

CHAPTER VI. OVERVIEW OF AMBULATORY SURGERY DATA AND CHARGES

This section of the report presents information about ambulatory surgery collected from hospital-based ambulatory surgery programs and freestanding ambulatory surgery centers (FASCs).

Facilities that Reported Data

Ambulatory surgery data were collected from 130 general medical-surgical hospitals and 79 FASCs during 2018. They submitted records on 979,001 cases (725,064 at hospitals and 253,937 at FASCs). Of these, 16 records were submitted with no principal procedure, as allowed under the current requirements for submission. Records without a principal procedure are allowed in the ambulatory surgery data only when 1) the procedure was cancelled, and an additional diagnosis code is submitted accounting for the reason for cancellation, or 2) when a 0480 revenue code (Cardiology-General Classification) is submitted without a 0481 revenue code (Cardiology-Cardiac Catheterization Lab). Either situation allows for the principal procedure code field to be left un-filled. For purposes of this report, the cancelled procedures were included in Table 31, and labeled as such. However, the remaining cases without a principal procedure were excluded from Table 31.

Selected Data Reported by Wisconsin GMS Hospitals and FASCs

Data were collected on all ambulatory surgery procedures performed in hospital-based outpatient surgery units and Medicare-certified FASCs. However, a significant number of ambulatory surgeries performed in Wisconsin are not included in this report. This is because ambulatory surgeries are also performed by facilities that are not required to submit data, such as FASCs that are not Medicare-certified, and clinics and urgent care centers that are not owned or operated by hospitals.

Charges in these reports represent the amount billed for a surgical episode and are not necessarily the facility's routine charges for a particular type of surgery. Each record collected contains a code for the principal procedure (the reason for the surgery) and codes for any additional procedures. A patient who had multiple procedures should expect to have higher charges than one who had only one procedure.

The 20 procedures for which individual facility data are presented in this report are those principal procedures that were most frequently reported in 2018.

As with inpatient charges, the ambulatory data reported here represent facility charges only. They do not include the physician's charges.

How to Read the Tables

Summary Tables

The first part of the ambulatory surgery section presents data in the following summary tables:

- Table 25 presents the number of cases, the average charge and the quartile charges for the 20 most frequently performed principal procedures reported during 2018 by hospitals and FASCs in Wisconsin.
- Table 26 presents the age and sex distributions for patients undergoing these 20 principal procedures.
- Table 27 shows the expected primary pay sources for patients undergoing these 20 principal procedures.
- Tables 28-30 present the CPT-4 codes, number of cases, average charge, and total charges generated by the 40 most frequently reported principal procedures (Table 28), the 20 principal procedures with the highest average total charge (Table 29), and the 20 principal procedures generating the greatest amounts in overall charges (Table 30) during all of 2018.
- Table 31 sorts all the principal procedures reported during 2018 into categories that describe the part of the body on which they were performed. The category 'All Other' contains miscellaneous procedures not assigned to any of the other categories.

It is important to remember that the tables present total charge data based on the reported principal procedure. It does not control for the presence or absence of additional procedures performed during the same surgical episode. The total charge should therefore not be regarded as necessarily representing charges that are solely attributable to the principal procedure.

Comparison Group Tables

For each of the 20 most frequently performed principal surgical procedures presented in the second part of the ambulatory surgery section, there is a table showing the number of cases, average charge per case, standard deviation, and the 25th, 50th, 60th, 70th, 75th, 80th, 85th, 90th, and 95th percentile distribution of charges statewide for all facilities, statewide for hospitals only, and statewide for FASCs only. The same data elements are presented for each three-digit ZIP code area in the state with hospital and FASC data combined. Percentile data are not provided where number of cases reported was less than 10 for any given procedure.

CPT/HCPCS Code: 20610**Drain/Inject- Joint/Bursa**

January - December 2018

Note: Utilization and charge data are per surgical episode.
They may include procedures other than the principal procedure.

