

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: 8805 North Meridian Street City: Indianapolis County: Marion Administrator Name: Amy Rice Administrator Email: arice@indypain.com ASC Web Address: www.indypain.com Fiscal Year: 2019

Accredited: OYes ONO

Name of Accrediting Body:

Deemed Status: OYes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	0

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	625	4814
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
64493		520
64494		510
62323		471
64490		295
64491		287
64635		274
64636		254

96365	243
63650	196
62370	186

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	