



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: Carmel

County: Hamilton

Administrator Name: Chris Pittard

Administrator Email: cpittard@iuhealth.org

ASC Web Address: N/A

Fiscal Year: 2022

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 | 1534 | 4991 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| C1889 | 517 | |
| 82948 | 258 | |
| 81025 | 239 | |
| 67042 | 189 | |
| 31622 | 162 | |
| C1784 | 155 | |
| A4649 | 136 | |
| 30140 | 125 | |
| 67108 | 124 | |
| 42975 | 114 | |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 1 |
|--|---|