



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

Status: Finalized

I. Center Identification

Organization Name: METRO SPECIALTY SURGERY CENTER

Street Address: 200 Missouri Ave Ste A

City: Jeffersonville

County: Clark

Administrator Name: Katie Arnold

Administrator Email: karnold@metrospecialty.com

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	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2858	10,905
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64415	262	
29881	231	
29827	186	
64445	167	

19380	167
64447	154
29826	146
64483	126
64721	125
62310	118

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	4
--	---