



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

Status: Finalized

I. Center Identification

Organization Name: COLUMBUS PAIN INSTITUTE

Street Address: 2400 North Park, Suite 20

City: Columbus

County: Bartholomew

Administrator Name: Tiffany Jewell

Administrator Email: tiffany.jewell@wellspringpainsolutions.com

ASC Web Address: wellspringpainsolutions.com

Fiscal Year: 2018

Accredited: Yes No

Name of Accrediting Body:

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 | 1 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 2208 | 4120 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 64483 | 648 | |
| 64493 | 428 | |
| 64494 | 387 | |

| | |
|----------------|-----|
| G0260 or 27096 | 309 |
| 62323 | 229 |
| 64484 | 199 |
| 64490 | 192 |
| 64491 | 181 |
| 64636 | 133 |
| 63650 | 129 |

IV. Outcomes from Surgical Procedures

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