



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

Status: Finalized

I. Center Identification

Organization Name: CAPITOL STREET SURGERY CENTER

Street Address: 2007 North Capitol Ave

City: Indianapolis

County: In

Administrator Name: David Hoover

Administrator Email: myhughes@capitolstreetsurgery.com

ASC Web Address: 2007 North Capitol Ave

Fiscal Year: 2016

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	4
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	453	475
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
15877	123	
19325	102	
58558	27	
29881	27	
29827	18	
19318	82	
19316	35	

15830	54
15847	40
19340	30

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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