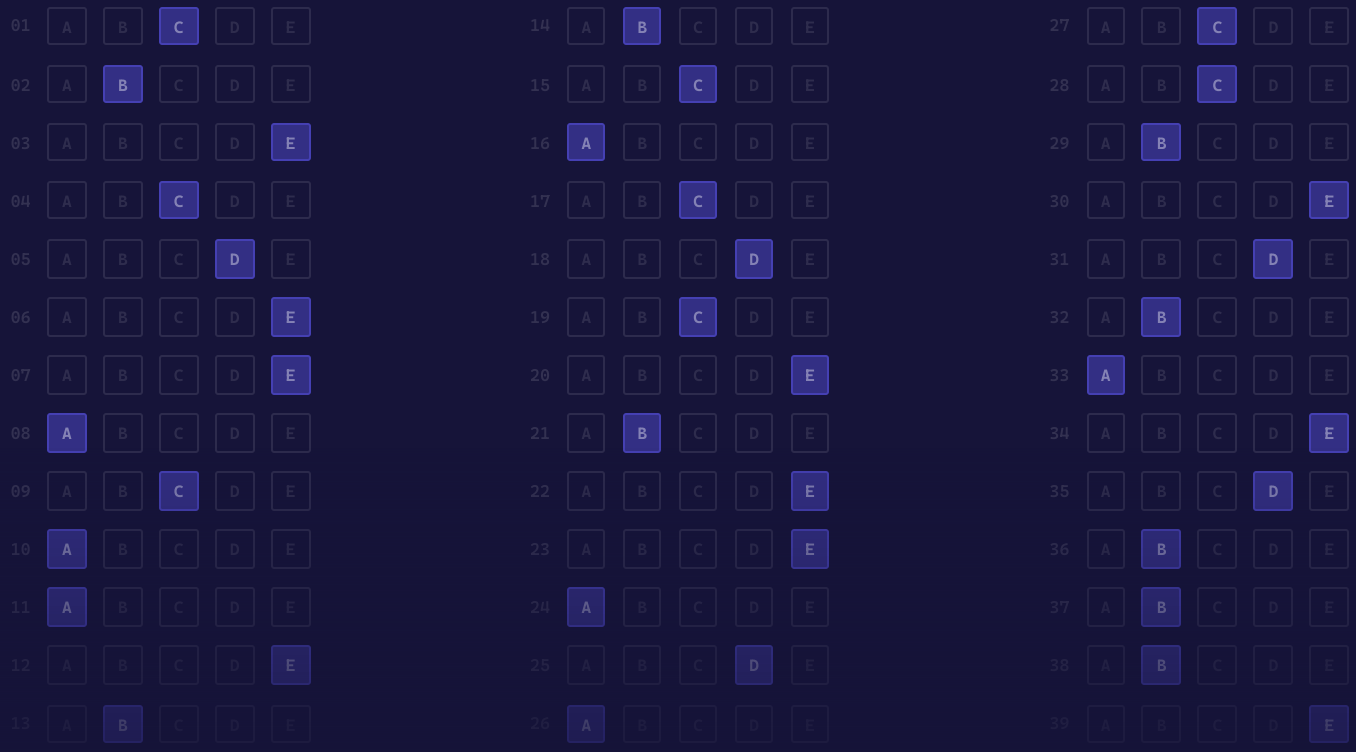

PRACTICE QUESTIONS

Board of Ambulatory Surgery Certification

VFWGBB76

Certified Administrator Surgery Center Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

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Before you begin

What this is

9 practice questions for Board of Ambulatory Surgery Certification `VFWGBB76`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `VFWGBB76`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A surgery center must be certified by which entity in order to receive Medicare reimbursement for covered ambulatory surgical center services?

A The Joint Commission (TJC)

B The Accreditation Association for Ambulatory Health Care (AAAHC)

C The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)

D The Centers for Medicare & Medicaid Services (CMS)

ANSWER D

WHY Although AAAHC, AAAASF, and TJC are recognized accrediting organizations, Medicare certification of an ASC is issued by CMS (or a CMS-approved state agency) once the facility is shown to meet the Conditions for Coverage at 42 CFR Part 416. Accreditation may be deemed to satisfy some requirements, but the actual certification authority is CMS.

QUESTION 2 SINGLE CHOICE

An ASC administrator is reviewing the role of the Medical Executive Committee (MEC). Which of the following responsibilities is appropriately delegated to the MEC by the ASC's governing body?

A Approval of the annual operating budget

B Credentialing and re-credentialing of physicians practicing in the center

C Negotiation of vendor supply contracts

D Hiring and termination of all clinical staff

ANSWER B

WHY The Medical Executive Committee (or equivalent medical staff leadership) is charged by the governing body with peer-review functions, including credentialing and re-credentialing of practitioners. Budget approval, contracting, and employment decisions fall under administrative or governing-body authority, not the MEC.

QUESTION 3 SINGLE CHOICE

Under CMS Conditions for Coverage, an ASC's Quality Assessment and Performance Improvement (QAPI) program must include which of the following core components?