STATEWIDE DATA

	Number of Cases	Average Charge	Standard Deviation	PERCENTILE CHARGES								
				25th	50th	60th	70th	75th	80th	85th	90th	95th
All Facilities	9,202	\$2,913	\$2,470	\$1,549	\$2,477	\$3,073	\$3,154	\$3,196	\$3,573	\$4,743	\$6,013	\$6,013
FASCs	3,024	\$3,741	\$1,757	\$2,899	\$3,154	\$3,196	\$3,573	\$5,137	\$6,013	\$6,013	\$6,013	\$6,041
Hospitals	6,178	\$2,508	\$2,661	\$1,472	\$1,864	\$2,086	\$2,636	\$2,953	\$3,154	\$3,446	\$4,478	\$6,013

3 DIGIT ZIP CODE AREA

530**	1,171	\$2,896	\$2,114	\$1,625	\$2,589	\$2,859	\$3,154	\$3,154	\$3,154	\$4,898	\$6,013	\$6,013
531**	1,912	\$2,976	\$2,105	\$1,820	\$2,859	\$3,154	\$3,196	\$3,196	\$3,196	\$3,628	\$4,264	\$6,013
532**	2,792	\$2,807	\$2,068	\$1,472	\$2,085	\$2,776	\$3,154	\$3,154	\$3,202	\$4,942	\$6,013	\$6,013
534**	184	\$4,284	\$1,842	\$3,154	\$3,154	\$3,154	\$6,013	\$6,013	\$6,013	\$6,013	\$6,013	\$6,365

Facility-Specific Tables

For each of the 20 most frequently performed principal surgical procedures presented in the second part of the ambulatory surgery section a table shows, by facility, the number of cases, average charge per case, standard deviation, and median charge. Data are sorted by three-digit ZIP code area and by city within each area. Hospitals and FASCs appear on the same tables, with an "H" designating a Hospital and an "F" a FASC.

Facilities that reported fewer than three cases of a given procedure do not appear in the table for that procedure. However, their data are included in the statewide and ZIP code area totals. Facilities that reported three or four cases for a given procedure do appear in the table for that procedure; however, charge data are not provided due to the small number of cases.

CPT/HCPCS Code: 20610**Drain/Inject- Joint/Bursa**

January - December 2018

Note: Utilization and charge data are per surgical episode.
They may include procedures other than the principal procedure.

BY FACILITY WITHIN 3 DIGIT ZIP CODE
(Excludes Facilities with fewer than 3 cases)

BY FACILITY WITHIN 3 DIGIT ZIP CODE (Excludes Facilities with fewer than 3 cases)			Type of Facility	Number of Cases	Average Charge	Median Charge	Standard Deviation
ZIP: 530**							
019	Ascension Calumet Hospital, Inc	Chilton	H	36	\$1,918	\$1,286	\$1,147
414	Aurora Surgery Center, LLC - Germantown	Germantown	H	7	\$7,697	\$9,796	\$2,618
315	Aurora Medical Center in Grafton	Grafton	H	148	\$3,020	\$2,721	\$1,885
043	Aurora Medical Center in Hartford	Hartford	H	184	\$1,756	\$1,640	\$554
110	Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	23	\$1,551	\$1,507	\$337
253	East Mequon Surgery Center LLC	Mequon	F	28	\$6,651	\$4,898	\$2,580
415	Waukesha Surgery Center d/b/a Lake Country Surgery Center	Pewaukee	H	15	\$2,390	\$2,218	\$567
124	Aurora Sheboygan Memorial Medical Center	Sheboygan	H	170	\$1,862	\$1,649	\$607
263	Sheboygan Medical Center LLC	Sheboygan	F	214	\$3,869	\$3,154	\$1,244
314	Aurora Medical Center in Summit	Summit	H	79	\$1,955	\$1,193	\$1,679

