



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

Status: Finalized

I. Center Identification

Organization Name: GLEN LEHMAN ENDOSCOPY SUITE

Street Address: 550 University Blvd Suite 4100

City: Indianapolis

County: Marion

Administrator Name: JULIE DECK GIVENS

Administrator Email: jdeckgivens@iuhealth.org

ASC Web Address:

Fiscal Year: 2024

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	0
Number of procedure rooms	8

III. Utilization Statistics

A. Total Patients and Procedures

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	9229	13329

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
45385	2114
43239	1381
43235	958
45380	807
45378	780
43237	397
43248	385

43242	319
43270	283
45390	184

IV. Outcomes from Surgical Procedures

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