



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
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