



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

Status: Finalized

I. Center Identification

Organization Name: MULTI SPECIALTY SURGERY CENTER

Street Address: 10601 N. Meridian St. STE 100

City: Indianapolis

County: Hamilton

Administrator Name: Donna Kay Hix

Administrator Email: dhix@iuhealth.org

ASC Web Address: none

Fiscal Year: 2015

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 | 3 |
| 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              | 2290               | 5421                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 64483  | 259                |                      |
| 64635  | 257                |                      |
| 67042  | 103                |                      |
| 62310  | 103                |                      |

|       |     |
|-------|-----|
| 64494 | 100 |
| 67113 | 97  |
| 67108 | 89  |
| 58662 | 81  |
| 19325 | 58  |
| 62290 | 54  |

#### IV. Outcomes from Surgical Procedures

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