



## ASC Utilization Report

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

### I. Center Identification

*Organization Name:* CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER, LLC

*Street Address:* 3600 WEST BETHEL AVE

*City:* MUNCIE

*County:* DELAWARE

*ASC Web Address:* www.ciocenter.com

*Fiscal Year:* 2011

*Accredited:*  Yes  No

*Name of Accrediting Body:* AAAHC

*Deemed Status:*  Yes  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

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2,384	3,539
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
29881	305	
62311	296	
64483	223	
64721	192	
29826	183	
29827	145	
76000	134	

29877	129
77003	100
26055	94

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

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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