



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health

Acute Care

I. Center Identification

Organization Name: NOVAMED SURGERY CENTER OF MERRILLVILLE, LLC

Street Address: 8514 Broadway

City: Merrillville

County: Lake

ASC Web Address: www.surgerypartners.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 | 2 |

III. Utilization Statistics

| | | |
|--|--------------------|----------------------|
| A. Total Patients and Procedures | | |
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 1052 | 1713 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 1196 | |
| 66821 | 258 | |
| 66982 | 105 | |
| 66761 | 20 | |
| 15823 | 15 | |
| 67800 | 15 | |
| 67900 | 12 | |

| | |
|-------|----|
| 67840 | 10 |
| 66999 | 8 |
| other | 74 |

IV. Outcomes from Surgical Procedures

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