Caveats/Data Limitations For Ambulatory Surgery Data

1. Effective with 01/01/2007 data, all facilities are required to use CPT-4 procedures codes exclusively.
2. The charge data in this report have not been audited. **As a result, the charge data provided in this report may differ from audited financial data.** All charge data provided has been rounded to the nearest whole dollar.
3. The reported payment sources are *expected* sources of payment at the time of billing rather than actual revenue sources. Therefore, the reported distribution of payment sources in this report may differ from the actual distribution of final revenue sources.
4. The utilization and charge figures in the ambulatory surgery data section of this report were not adjusted for disease severity or any of a variety of other factors that could affect facility averages. In addition to difference in case mix and intensity of illness, regional pricing differentials and variations in services can affect utilization or charge figures. Also, differences in facility patient record-keeping systems and internal information systems may affect the quality of the data submitted by individual facilities.
5. Each facility was able to submit one principal procedure and any additional secondary procedures per record for each surgical episode.
6. The charges listed in the text and tables are for each surgical episode record in the database, rather than for each procedure on the record. A case may involve more than one procedure. Since comparisons should be made only between patients undergoing the same combination of procedures, more detailed information is required to enable a full comparison between patients and facilities.
7. The charges that facilities report for outpatient procedures exclude professional fees.
8. The data collection process in 2005 redefined ambulatory surgery records as those that contain specific surgical revenue codes. In some cases, facilities use non-surgical revenue codes for services that they previously reported as ambulatory surgeries, thereby causing an apparent reduction in ambulatory surgery volume from previous years. In other cases, reporting by revenue code caused an apparent increase in some facilities' ambulatory surgery volume compared to previous years.
9. Please note that utilization and charges reported in this section are only for services included in ambulatory surgery records submitted to WHA Information Center.

Table 25. 20 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2018

CPT/HCPCS				Percentile Distribution of Charges		
Code	Procedure	Number of Cases	Average Charge	25th	50th	75th
66984	Cataract Surgery With Intraocular Lens	71,565	\$7,439	\$5,287	\$7,178	\$9,274
45380	Colonoscopy and Biopsy	68,478	\$5,478	\$3,544	\$4,820	\$6,961
45385	Lesion Removal Colonoscopy by Snare	58,593	\$5,303	\$3,544	\$4,820	\$6,551
43239	Upper Gastrointestinal Endoscopy- Biopsy	58,554	\$5,961	\$3,457	\$5,248	\$7,569
45378	Diagnostic Colonoscopy	36,917	\$4,116	\$2,535	\$3,624	\$5,008
64483	Injection Foramen Epidural Lumbar/Sacral	25,248	\$3,213	\$2,200	\$2,845	\$4,241
62323	Njx Interlaminar Lmbr/Sac	19,761	\$2,901	\$2,148	\$2,156	\$2,634
64493	Injection Paravertebral Lumbar/Sacral, Single Level	18,323	\$6,995	\$3,659	\$6,087	\$10,180
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	17,979	\$3,387	\$2,118	\$2,806	\$4,134
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	16,096	\$3,446	\$2,118	\$3,053	\$4,189
64721	Carpal Tunnel Surgery	11,858	\$6,548	\$3,852	\$5,688	\$8,180
64635	Destroy Lumb/Sac Facet Jnt	11,270	\$7,675	\$6,260	\$6,767	\$9,109
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,388	\$4,834	\$2,650	\$4,055	\$6,085
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	10,323	\$11,699	\$6,358	\$10,176	\$15,208
20610	Drain/Inject- Joint/Bursa	9,203	\$2,913	\$1,551	\$2,478	\$3,196
62321	Njx Interlaminar Crv/Thrc	8,575	\$2,468	\$2,255	\$2,255	\$2,563
69436	Create Eardrum Opening	7,899	\$5,986	\$3,894	\$5,456	\$7,108
93458	Left Heart Artery/Ventricle Angiography	7,850	\$19,955	\$13,274	\$16,585	\$23,939
41899	Dental Surgery Procedure	7,599	\$8,124	\$5,628	\$6,300	\$10,264
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	7,001	\$4,473	\$3,253	\$3,956	\$5,067
Total for 20 Most Common Procedures		483,480	\$5,755	\$2,986	\$4,820	\$7,240

Note: Charges may reflect charges for other ambulatory procedures performed during the same surgical episode.

