



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA KIDNEY INSTITUTE
Street Address: 1420 N. Senate Ave Suite A
City: Indianapolis
County: Wayne
Administrator Name: Amy S Stewart
Administrator Email: astewart@nephdocs.com
ASC Web Address:
Fiscal Year: 2019

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 | 1 |

III. Utilization Statistics

| A. Total Patients and Procedures | | |
|--|--------------------|----------------------|
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 824 | 832 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 36902 | 507 | |
| 36589 | 107 | |
| 77001 | 100 | |
| 36581 | 96 | |
| 36905 | 85 | |
| 36901 | 83 | |
| 36907 | 71 | |
| 36903 | 70 | |
| 35558 | 58 | |
| 76937 | 51 | |

IV. Outcomes from Surgical Procedures

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

0