

Status: Finalized

#### I. Center Identification

Organization Name: INDIANA ENDOSCOPY CENTERS

Street Address: 1801 N. Senate Blvd, Suite 710

City: Indianapolis

County: Marion

Administrator Name: Amy Heminger

Administrator Email: aheminge@iuhealth.org

ASC Web Address:

Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	4	
Number of procedure rooms	0	

#### III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	4319	5041		

### B Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
45385	939
43239	868
45380	732
45378	442
G0121	401
43235	229
G0105	197

43248	105
45388	91
43248	85

# IV. Outcomes from Surgical Procedures

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