

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

Status: Finalized

I. Center Identification

Organization Name: Street Address: 8051 S Emerson Avenue Suite 150 City: Indianapolis County: Marion Administrator Name: Kay Ulery Administrator Email: kulery@indygastro.com ASC Web Address: indygastro.com Fiscal Year: 2017

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	0
Number of procedure rooms	4

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8802	10,260
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
43239		2,658
45385		2,418
45380		2,174
45378		1.069
43235		889
43248		534
G0105		264

G0121	229
43249	114
43450	99

IV. Outcomes from Surgical Procedures

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