

Ambulatory Surgery Centers Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

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- 1. Which specialties are less likely to be served in Ambulatory Surgery Centers?**
 - A. Cardiology and Neurology**
 - B. Ophthalmology and Orthopedics**
 - C. Gastroenterology and Urology**
 - D. Plastic Surgery and Pain Management**

- 2. Ambulatory Surgery Centers primarily handle which type of cases?**
 - A. Emergent Trauma**
 - B. Non-Emergent Cases Across Many Specialties Except Cardiology and Neurology**
 - C. Pediatric Oncology**
 - D. Intensive Care Cases**

- 3. What is CASC?**
 - A. A credential that connotes expertise in ASC administration.**
 - B. An accreditation for hospital systems.**
 - C. A clinical protocol for outpatient surgery.**
 - D. A certification for medical devices used in surgery.**

- 4. How many procedures does Medicare cover under the ASC payment system?**
 - A. 3,700**
 - B. 1,500**
 - C. 5,000**
 - D. 2,000**

- 5. Are ASCs free to perform all Medicare procedures allowed in a hospital outpatient department (HOPD)?**
 - A. Yes**
 - B. No**
 - C. Only with special authorization**
 - D. Only for select procedures**

- 6. Where was the first ambulatory surgery center created?**
- A. Phoenix, Arizona**
 - B. Seattle, Washington**
 - C. New York, New York**
 - D. Chicago, Illinois**
- 7. In the ambulatory context, ambulatory surgery describes which type of care?**
- A. Inpatient**
 - B. Outpatient**
 - C. Emergency**
 - D. Critical**
- 8. Phacoemulsification involves removal of cataracts and replacement with what?**
- A. An intraocular lens**
 - B. A corneal graft**
 - C. A vitreous implant**
 - D. A contact lens**
- 9. Medicare rates in HOPDs exceed ASC rates by what percentage?**
- A. 81%**
 - B. 71%**
 - C. 91%**
 - D. 61%**
- 10. Which specialty accounts for about 30% of ASC procedures?**
- A. Ophthalmology 30%**
 - B. Orthopedics 15%**
 - C. Pain and Neurology 10%**
 - D. Gastrointestinal 14%**

Answers

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

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Explanations

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1. Which specialties are less likely to be served in Ambulatory Surgery Centers?

- A. Cardiology and Neurology**
- B. Ophthalmology and Orthopedics**
- C. Gastroenterology and Urology**
- D. Plastic Surgery and Pain Management**

Ambulatory surgery centers are designed for outpatient procedures that can be done quickly with minimal postoperative monitoring and no overnight stay. Because of this, they favor specialties and procedures that are relatively low risk, have predictable anesthesia needs, and allow patients to go home soon after surgery. Cardiology and neurology fit poorly for ASCs because many procedures in these fields require specialized facilities, extended monitoring, or inpatient care. Cardiac procedures often need cath labs, continuous hemodynamic monitoring, and the possibility of complications that demand rapid access to higher-level resources or an ICU. Neurological procedures can involve higher risk patients, longer operative times, and the need for intensive postoperative observation or rehabilitation that isn't available in a typical ASC. In contrast, ophthalmology and orthopedics routinely perform quick, outpatient surgeries such as cataract removal and arthroscopy; gastroenterology and urology commonly use endoscopic and minor outpatient procedures; and plastic surgery and some pain management interventions are well-suited to ambulatory settings.

2. Ambulatory Surgery Centers primarily handle which type of cases?

- A. Emergent Trauma**
- B. Non-Emergent Cases Across Many Specialties Except Cardiology and Neurology**
- C. Pediatric Oncology**
- D. Intensive Care Cases**

Ambulatory Surgery Centers are built for elective, outpatient procedures where patients go home the same day after a brief recovery in a monitored setting. This setup supports non-emergent cases across many specialties, because the focus is on safe, uncomplicated procedures that don't require overnight hospital stay. Emergent trauma cases, intensive care needs, or conditions that demand inpatient admission and ICU-level monitoring aren't suited to ASCs, since those facilities don't have the full range of emergency resources or long-term post-op care. Cardiovascular and neurologic surgeries often involve higher risk, require specialized post-operative monitoring, and sometimes ICU care, which are typically provided in hospital settings rather than in ASCs. That's why the typical ASC scope covers non-emergent, elective procedures across multiple specialties, while cardiology and neurology cases are generally not included.

3. What is CASC?

- A. A credential that connotes expertise in ASC administration.**
- B. An accreditation for hospital systems.**
- C. A clinical protocol for outpatient surgery.**
- D. A certification for medical devices used in surgery.**

The key idea is recognizing what CASC represents in the ambulatory surgery center field. CASC is a professional credential—the Certified Ambulatory Surgery Center Administrator—that signals that the holder has specialized expertise in managing an ASC. Earning this credential typically involves meeting education and experience requirements and passing a dedicated exam, focusing on ASC-specific areas like regulatory compliance, patient safety, quality improvement, risk management, finances, and operations. It is not an accreditation of a facility, a clinical protocol used in outpatient surgery, or a certification for medical devices. So CASC best describes a credentialing recognition of ASC administration expertise.

