



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

Status: Finalized

I. Center Identification

Organization Name: CENTER FOR SPECIAL SURGERY, LLC

Street Address: 8805 North Meridian Street

City: Indianapolis

County: Marion

Administrator Name: Amy Rice

Administrator Email: arice@indypain.com

ASC Web Address: www.indypain.com

Fiscal Year: 2014

Accredited: Yes No

Name of Accrediting Body:

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 | 0 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 468 | 4554 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 64493 | 491 | |

| | |
|-------|-----|
| 64494 | 483 |
| 64490 | 384 |
| 64495 | 383 |
| 64491 | 376 |
| 64492 | 340 |
| 62311 | 288 |
| 63650 | 249 |
| 64635 | 243 |
| 64636 | 200 |

IV. Outcomes from Surgical Procedures

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