Source: Ambulatory Surgery Data, WHA Information Center, LLC.

Table 26. Age and gender distribution of persons undergoing the 20 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2018

CPT/HCPCS		Percentages (%) by Age Grouping				Percentages (%) by Gender	
Code	Procedure	0-14	15-44	45-64	65+	Male	Female
66984	Cataract Surgery With Intraocular Lens	0.1	0.8	20.8	78.3	39.4	60.6
45380	Colonoscopy and Biopsy	0.3	13.9	52.8	33.0	47.9	52.1
45385	Lesion Removal Colonoscopy by Snare	0.0	3.7	56.1	40.2	55.6	44.4
43239	Upper Gastrointestinal Endoscopy- Biopsy	4.7	26.2	37.8	31.4	41.6	58.4
45378	Diagnostic Colonoscopy	0.0	10.4	75.0	14.6	42.7	57.3
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	15.7	42.1	42.2	44.5	55.5
62323	Njx Interlaminar Lmbr/Sac	0.2	13.2	40.5	46.0	41.9	58.1
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	16.5	46.5	37.0	39.2	60.8
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.3	58.0	41.7	43.9	56.1
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	2.9	35.4	61.7	45.4	54.6
64721	Carpal Tunnel Surgery	0.0	18.6	45.0	36.4	41.8	58.2
64635	Destroy Lumb/Sac Facet Jnt	0.0	16.2	48.5	35.3	37.1	62.9
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.4	19.4	40.9	39.3	41.5	58.5
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	0.6	25.1	60.3	14.0	56.8	43.2
20610	Drain/Inject- Joint/Bursa	0.1	10.2	43.9	45.8	36.4	63.6
62321	Njx Interlaminar Crv/Thrc	0.0	17.2	57.9	24.9	42.4	57.6
69436	Create Eardrum Opening	93.1	3.4	2.1	1.3	57.3	42.7
93458	Left Heart Artery/Ventricle Angiography	0.0	3.8	43.1	53.1	59.0	41.0
41899	Dental Surgery Procedure	85.9	8.9	3.6	1.5	56.4	43.6
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	0.0	3.6	54.6	41.8	55.6	44.4
Total Percentage		3.5	11.2	44.5	40.8	45.3	54.7

Note: Rows may not total 100% due to rounding.

Source: Ambulatory Surgerv Data, WHA Information Center, LLC

Table 27. Expected primary pay source distribution of persons undergoing the 20 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2018

CPT/HCPCS		Percentages (%) by Primary Payer Source					
Code	Procedure	T18	T19	Other Gov't	Comm Ins	Self - Unknown Pay	
66984	Cataract Surgery With Intraocular Lens	73.6	2.1	1.1	20.2	1.3	1.6
45380	Colonoscopy and Biopsy	32.7	5.5	1.8	58.2	0.4	1.3
45385	Lesion Removal Colonoscopy by Snare	39.0	3.6	1.6	53.7	0.4	1.7
43239	Upper Gastrointestinal Endoscopy- Biopsy	34.9	10.7	1.6	50.9	0.7	1.1
45378	Diagnostic Colonoscopy	12.5	5.6	1.6	79.1	0.5	0.6
64483	Injection Foramen Epidural Lumbar/Sacral	49.3	10.5	1.4	37.5	0.3	0.9
62323	Njx Interlaminar Lmbr/Sac	53.7	11.9	1.6	30.8	0.4	1.6
64493	Injection Paravertebral Lumbar/Sacral, Single Level	48.0	17.9	2.6	30.0	0.3	1.1
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	44.1	2.5	1.4	49.4	0.3	2.4
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	61.6	1.4	1.2	32.8	0.2	2.8
64721	Carpal Tunnel Surgery	37.6	8.9	1.4	50.6	0.3	1.2
64635	Destroy Lumb/Sac Facet Jnt	50.6	16.5	3.0	26.6	0.2	3.2
43235	Upper Gastrointestinal Endoscopy- Diagnosis	44.6	10.0	1.9	40.7	0.9	1.8
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	15.1	5.9	1.7	74.7	0.6	1.9
20610	Drain/Inject- Joint/Bursa	54.9	11.8	1.0	31.3	0.3	0.7
62321	Njx Interlaminar Crv/Thrc	36.8	13.9	2.2	43.3	0.4	3.3
69436	Create Eardrum Opening	1.9	28.2	1.6	65.5	0.3	2.5
93458	Left Heart Artery/Ventricle Angiography	55.4	6.7	1.2	35.9	0.4	0.3
41899	Dental Surgery Procedure	5.9	59.5	1.0	32.5	0.7	0.4
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	40.0	4.0	2.4	52.7	0.2	0.7
Total Percentage		42.4	8.1	1.6	45.9	0.6	1.5
<p>Note: Rows may not total 100% due to rounding.</p> <p>T18 refers to Medicare.</p> <p>T19 refers to Medicaid/Badger Care</p> <p>Other Gov't refers to Other Government</p> <p>Comm Ins refers to Commercial or Private Insurance</p> <p>Source: Ambulatory Surgery Data, WHA Information Center, LLC</p>							

