



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* MEMORIAL SPINE & NEUROSCIENCE CENTER

*Street Address:* 100 Navarre Place, Suite 4405

*City:* South Bend

*County:* St. Joseph

*ASC Web Address:* [www.MSNCsurgery.com](http://www.MSNCsurgery.com)

*Fiscal Year:* 2010

*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	2
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	1551	1551
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
63030	88	
63075	69	
64721	31	
63047	21	
63020	13	
61790	8	
64718	8	

63042	5

#### IV. Outcomes from Surgical Procedures

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