



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

Status: Finalized

I. Center Identification

Organization Name: MOORESVILLE ENDOSCOPY CENTER, LLC

Street Address: 1215 Hadley Rd. Suite 101

City: Mooresville

County: Morgan

Administrator Name: Connie Taylor

Administrator Email: conniesuetaylor@hotmail.com

ASC Web Address: N/A

Fiscal Year: 2015

Accredited: Yes No

Name of Accrediting Body: HFAP

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|---|
| Number of operating rooms | 0 |
| 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 | 2268 | 2366 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 45378 | 704 | |
| 45385 | 536 | |
| 45380 | 219 | |
| GO121 | 190 | |
| 43239 | 175 | |
| GO105 | 126 | |
| 45384 | 114 | |

| | |
|-------|-----|
| 43235 | 109 |
| 46221 | 26 |
| 43248 | 14 |

IV. Outcomes from Surgical Procedures

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