



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:

Fiscal Year: 2014

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              | 584                | 1588                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 64483  | 157                |                      |

|       |    |
|-------|----|
| 30140 | 70 |
| 64415 | 62 |
| 30520 | 54 |
| 29826 | 50 |
| 31256 | 48 |
| 64721 | 44 |
| 69990 | 42 |
| 31255 | 38 |
| 77003 | 36 |

#### IV. Outcomes from Surgical Procedures

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