

Status: Finalized

I. Center Identification

Organization Name: CENTRAL INDIANA SURGERY CENTER

Street Address: 9002 North Meridian Street, Lower Level 22

City: Indianapolis

County: Indiana

Administrator Name: Central Indiana Surgery Center Administrator Email: vickiemccullough@cinsc.com ASC Web Address: 9002 North Meridian Street

Fiscal Year: 2022

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

II. Identification of Surgical Resources

| Number of operating rooms | 2 | |
|---------------------------|---|--|
| Number of procedure rooms | 0 | |

III. Utilization Statistics

| Time Period Number of Patients Number of | A. Total Patients and Procedures | | |
|--|----------------------------------|--------------------|----------------------|
| Procedures | Time Period | Number of Patients | Number of Procedures |

| Persons Served in twelve-month period | 2587 | 3783 | | | |
|--|------|------------------|--|--|--|
| B. Ten Most Frequent Surgical Procedures Performed | | | | | |
| CPT Code | | Total Procedures | | | |
| 66984 | | 1257 | | | |
| 65756 | | 556 | | | |
| 66982 | | 220 | | | |
| V2787 | | 146 | | | |
| 67036 | | 145 | | | |
| 66986 | | 123 | | | |
| 66710 | | 50 | | | |
| 65400 | | 49 | | | |
| 65435 | | 34 | | | |
| 65710 | | 33 | | | |

IV. Outcomes from Surgical Procedures

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