



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 RD

City: MUNCIE

County: IN

Administrator Name: Karen DeLong

Administrator Email: karen\_delong@ahni.com

ASC Web Address: 3631 N MORRISON RD

Fiscal Year: 20

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	1098	1098
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380PASC	433	
45378PASC	328	
45380ASC	273	
45378ASC	222	
45385PASC	180	
43239PASC	128	
45385ASC	126	

43239ASC	83
G0105PASC	80
G0105ASC	58

#### IV. Outcomes from Surgical Procedures

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