



ASC Utilization Report
 State Form 49933 (R3/6-05)
 Indiana State Department of Health
 Acute Care

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First St.

City: New Albany

County: Floyd

Administrator Name: Rebecca Reed

Administrator Email: rebeccareed@eyesurgeryna.com

ASC Web Address: eyesurgeryna.com

Fiscal Year: 2023

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|---|
| Number of operating rooms | 2 |
| Number of procedure rooms | 2 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 3143 | 5230 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 3878 | |
| v2632 | 3559 | |
| 66999 | 2075 | |
| 66982 | 256 | |
| 66821 | 203 | |
| 65820 | 87 | |
| 66998 | 70 | |
| 65400 | 61 | |
| 65756 | 47 | |
| 66991 | 45 | |

IV. Outcomes from Surgical Procedures

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