



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

*Street Address:* 520 West First St.

*City:* New Albany

*County:* Floyd

*ASC Web Address:*

*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 | 1 |

### III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |
|--|--------------------|----------------------|
| Time Period  | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period              | 4957               | 5925                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 66984  | 3513               |                      |
| 66821  | 825                |                      |
| 66711  | 243                |                      |
| 66982  | 131                |                      |
| 15823  | 102                |                      |
| 66999  | 66                 |                      |
| 67840  | 61                 |                      |

|       |    |
|-------|----|
| 65756 | 49 |
| 66985 | 25 |
| 65426 | 21 |

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

|  |   |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 4 |
|--|---|