



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

Status: Finalized

I. Center Identification

Organization Name: NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER

Street Address: 8424 Naab Road

City: Indianapolis

County: Marion

Administrator Name: Dean Lehmkuhler

Administrator Email: dlehmkuhler@amsurg.com

ASC Web Address: www.northsidegastro.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	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8656	11377
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45385	4307	
45380	2058	
43239	2002	
45378	1665	
43450	547	
G0105	273	
43235	137	

G0121		111	
43251		101	

#### 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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