



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

Status: Finalized

I. Center Identification

Organization Name: NOVAMED SURGERY CENTER OF MERRILLVILLE, LLC

Street Address: 9797 Massachusetts Street

City: Crown Point

County: Indiana

Administrator Name: Joyce Ball

Administrator Email: jball@williamseye.com

ASC Web Address: www.wiliamseye.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 | 1 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 3225 | 3492 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 2550 | |
| 66821 | 481 | |
| 66999 | 438 | |
| 66982 | 126 | |
| 65855 | 51 | |
| 65820 | 10 | |
| 67908 | 6 | |

| | |
|-------|---|
| 15823 | 5 |
| 65430 | 4 |
| 66850 | 4 |

IV. Outcomes from Surgical Procedures

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