Table 28. 40 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2018

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	71,565	\$7,439	\$532,364,905
45380	Colonoscopy and Biopsy	68,478	\$5,478	\$375,140,524
45385	Lesion Removal Colonoscopy by Snare	58,593	\$5,303	\$310,742,282
43239	Upper Gastrointestinal Endoscopy- Biopsy	58,554	\$5,961	\$349,017,608
45378	Diagnostic Colonoscopy	36,917	\$4,116	\$151,950,430
64483	Injection Foramen Epidural Lumbar/Sacral	25,248	\$3,213	\$81,127,719
62323	Njx Interlaminar Lmbr/Sac	19,761	\$2,901	\$57,328,438
64493	Injection Paravertebral Lumbar/Sacral, Single Level	18,323	\$6,995	\$128,175,836
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	17,979	\$3,387	\$60,893,473
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	16,096	\$3,446	\$55,458,953
64721	Carpal Tunnel Surgery	11,858	\$6,548	\$77,646,760
64635	Destroy Lumb/Sac Facet Jnt	11,270	\$7,675	\$86,493,340
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,388	\$4,834	\$50,220,187
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	10,323	\$11,699	\$120,768,800
20610	Drain/Inject- Joint/Bursa	9,203	\$2,913	\$26,811,883
62321	Njx Interlaminar Crv/Thrc	8,575	\$2,468	\$21,159,142
69436	Create Eardrum Opening	7,899	\$5,986	\$47,281,478
93458	Left Heart Artery/Ventricle Angiography	7,850	\$19,955	\$156,650,606
41899	Dental Surgery Procedure	7,599	\$8,124	\$61,736,500
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	7,001	\$4,473	\$31,313,116
64490	Injection Paravertebral Cervical/Thoracic, Single Level	6,512	\$6,019	\$39,194,723
47562	Laparoscopic Cholecystectomy	6,274	\$18,389	\$115,370,638
66821	After Cataract Laser Surgery	5,989	\$2,332	\$13,968,397
43249	Upper Gi Endoscopy W Dilation Of Esophagus	5,890	\$6,645	\$39,136,754
G0260	Injection Sacroiliac Joint; Anesthetic & Therapeutic Agent & Arthrography	5,799	\$3,454	\$20,031,997
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	5,686	\$10,942	\$62,216,527
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,601	\$26,988	\$151,157,722
27447	Total Knee Arthroplasty	5,360	\$37,765	\$202,418,049
58558	Hysteroscopy - Biopsy	5,283	\$12,965	\$68,492,989
66982	Cataract Surgery - Complex	5,264	\$8,186	\$43,091,408
52356	Cysto/Uretero W/Lithotripsy	5,247	\$17,006	\$89,231,267
43248	Upper Gastrointestinal Endoscopy- With Insertion Of Guide Wire	5,057	\$4,798	\$24,263,623
42820	Remove Tonsils and Adenoids	4,945	\$8,354	\$41,310,327
49650	Laparoscopy, Repair Initial Inguinal Hernia	4,895	\$21,279	\$104,162,058
27096	Inject Sacroiliac Joint	4,740	\$3,809	\$18,055,194
26055	Incise Finger Tendon Sheath	4,656	\$6,642	\$30,923,066
20680	Removal Of Support Implant	3,899	\$12,403	\$48,359,726
64633	Destruction By Neurolytic Agent W Imaging, Cervical Or Thoracic	3,703	\$5,925	\$21,941,069
19083	Bx Breast 1St Lesion Us Imag	3,670	\$6,202	\$22,762,729
52332	Cystoscopy And Treatment	3,597	\$12,868	\$46,286,473
Total for 40 Most Common Procedures		585,547	\$6,805	\$3,984,656,717

