



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

County: Lake

Administrator Name: Deborah Goodman

Administrator Email: deborah.goodman@cmisurgery.net

ASC Web Address: www.cmisurgery.net

Fiscal Year: 2016

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	1049	3988
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	454	
30140	170	
64493	168	
95941	111	
69990	96	
76942	89	
31255	79	

30520	77
64415	77
31256	76

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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