



## ASC Utilization Report

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

### I. Center Identification

*Organization Name:* INDIANA SKIN CANCER AMBULATORY SURGERY CENTER

*Street Address:* 701 E. County Line Road

*City:* Greenwood

*County:* Johnson

*ASC Web Address:* indymohs@gmail.com

*Fiscal Year:* 2011

*Accredited:*  Yes  No

*Name of Accrediting Body:* CMS

*Deemed Status:*  Yes  No

*Corporate Tax Status:*  For Profit  Non Profit

### II. Identification of Surgical Resources

Number of operating rooms	1
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	2605	2605
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
14041	461	
14060	308	
14061	261	
15260	255	
14040	182	
14021	164	
13121	147	

13121	124
13101	111
14301	97

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

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	7
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