



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

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First Street

City: New Albany

County: IN

Administrator Name: Rebecca Reed

Administrator Email: rebeccareed@eyesurgeryna.com

ASC Web Address: 520 West First Street

Fiscal Year: 2020

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	3900	4714
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2172	
66821	295	
66982	184	
66988	100	
65820	74	
019IT	49	
0376T	44	

65756	43
65400	42
65426	27

#### 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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