

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

Status: Finalized

I. Center Identification

Organization Name: CENTRA	AL INDIANA SURGERY CENTER
Street Address:	9002 N MERIDIAN ST, LOWR LEVEL
City:	INDIANAPOLIS
County:	Indiana
Administrator Name:	Vickie McCullough
Administrator Email:	vickiemccullough@cinsc.com
ASC Web Address:	9002 N MERIDIAN ST
Fiscal Year:	2020

Accredited: • Yes ONo

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: O 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	2066	3609
B. Ten Most Frequent Surgical Procedures Perf CPT Code	ormed	Total Procedures
66984		1012
65756		409
66982		232
67036		97
66986		73
65400		51

0191T	43
65755	40
65710	27

IV. Outcomes from Surgical Procedures

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