Note: Charges may reflect charges for other ambulatory procedures performed during the same surgical episode.

Source: Ambulatory Surgery Data, WHA Information Center, LLC.

Table 29. Top 20 principal ambulatory surgical procedures (with at least 5 cases reported) by average charge, Wisconsin GMS Hospitals and FASCs, 2018

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
93657	Tx L/R Atrial Fib Addl	54	\$160,665	\$8,675,885
33234	Removal Of Pacemaker System	13	\$131,694	\$1,712,016
93655	Ablate Arrhythmia Add On	164	\$129,069	\$21,167,301
93662	Intracardiac Ecg (lce)	280	\$124,008	\$34,722,173
33270	Ins/Rep Subq Defibrillator	42	\$121,326	\$5,095,696
33233	Removal Of Pacemaker System	48	\$120,894	\$5,802,926
22633	Lumbar Spine Fusion Combined	114	\$111,960	\$12,763,492
33249	Insert Electrode/Pacing-Defibrillator	857	\$107,410	\$92,050,753
64568	Incision For Vagus Nerve Electrode Implant	109	\$102,384	\$11,159,818
C9741	Impl Pressure Sensor W/Angio	132	\$96,543	\$12,743,683
22558	Lumbar Spine Fusion	72	\$92,967	\$6,693,635
69930	Implant Cochlear Device	220	\$89,753	\$19,745,739
33264	Remv&Replc Cvd Gen Mult Lead	333	\$88,717	\$29,542,828
93656	Tx Atrial Fib Pulm Vein Isol	973	\$87,448	\$85,086,503
33241	Remove Pulse Generator	47	\$83,972	\$3,946,692
33231	Insrt Pulse Gen W/Mult Leads	5	\$82,030	\$410,149
0466T	Insj Ch Wal Respir Eltrd/Ra	8	\$81,817	\$654,534
38206	Harvest Auto Stem Cells	27	\$81,090	\$2,189,430
37227	Femoral/Popliteal Revascularization Stent & Atherectomy	115	\$80,277	\$9,231,852
63655	Implant Neuroelectrodes	83	\$79,288	\$6,580,883
Total		3,696	\$100,102	\$369,975,987

Note: Charges may reflect charges for other ambulatory procedures performed during the same surgical episode.

Source: Ambulatory Surgery Data, WHA Information Center, LLC.

Table 30. 20 highest total charge-generating principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2018

