



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* NOVAMED PAIN MANAGEMENT OF NEW ALBANY, LLC

*Street Address:* 520 West First St.

*City:* New Albany

*County:* Floyd

*ASC Web Address:*

*Fiscal Year:* 2011

*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 | 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              | 1219               | 1219                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 62311  | 757                |                      |
| 62310  | 292                |                      |
| 64493  | 79                 |                      |
| 27096  | 53                 |                      |
| 64483  | 17                 |                      |
| 64479  | 13                 |                      |
| 64490  | 5                  |                      |

|       |   |
|-------|---|
| 64520 | 1 |
| 64510 | 1 |
|       |   |

#### IV. Outcomes from Surgical Procedures

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