



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

Status: Finalized

I. Center Identification

Organization Name: CLI SURGERY CENTER KOKOMO

Street Address: 1601 W. Lincoln Road

City: Kokomo

County: Howard

Administrator Name: Mandie Monroe

Administrator Email: mmonroe@cataractandlaserinstitute.net

ASC Web Address:

Fiscal Year: 2015

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	1519	2801
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1309	
66821	942	
66982	313	
65855	58	

66761	45
15823	30
67924	9
67010	6
67840	4
67917	3

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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