



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* SURGERY CENTER FOR PAIN OF SOUTHERN INDIANA

*Street Address:* 2920 McIntire Drive, Ste 150

*City:* Bloomington

*County:* Monroe

*ASC Web Address:*

*Fiscal Year:* 2010

*Accredited:*  Yes  No

*Name of Accrediting Body:*

*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	2

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	302	407
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64493	89	
64622	67	
64490	32	
62311	31	
27096	29	
63650	24	
64626	15	

62310	15
64494	12
62311	9

#### **IV. Outcomes from Surgical Procedures**

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