

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 83 FASCs during 2020. They submitted records on 826,004 cases (642,058 at hospitals and 183,946 at FASCs). Of these, 5 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 an 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 2020.

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 2020 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 2020.
- Table 31 sorts all the principal procedures reported during 2020 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 2020

**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	6,804	\$2,912	\$3,099	\$1,763	\$2,164	\$2,564	\$3,154	\$3,330	\$3,400	\$3,889	\$5,270	\$6,468
FASCs	1,576	\$3,605	\$1,943	\$2,491	\$3,400	\$3,400	\$3,400	\$3,889	\$4,228	\$5,738	\$6,013	\$7,389
Hospitals	5,228	\$2,703	\$3,343	\$1,477	\$1,984	\$2,169	\$2,564	\$2,860	\$3,154	\$3,535	\$4,415	\$6,331

3 DIGIT ZIP CODE AREA

530**	881	\$2,944	\$2,820	\$1,763	\$1,934	\$2,498	\$2,956	\$3,154	\$3,154	\$5,270	\$5,653	\$6,070
531**	1,349	\$2,967	\$2,488	\$1,911	\$2,527	\$3,266	\$3,400	\$3,400	\$3,400	\$3,400	\$4,227	\$5,139
532**	1,900	\$2,816	\$1,875	\$1,812	\$2,164	\$2,273	\$3,128	\$3,160	\$3,327	\$3,993	\$5,270	\$6,365
534**	42	\$7,132	\$4,136	\$2,859	\$6,013	\$9,620	\$10,807	\$11,216	\$11,433	\$11,533	\$12,785	\$13,798

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 2020

**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)

	Type of Facility	Number of Cases	Average Charge	Median Charge	Standard Deviation
ZIP: 530**					
019 Ascension Calumet Hospital	Chilton	H	10	\$6,521	\$1,984 \$14,401
414 Aurora Surgery Center, LLC - Germantown	Germantown	H	30	\$7,202	\$5,270 \$2,583
315 Aurora Medical Center in Grafton	Grafton	H	113	\$3,105	\$2,924 \$1,060
043 Aurora Medical Center in Hartford	Hartford	H	236	\$1,942	\$1,798 \$931
072 Froedtert Menomonee Falls Hospital	Menomonee Falls	H	3	*	* *
110 Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	16	\$2,690	\$1,601 \$2,550
253 East Mequon Surgery Center LLC	Mequon	F	42	\$6,613	\$5,270 \$2,749
124 Aurora Sheboygan Memorial Medical Center	Sheboygan	H	145	\$2,026	\$1,765 \$802
263 Sheboygan Medical Center LLC	Sheboygan	F	82	\$4,022	\$3,154 \$1,319

Caveats/Data Limitations For Ambulatory Surgery Data

1. Effective with 01/01/2007 data, all facilities are required to use CPT-4 procedure 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, 2020

CPT/HCPCS		Percentile Distribution of Charges				
		Number of Cases	Average Charge	25th	50th	75th
66984	Cataract Surgery With Intraocular Lens	57,290	\$7,675	\$5,500	\$7,118	\$9,795
45385	Lesion Removal Colonoscopy by Snare	55,370	\$5,901	\$3,803	\$5,280	\$7,429
45380	Colonoscopy and Biopsy	52,919	\$6,027	\$3,762	\$5,214	\$7,657
43239	Upper Gastrointestinal Endoscopy- Biopsy	50,048	\$6,605	\$3,831	\$5,761	\$8,270
45378	Diagnostic Colonoscopy	28,073	\$4,474	\$2,779	\$4,020	\$5,185
64483	Injection Foramen Epidural Lumbar/Sacral	18,036	\$3,230	\$2,257	\$2,935	\$4,124
62323	Njx Interlaminar Lmbr/Sac	14,719	\$2,563	\$2,148	\$2,533	\$3,001
64493	Injection Paravertebral Lumbar/Sacral, Single Level	13,278	\$5,536	\$3,116	\$4,793	\$7,028
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	12,802	\$3,856	\$2,243	\$3,712	\$4,734
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	10,689	\$3,728	\$2,243	\$3,127	\$4,726
64721	Carpal Tunnel Surgery	10,355	\$7,247	\$4,422	\$6,159	\$9,252
27447	Total Knee Arthroplasty	9,217	\$39,538	\$29,306	\$36,804	\$46,872
43235	Upper Gastrointestinal Endoscopy- Diagnosis	8,727	\$5,188	\$2,960	\$4,311	\$6,655
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,468	\$12,397	\$7,031	\$11,096	\$16,149
64635	Destroy Lumb/Sac Facet Jnt	8,300	\$7,680	\$5,677	\$6,767	\$8,852
93458	Left Heart Artery/Ventricle Angiography	6,990	\$21,585	\$14,414	\$18,476	\$26,498
20610	Drain/Inject- Joint/Bursa	6,804	\$2,912	\$1,763	\$2,164	\$3,330
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	5,988	\$12,006	\$9,153	\$10,311	\$12,945
52356	Cysto/Uretero W/Lithotripsy	5,752	\$19,089	\$13,776	\$18,277	\$23,348
41899	Dental Surgery Procedure	5,737	\$8,278	\$5,702	\$6,300	\$10,576
Total for 20 Most Common Procedures		389,562	\$7,325	\$3,405	\$5,392	\$8,500
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, 2020

