



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* CENTRAL INDIANA SURGERY CENTER

*Street Address:* 9002 N. Meridian St. Lower Level

*City:* Indianapolis

*County:* Marion

*ASC Web Address:* N/A

*Fiscal Year:* 2011

*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	1

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2151	3046
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	923	
65756	357	
66982	160	
67036	128	
64493	87	
64494	80	
65400	67	

67041	58
66986	57
66999	56

#### **IV. Outcomes from Surgical Procedures**

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