



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* INDIANA ENDOSCOPY CENTERS

*Street Address:* 1801 N Senate Blvd, Suite 410

*City:* Indianapolis

*County:* Marion

*ASC Web Address:*

*Fiscal Year:* 2011

*Accredited:*  Yes  No

*Name of Accrediting Body:* AAHC

*Deemed Status:*  Yes  No

*Corporate Tax Status:*  For Profit  Non Profit

### II. Identification of Surgical Resources

Number of operating rooms	
Number of procedure rooms	4

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4004	4107
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
43239	946	
45385	798	
45380	753	
45378	710	
43235	187	
G0121	136	
G0105	90	

45383	71
43248	43
43450	40

#### **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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