



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA ENDOSCOPY CENTERS

Street Address: 1801 N Senate Ave Suite 710

City: Indianapolis

County: Marion

Administrator Name: JULIE DECK GIVENS

Administrator Email: jdeckgivens@iuhealth.org

ASC Web Address:

Fiscal Year: 2024

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	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3962	4705

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
45385	1312
43239	728
45380	528
G0121	421
45378	404
G0105	219
43235	154

43248		44	
43249		38	
45388		24	

#### 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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