



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

Status: Finalized

I. Center Identification

Organization Name: **NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER**

Street Address: 8424 Naab Road, Suite 3-G

City: Indianapolis, IN 46260-1975

County: Marion

Administrator Name: Dean E Lehmkuhler, MHA

Administrator Email: dlehmkuhler@amsurg.com

ASC Web Address: www.northsidegastro.com

Fiscal Year: 2022

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	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8972	10876
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45385	3965	
45380	2158	
43239	1829	
45378	1447	
43450	516	
EG0105	366	
43235	187	

EG0121	104
45381	96
43251	73

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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