



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

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First Street

City: New Albany

County: Floyd

Administrator Name: Rebecca Reed

Administrator Email: rebeccareed@eyesurgeryna.com

ASC Web Address: eyesurgeryna.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	2618	4402

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
66984	3114
66999	3722
v2632	3098
66982	269
66821	143
65820	89
66991	76

66988	43
v2787	269
v2788	199

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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