



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

Status: Finalized

I. Center Identification

Organization Name: CAPITOL STREET SURGERY CENTER
 Street Address: 2007 N. Capitol Ave
 City: Indianapolis
 County: IN
 Administrator Name: Kathleen Hunter
 Administrator Email: khunter@capitolstreetsurgery.com
 ASC Web Address: 2007 N. Capitol Ave
 Fiscal Year: 2023
 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	4
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	1286	1286
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
27447	123	
19325	109	
29881	101	
58558	100	
29827	83	
15830	61	
27130	58	
64721	49	
19318	32	
29880	29	

IV. Outcomes from Surgical Procedures

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