



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

Status: Finalized

I. Center Identification

Organization Name: CAPITOL STREET SURGERY CENTER

Street Address: 2007 North Capitol Ave

City: Indianapolis

County:

Administrator Name: Marissa Hughes

Administrator Email: mhughes@capitolstreetsurgery.com

ASC Web Address:

Fiscal Year: 2015

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	4
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	44	44
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
15877	10	
19325	13	
15803	6	
19318	6	

29807	1
29877	3
20926	5

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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