4. How many procedures does Medicare cover under the ASC payment system?

- A. 3,700**
- B. 1,500**
- C. 5,000**
- D. 2,000**

Medicare designates a specific, finite set of procedures that are payable under the ASC payment system. This isn't all CPT/HCPCS codes—only those that CMS has approved for ASC payment. That list is very large, running into thousands of procedures, and CMS updates it periodically as codes are added or moved to different settings. The key idea is that ASC reimbursement is tied to this predefined list, not to every possible procedure. So the correct choice reflects this broad, but not universal, scope of covered procedures, whereas the other options represent numbers far outside the true range of eligible ASC procedures.

5. Are ASCs free to perform all Medicare procedures allowed in a hospital outpatient department (HOPD)?

- A. Yes**
- B. No**
- C. Only with special authorization**
- D. Only for select procedures**

Medicare restricts which procedures can be done in an Ambulatory Surgical Center. An ASC has its own set of procedures that are eligible for ASC payment, and not every procedure that Medicare allows in a hospital outpatient department (HOPD) is eligible for an ASC. Procedures must be on the ASC-eligible list and meet the facility's capabilities for anesthesia, staffing, equipment, and postoperative care. If a procedure isn't on that list, it's generally limited to HOPD or inpatient settings and billed under hospital outpatient/inpatient rules. So ASCs are not free to perform all Medicare procedures allowed in an HOPD. To determine eligibility for a specific procedure, check the CMS ASC payment indicators and related guidance.

6. Where was the first ambulatory surgery center created?

- A. Phoenix, Arizona**
- B. Seattle, Washington**
- C. New York, New York**
- D. Chicago, Illinois**

Ambulatory surgery centers exist to perform surgical procedures that don't require an overnight hospital stay, emphasizing streamlined, cost-effective care with a focus on outpatient throughput. The first freestanding ASC was created in Phoenix, Arizona, and this location is historically credited with launching the outpatient surgical center model in the United States. This origin helped establish the idea that many procedures could be safely completed outside a traditional hospital setting, leading to widespread adoption nationwide. The other cities later developed ASCs, but Phoenix is recognized as the birthplace of the concept.

7. In the ambulatory context, ambulatory surgery describes which type of care?

- A. Inpatient**
- B. Outpatient**
- C. Emergency**
- D. Critical**

Ambulatory surgery describes care provided without an overnight hospital stay. The patient comes in for a procedure, recovers, and goes home the same day, which is the essence of outpatient care. Inpatient care requires admission for at least one night, which isn't how ambulatory surgery is typically delivered. Emergency and critical care focus on urgent or life-threatening situations needing immediate, intensive treatment, not planned, same-day procedures. So the best fit is outpatient care, since it matches the model of same-day discharge after a procedure.

8. Phacoemulsification involves removal of cataracts and replacement with what?

- A. An intraocular lens**
- B. A corneal graft**
- C. A vitreous implant**
- D. A contact lens**

Phacoemulsification removes the cloudy natural lens and replaces it with an intraocular lens. The implanted IOL sits in the lens capsule where the natural lens used to be, restoring focusing power without needing a corneal graft, a vitreous implant, or a contact lens. A corneal graft would replace the cornea, a vitreous implant would be placed in the back of the eye, and a contact lens sits on the cornea externally—none of these replace the lens inside the eye.

9. Medicare rates in HOPDs exceed ASC rates by what percentage?

- A. 81%**
- B. 71%**
- C. 91%**
- D. 61%**

Medicare reimbursement differs between Hospital Outpatient Departments (HOPDs) and Ambulatory Surgery Centers (ASCs) because they are paid under different programs, with HOPDs receiving a facility-based payment that covers overhead, staffing, and equipment, while ASCs are paid under a lower-rate facility fee under the ASC payment system. For the same outpatient procedure, this produces a substantial gap: the HOPD payment is much higher than the ASC payment—essentially close to doubling what an ASC would receive in many cases. That is why the option indicating a large percentage gap best fits the typical Medicare payment difference between these two settings. The other options describe smaller gaps that do not align with the commonly cited magnitude of the HOPD-ASC gap.

10. Which specialty accounts for about 30% of ASC procedures?

- A. Ophthalmology 30%**
- B. Orthopedics 15%**
- C. Pain and Neurology 10%**
- D. Gastrointestinal 14%**

Ophthalmology earns the largest share in many ambulatory surgery center mixes because cataract surgeries are extremely common, quick, and easy to discharge from the facility. These procedures are typically short, done under local anesthesia, require minimal postoperative monitoring, and have high success rates, making them highly suitable for an outpatient setting. That combination drives a substantial portion of ASC volume, often around 30%. The other specialties contribute fewer procedures in this mix. Orthopedics includes many higher-acuity or longer cases that may extend stay or require more resources, so its share tends to be around 15%. Pain and neurology procedures, such as injections or related interventions, are less frequent in the ASC setting and account for about 10%. Gastrointestinal, while a significant portion of ambulatory care, usually occurs in endoscopy-focused centers and tends to be a bit lower than ophthalmology in this specific mix, around the mid-teens. So, the reason ophthalmology is the best answer is that cataract surgery provides a high-volume, quick-turnover, outpatient-ready workflow, which pushes it to the roughly 30% mark in ASC procedure mix.

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://ambulatorysurgerycenters.examzify.com>

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

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