

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

Status: Finalized

## I. Center Identification

Organization Name: Street Address: 8805 North Meridian Street City: Indianapolis County: Marion Administrator Name: Amy Rice Administrator Email: arice@indypain.com ASC Web Address: www.indypain.com Fiscal Year: 2018

Accredited: OYes ONO

Name of Accrediting Body:

Deemed Status: OYes ONo

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	0

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	ns Served in twelve-month period 752	
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
64493		612
64494		603
62323		530
96365		394
64490		376
64491		352
64636		302

64483	284
64635	255
62370	235

## IV. Outcomes from Surgical Procedures

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