

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

Status: Finalized

I. Center Identification

Organization Name: INDIAN	A SPECIALTY SURGERY CENTER
Street Address:	1380 West Arch Haven Ave.
City:	Bloomington
County:	Monroe
Administrator Name:	Amy Foster
Administrator Email:	afoster@uspi.com
ASC Web Address:	www.indianaspecialty.com
Fiscal Year:	2020
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	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3375	4608
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
64483		815
66984		462
64493		
64484		267
26055		248
G0260		212
64721		210

27096	128
64490	125
62321	114

IV. Outcomes from Surgical Procedures

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