



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA SPECIALTY SURGERY CENTER

Street Address: 1380 West Arch Haven Ave.

City: Bloomington

County: Monroe

Administrator Name: Amy Foster

Administrator Email: afoster@uspi.com

ASC Web Address: www.indianaspecialty.com

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 | 2 |
| Number of procedure rooms | 2 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 2895 | 3822 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 64483 | 549 | |
| 66984 | 404 | |
| 64493 | 395 | |
| 26055 | 215 | |
| 64484 | 213 | |
| 64721 | 203 | |
| 64494 | 161 | |

| | |
|-------|----|
| 64490 | 99 |
| 27096 | 91 |
| 62321 | 89 |

IV. Outcomes from Surgical Procedures

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