

Status: Finalized

### I. Center Identification

Organization Name: CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER, LLC

Street Address: 3600 WEST BETHEL AVE

City: MUNCIE

County: DELAWARE

Administrator Name: VICTOR MORAN

Administrator Email: victor\_moran@ciocenter.com

ASC Web Address: www.ciocenter.com

Fiscal Year: 2018

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O 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	2,213	2,779		
R Ten Most Frequent Surgical Procedures Performed				

### B. Ien Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
64721	299
64483	157
29881	157
29827	120
26055	99
20680	65
29826	60

20670	54
64718	53
62323	53

# IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	2
a surgical encounter.	