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	71,565	\$7,439	\$532,364,905
45380	Colonoscopy and Biopsy	68,478	\$5,478	\$375,140,524
43239	Upper Gastrointestinal Endoscopy- Biopsy	58,554	\$5,961	\$349,017,608
45385	Lesion Removal Colonoscopy by Snare	58,593	\$5,303	\$310,742,282
27447	Total Knee Arthroplasty	5,360	\$37,765	\$202,418,049
93458	Left Heart Artery/Ventricle Angiography	7,850	\$19,955	\$156,650,606
45378	Diagnostic Colonoscopy	36,917	\$4,116	\$151,950,430
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,601	\$26,988	\$151,157,722
64493	Injection Paravertebral Lumbar/Sacral, Single Level	18,323	\$6,995	\$128,175,836
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	10,323	\$11,699	\$120,768,800
C9600	Perc Drug-El Cor Stent Sing	2,545	\$46,730	\$118,927,444
47562	Laparoscopic Cholecystectomy	6,274	\$18,389	\$115,370,638
49650	Laparoscopy, Repair Initial Inguinal Hernia	4,895	\$21,279	\$104,162,058
58571	Laparoscopy, Removal Of Tubes & Ovaries	3,339	\$29,376	\$98,087,253
63685	Insert/Replace Spinal Neurostimulator Generator/Receiver	1,200	\$78,275	\$93,929,823
33249	Insert Electrode/Pacing-Defibrillator	857	\$107,410	\$92,050,753
93653	Ep & Ablate Supravent Arrhyt	1,310	\$69,208	\$90,662,305
52356	Cysto/Uretero W/Lithotripsy	5,247	\$17,006	\$89,231,267
64635	Destroy Lumb/Sac Facet Jnt	11,270	\$7,675	\$86,493,340
93656	Tx Atrial Fib Pulm Vein Isol	973	\$87,448	\$85,086,503
Total		379,474	\$9,098	\$3,452,388,147

Note: Charges may reflect charges for other ambulatory procedures performed during the same surgical episode.

Source: Ambulatory Surgery Data, WHA Information Center, LLC.

Table 31. Principal ambulatory surgical procedures, by major CPT category, Wisconsin GMS Hospitals and FASCs, 2018

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	31,955	\$22,850	\$730,174,662
Digestive	340,366	\$7,130	\$2,426,704,150
Ear	10,975	\$9,167	\$100,612,044
Endocrine	2,923	\$22,132	\$64,690,770
Eye	100,765	\$7,731	\$778,968,419
Female Genital	27,202	\$18,500	\$503,242,795
General Surgery	2,772	\$3,226	\$8,942,911
Hemic/Lymphatic	5,080	\$17,159	\$87,169,012
Integumentary	44,498	\$11,856	\$527,590,032
Male Genital	7,583	\$13,128	\$99,547,133
Maternity Care and Delivery	3,660	\$11,289	\$41,316,146
Mediastinum and Diaphragm	125	\$22,214	\$2,776,709
Musculoskeletal	137,192	\$15,385	\$2,110,738,690
Nervous	135,291	\$7,306	\$988,502,442
Respiratory	19,234	\$15,462	\$297,389,225
Urinary	32,689	\$13,241	\$432,843,571
Cancelled Principal Procedures	0		
All Other	78,279	\$13,327	\$1,043,251,752
Total*	980,589	\$10,447	\$10,244,460,462

Note: Charges may reflect charges for other ambulatory procedures performed during the same surgical episode.

*16 ambulatory surgery cases having an average charge of \$0 were excluded from this report (see chapter VI overview).

Source: Ambulatory Surgery Data, WHA Information Center, LLC.

CHAPTER VII. AMBULATORY SURGERY DATA TABLES

GMS Hospitals and FASCs by Top 20 Most Frequently Performed Principal Procedure

(in order by code)

CPT/HCPCS Code and Description

20610	Drain/Inject- Joint/Bursa
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)
41899	Dental Surgery Procedure
43235	Upper Gastrointestinal Endoscopy- Diagnosis
43239	Upper Gastrointestinal Endoscopy- Biopsy
45378	Diagnostic Colonoscopy
45380	Colonoscopy and Biopsy
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery
45385	Lesion Removal Colonoscopy by Snare
62321	Njx Interlaminar Crv/Thrc
62323	Njx Interlaminar Lmbr/Sac
64483	Injection Foramen Epidural Lumbar/Sacral
64493	Injection Paravertebral Lumbar/Sacral, Single Level
64635	Destroy Lumb/Sac Facet Jnt
64721	Carpal Tunnel Surgery
66984	Cataract Surgery With Intraocular Lens
69436	Create Eardrum Opening
93458	Left Heart Artery/Ventricle Angiography
G0105	Colorectal Cancer Screening; Colonoscopy High Risk
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk

