



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

Status: Finalized

I. Center Identification

Organization Name: CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER, LLC

Street Address: 3600 WEST BETHEL AVE

City: MUNCIE

County: DELAWARE

Administrator Name: VICTOR MORAN

Administrator Email: lesa\_pinkerton@ciocenter.com

ASC Web Address: www.ciocenter.com

Fiscal Year: 2019

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              | 2406               | 3076                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 67421  | 322                |                      |
| 29881  | 145                |                      |
| 64483  | 143                |                      |
| 29827  | 130                |                      |
| 26055  | 130                |                      |

|       |    |
|-------|----|
| 29823 | 96 |
| 62323 | 65 |
| 20680 | 62 |
| 64493 | 55 |
| 25609 | 52 |

#### IV. Outcomes from Surgical Procedures

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