CPT/HCPCS Code	Procedure	Percentages (%) by Age Grouping				Percentages (%) by Gender	
		0-14	15-44	45-64	65+	Male	Female
66984	Cataract Surgery With Intraocular Lens	0.0	0.9	20.5	78.6	41.9	58.1
45385	Lesion Removal Colonoscopy by Snare	0.0	4.2	53.3	42.5	55.3	44.7
45380	Colonoscopy and Biopsy	0.4	17.4	47.9	34.3	46.6	53.4
43239	Upper Gastrointestinal Endoscopy- Biopsy	3.9	27.7	36.0	32.5	41.9	58.1
45378	Diagnostic Colonoscopy	0.0	12.6	69.9	17.5	42.9	57.1
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	14.2	40.2	45.6	45.9	54.1
62323	Njx Interlaminar Lmbr/Sac	0.0	12.0	38.4	49.7	44.5	55.5
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	14.0	44.1	41.9	40.9	59.1
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	3.0	33.8	63.3	45.5	54.5
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.4	60.4	39.2	44.2	55.8
64721	Carpal Tunnel Surgery	0.0	19.4	43.7	36.9	43.4	56.6
27447	Total Knee Arthroplasty	0.0	1.5	43.1	55.4	43.8	56.2
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.5	19.7	39.6	40.2	40.4	59.6
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	0.4	25.4	58.8	15.4	56.8	43.2
64635	Destroy Lumb/Sac Facet Jnt	0.0	13.7	46.7	39.7	39.6	60.4
93458	Left Heart Artery/Ventricle Angiography	0.0	3.4	39.5	57.0	60.9	39.1
20610	Drain/Inject- Joint/Bursa	0.0	7.6	41.1	51.2	37.7	62.3
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	0.5	8.9	40.4	50.3	42.0	58.0
52356	Cysto/Uretero W/Lithotripsy	0.1	20.9	40.6	38.3	50.7	49.3
41899	Dental Surgery Procedure	87.4	9.9	1.9	0.9	54.4	45.6
Total Percentage		1.9	11.9	42.3	43.9	45.9	54.1

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

Source: Ambulatory Surgery 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, 2020

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	70.6	2.1	2.0	20.0	4.9	0.3
45385	Lesion Removal Colonoscopy by Snare	42.0	4.1	1.9	51.5	0.4	0.1
45380	Colonoscopy and Biopsy	34.3	6.8	1.8	56.3	0.6	0.3
43239	Upper Gastrointestinal Endoscopy- Biopsy	36.0	12.2	2.1	48.8	0.8	0.1
45378	Diagnostic Colonoscopy	15.9	6.5	1.6	75.2	0.8	0.1
64483	Injection Foramen Epidural Lumbar/Sacral	51.0	9.3	2.0	36.5	0.5	0.7
62323	Nix Interlaminar Lmbr/Sac	54.6	9.9	1.7	32.3	0.4	1.1
64493	Injection Paravertebral Lumbar/Sacral, Single Level	49.9	15.8	2.9	30.1	0.3	1.0
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	64.3	1.6	1.8	31.8	0.1	0.3
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	42.4	3.0	1.6	52.4	0.4	0.3
64721	Carpal Tunnel Surgery	37.3	9.4	2.0	50.5	0.4	0.4
27447	Total Knee Arthroplasty	51.5	2.6	2.4	43.0	0.2	0.3
43235	Upper Gastrointestinal Endoscopy- Diagnosis	46.3	12.1	2.1	38.5	0.8	0.2
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	16.8	6.9	2.2	73.0	0.5	0.5
64635	Destroy Lumb/Sac Facet Jnt	53.2	14.8	2.8	27.9	0.3	1.1
93458	Left Heart Artery/Ventricle Angiography	58.4	6.5	2.2	32.3	0.6	0.1
20610	Drain/Inject- Joint/Bursa	57.6	9.2	1.7	30.7	0.3	0.5
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	51.9	7.6	2.5	36.7	1.1	0.3
52356	Cysto/Uretero W/Lithotripsy	39.7	8.1	1.9	48.6	1.4	0.2
41899	Dental Surgery Procedure	2.9	59.4	0.9	35.9	0.8	0.1
Total Percentage		44.4	7.8	2.0	44.3	1.2	0.3

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

T18 refers to Medicare.

