



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

Status: Finalized

I. Center Identification

Organization Name: MICHIANA ENDOSCOPY CENTER LLC

Street Address: 53830 Generations Drive

City: South Bend

County: Saint Joseph

Administrator Name: Michele Manis

Administrator Email: mmanis@amsurg.com

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	410255

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	10255	11428
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45385	3647	
43239	2422	
45378	2040	
45380	990	
G0105	989	
43248	565	
43235	431	

G0121	430
43249	149
43251	123

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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