



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

Status: Finalized

I. Center Identification

Organization Name: THE CENTER FOR MINIMALLY INVASIVE SURGERY

Street Address: 9200 Calumet Ave Suite S200

City: Munster, IN 46321

County: Lake

Administrator Name: Deborah Goodman

Administrator Email: deborah.goodman@cmisurgery.net

ASC Web Address: www.cmisurgery.net

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	2
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	967	3302
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	402	
99199	274	
30140	158	
64493	115	

95941	97
76942	75
64415	70
30520	70
31255	70
64494	64

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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