



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* CENTER FOR SPECIAL SURGERY, LLC

*Street Address:* 8805 North Meridian Street

*City:* Indianapolis

*County:* Marion

*ASC Web Address:* www.indypain.com

*Fiscal Year:* 2010

*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	1
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	510	4337
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	396	
64493	357	
64494	331	
64623	330	
64627	298	
62311	262	
64490	259	

64491	239
64495	234
64492	201

#### **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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