

Status: Finalized

## I. Center Identification

Organization Name: MICHIANA ENDOSCOPY CENTER LLC

Street Address: 53830 Generations Drive

City: South Bend County: Saint Joseph

Administrator Name: Michele Manis

Administrator Email: mmanis@amsurg.com ASC Web Address: 53830 Generations Drive

Fiscal Year: 2023

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

## II. Identification of Surgical Resources

Number of operating rooms	0	
Number of procedure rooms	4	

## III. Utilization Statistics

A. Total Patients and Procedures			
Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	9967	11000	
B. Ten Most Frequent Surgical Procedures Perfo	rmed		
CPT Code		Total Procedures	
43235		411	
43239		2357	
43248		679	
43249		144	
45378		2006	
45380		1122	
45385		4168	
43251		125	
G0105		465	
G0121		227	

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	