



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA SKIN CANCER AMBULATORY SURGERY CENTER

Street Address: 701 E. County Line Rd

City: Greenwood

County: IN

Administrator Name: Dr. Michael Murphy

Administrator Email: murphymd1@gmail.com

ASC Web Address: mohsindy.com

Fiscal Year: 2024

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	1
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3936	3936

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
13132	1016
13121	542
14061	461
14041	328
14060	317
15260	303
13101	265

15220	89
14021	80
12052	38

#### IV. Outcomes from Surgical Procedures

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