A A quarterly community health fair open to the public

B An ongoing, data-driven program that measures and tracks outcomes, patient satisfaction, and adverse events

C A peer-reviewed publication in a national surgical journal each year

D An annual external benchmarking study paid for by the center

ANSWER B

WHY 42 CFR §416.43 requires an ASC to develop, implement, and maintain an ongoing, data-driven QAPI program that includes measuring, analyzing, and tracking quality indicators, patient outcomes, and adverse events. Public health fairs and journal publications are not required program components.

QUESTION 4 SINGLE CHOICE

Which CDC-recommended practice is the most appropriate method for sterilizing a heat-stable, reusable surgical instrument set between cases?

A High-level disinfection with an FDA-cleared glutaraldehyde soak

B Steam sterilization (autoclaving) using validated cycle parameters

C Wiping the instruments with an EPA-registered hospital disinfectant

D Cold sterilization via extended immersion in 70% isopropyl alcohol

ANSWER B

WHY Steam sterilization is the preferred, CDC-recommended method for heat-stable surgical instruments because it achieves sterilization (complete destruction of all microbial life, including spores). High-level disinfection and wiping with disinfectant are not sterilization methods, and alcohol immersion does not reliably achieve sterilization.

QUESTION 5 SINGLE CHOICE

Per CMS Conditions for Coverage, an ASC must inform the patient (or the patient's representative) of his or her rights in advance of the date of service. Which of the following items must specifically be included in that notice?

A The names and salaries of the center's executive leadership

B **The center's policy on advance directives and the patient's right to formulate one**

C A list of every surgeon with privileges at the facility

D The national average cost of the planned procedure

ANSWER **B**

WHY 42 CFR §416.50 requires the ASC to provide each patient with notice of rights, which expressly includes the center's written policies regarding advance directives and the patient's right to formulate advance directives. Disclosure of executive salaries or surgeon rosters is not required.

QUESTION 6 SINGLE CHOICE

A patient is scheduled for an outpatient procedure under deep sedation administered by a CRNA. Per CMS Conditions for Coverage, what is the minimum requirement for the post-anesthesia recovery evaluation?

A A single set of vital signs taken 15 minutes after the patient is admitted to recovery

B **A documented evaluation of the patient by a physician, anesthesia provider, or qualified registered nurse on completion of anesthesia care**

C A telephone follow-up call to the patient 30 days after discharge

D An evaluation performed only if the patient reports complications at home

ANSWER **B**

WHY 42 CFR §416.52 requires that a post-anesthesia evaluation be completed and documented by a physician, another qualified practitioner, or a registered nurse under the supervision of a physician/anesthesia provider. Recovery must not be considered complete until the patient has been evaluated and meets discharge criteria, not on a single set of vitals alone.

QUESTION 7 SINGLE CHOICE

An ASC submits a claim for a Medicare beneficiary's outpatient surgical procedure. Under the ASC payment system, the facility's Medicare payment is based on which of the following?

A The ASC's usual and customary charge for the procedure

B A Medicare ASC payment rate assigned to the procedure's Ambulatory Payment Classification (APC) or ASC payment group, subject to national wage adjustment and beneficiary coinsurance

C The amount the surgeon bills for the professional service

D A flat per-visit rate set by the state Medicaid agency

ANSWER B

WHY Medicare pays ASCs under a prospective payment system based on procedure-specific rates (grouped under APCs in the OPPS-based methodology) adjusted for geographic wage index, with beneficiary coinsurance applied. Charges, surgeon professional fees, and Medicaid rates are unrelated to the ASC facility payment.

QUESTION 8 SINGLE CHOICE

An ASC is developing its emergency preparedness plan. Per CMS emergency preparedness requirements, the plan must include an all-hazards risk assessment and which of the following elements?

A A marketing strategy for resuming elective case volume after an event

B Policies and procedures for subsistence needs (food, water, and shelter) for staff and patients during an emergency

C A schedule of annual price increases for elective procedures

D A guarantee of full refunds for any canceled appointments

ANSWER B

WHY CMS emergency preparedness Conditions (42 CFR §416.54 and the applicable surveyor guidance) require the plan to address all-hazards risks and to include policies for subsistence needs, evacuation, sheltering-in-place, communication, and continuity of operations. Marketing and refund policies are not required emergency-preparedness elements.

QUESTION 9 MULTIPLE CHOICE

Which of the following are required elements of an ASC's drug management program under CMS Conditions for Coverage? (Choose two.)

A Storage of all controlled substances in a single, unlocked cabinet at the nurses' station

B A system to ensure accurate dispensing, administration, and disposal of medications, including controlled substances

C Routine drug regimen reviews by a pharmacist or qualified clinician as part of patient care oversight

D Removal of all expiration dates from vials to minimize wasted inventory

ANSWER B · C

WHY 42 CFR §416.48 requires an ASC to have a pharmacy/drug management system that provides for safe storage, dispensing, administration, and disposal of drugs (including controlled-substance accountability) and oversight of drug therapy. Controlled substances must be secured (locked), and expiration dates must remain on all medications.