



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA SKIN CANCER AMBULATORY SURGERY CENTER

Street Address: 701 E County Line Rd Ste 208

City: Greenwood

County: IN

Administrator Name: Michael Murphy

Administrator Email: murphymd1@gmail.com

ASC Web Address:

Fiscal Year: 2016

Accredited: Yes No

Name of Accrediting Body: CMS

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
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	3049	3049
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
13132	844	
13121	546	
15260	370	
13101	266	
14060	215	
14061	205	
13152	172	

14041	124
15220	76
21235	47

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	5
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