



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

Status: Finalized

I. Center Identification

Organization Name: AMERICAN HEALTH NETWORK - MUNCIE

Street Address: 3631 N Morrison Road

City: Muncie

County: Delaware

Administrator Name: Karen DeLong

Administrator Email: karen\_delong@ahni.com

ASC Web Address:

Fiscal Year: 2019

Accredited:  Yes  No

Name of Accrediting Body: Accreditation Association for Ambulatory Health Ca

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              | 1,334              | 1,337                |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 45378  | 375                |                      |
| 45380  | 343                |                      |
| 43239  | 140                |                      |
| G0121  | 96                 |                      |
| 45385  | 66                 |                      |
| 45384  | 53                 |                      |
| 43235  | 52                 |                      |

|       |    |
|-------|----|
| 45385 | 45 |
| G0105 | 45 |
| 45381 | 18 |

#### IV. Outcomes from Surgical Procedures

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