

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

Status: Finalized

I. Center Identification

Organization Name: COLUM	BUS SPECIALTY SURGERY CENTER
Street Address:	2425 NorthPark Drive, Suite 20
City:	Columbus
County:	IN
Administrator Name:	Nikki Turner
Administrator Email:	nturner@columbusspecialty.com
ASC Web Address:	columbusspecialty.com
Fiscal Year:	2019
Accredited:	Yes ○No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: • For Profit O 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	2,275	6,325
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
30140		598
69436		505
31267		298
31253		268
42820		176
76942		169
30520		163

31287	154
31298	154
64721	142

IV. Outcomes from Surgical Procedures

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