

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

Status: Finalized

I. Center Identification

Organization Name: HELIX S	URGICENTER, LLC
Street Address:	324 W US HWY 30
City:	SCHERERVILLE
County:	IN
Administrator Name:	Sherry McManigal
Administrator Email:	Smcmanigal@helixsurgicenter.com
ASC Web Address:	
Fiscal Year:	2022
Accredited:	●Yes ○No

Name of Accrediting Body: Quad A

Deemed Status: • Yes ONo

Corporate Tax Status: \bigcirc For Profit \bigcirc Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2	
Number of procedure rooms	1	

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	671	1012
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
66984		423
65855		174
66821		158
66761		64
66991		37
65756		34
66180		29

66710	20
66982	16
65400	14

IV. Outcomes from Surgical Procedures

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