



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

Status: Finalized

I. Center Identification

Organization Name: **ADVANCED REGIONAL SURGERY CENTER**

Street Address: 360 Missouri Ave., 19A, Ste 102

City: Jeffersonville

County: Clark

Administrator Name: Chris Murphy

Administrator Email: cmurphy@advancedregionalsc.com

ASC Web Address: advancedregionalsc.com

Fiscal Year: 2018

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 | 4756 | 4756 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 69436 | 909 | |
| 62323 | 600 | |
| 42820 | 353 | |

| | |
|-------|-----|
| 64493 | 351 |
| 62321 | 241 |
| G0260 | 149 |
| 30520 | 136 |
| 42830 | 136 |
| 42821 | 98 |
| 60220 | 84 |

IV. Outcomes from Surgical Procedures

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