



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA HAND TO SHOULDER

Street Address: 8501 Harcourt Road

City: Indianapolis

County: Marion

Administrator Name: David Kogan

Administrator Email: dkogan@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	3
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	4085	4957
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code		Total Procedures
64721		501
64718		398
26055		392
29848		345
25447		196
26160		113
26123		112

25111		96	
20680		87	
25000		84	

#### 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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