T19 refers to Medicaid/Badger Care

Other Gov't refers to Other Government

Comm Ins refers to Commercial or Private Insurance

Source: Ambulatory Surgery Data, WHA Information Center, LLC

Table 28. 40 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2020

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	57,290	\$7,675	\$439,679,752
45385	Lesion Removal Colonoscopy by Snare	55,370	\$5,901	\$326,720,000
45380	Colonoscopy and Biopsy	52,919	\$6,027	\$318,940,772
43239	Upper Gastrointestinal Endoscopy- Biopsy	50,048	\$6,605	\$330,587,749
45378	Diagnostic Colonoscopy	28,073	\$4,474	\$125,592,469
64483	Injection Foramen Epidural Lumbar/Sacral	18,036	\$3,230	\$58,256,684
62323	Njx Interlaminar Lmbr/Sac	14,719	\$2,563	\$37,721,575
64493	Injection Paravertebral Lumbar/Sacral, Single Level	13,278	\$5,536	\$73,513,302
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	12,802	\$3,856	\$49,361,523
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	10,689	\$3,728	\$39,843,312
64721	Carpal Tunnel Surgery	10,355	\$7,247	\$75,042,699
27447	Total Knee Arthroplasty	9,217	\$39,538	\$364,419,474
43235	Upper Gastrointestinal Endoscopy- Diagnosis	8,727	\$5,188	\$45,278,252
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	8,468	\$12,397	\$104,976,456
64635	Destroy Lumb/Sac Facet Jnt	8,300	\$7,680	\$63,748,073
93458	Left Heart Artery/Ventricle Angiography	6,990	\$21,585	\$150,879,647
20610	Drain/Inject- Joint/Bursa	6,804	\$2,912	\$19,811,809
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	5,988	\$12,006	\$71,890,568
52356	Cysto/Uretero W/Lithotripsy	5,752	\$19,089	\$109,799,743
41899	Dental Surgery Procedure	5,737	\$8,278	\$47,489,353
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,675	\$29,879	\$169,565,503
62321	Njx Interlaminar Crv/Thrc	5,599	\$2,669	\$14,945,927
27130	Total Hip Arthroplasty	5,599	\$41,035	\$229,757,712
43249	Upper Gi Endoscopy W Dilation Of Esophagus	5,549	\$7,583	\$42,079,729
47562	Laparoscopic Cholecystectomy	5,538	\$19,649	\$108,817,358
58558	Hysteroscopy - Biopsy	4,832	\$15,108	\$73,001,770
49650	Laparoscopy, Repair Initial Inguinal Hernia	4,811	\$23,622	\$113,647,421
66982	Cataract Surgery - Complex	4,664	\$8,603	\$40,124,657
66821	After Cataract Laser Surgery	4,627	\$2,525	\$11,685,300
69436	Create Eardrum Opening	4,511	\$6,567	\$29,625,575
64490	Injection Paravertebral Cervical/Thoracic, Single Level	4,493	\$5,031	\$22,603,017
43248	Upper Gastrointestinal Endoscopy- With Insertion Of Guide Wire	4,456	\$5,124	\$22,833,181
26055	Incise Finger Tendon Sheath	4,017	\$7,319	\$29,398,559
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	4,008	\$5,210	\$20,882,574
G0260	Injection Sacroiliac Joint; Anesthetic & Therapeutic Agent & Arthrography	3,993	\$2,958	\$11,812,502
42820	Remove Tonsils and Adenoids	3,595	\$9,820	\$35,302,327
44970	Laparoscopic Appendectomy	3,571	\$23,432	\$83,677,250
49083	Abd Paracentesis W/Imaging	3,376	\$3,863	\$13,042,568
58571	Laparoscopy, Removal Of Tubes & Ovaries	3,361	\$31,946	\$107,372,007
58661	Laparoscopy- Remove Adnexa	3,210	\$21,330	\$68,468,773
Total for 40 Most Common Procedures		479,047	\$8,563	\$4,102,196,923

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, 2020

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
22612	Lumbar Spine Fusion	145	\$147,814	\$21,433,004
93657	Tx L/R Atrial Fib Addl	29	\$146,352	\$4,244,211
28041	Exc Foot/Toe Tum Deep >1.5Cm	49	\$136,133	\$6,670,525
22558	Lumbar Spine Fusion	51	\$128,142	\$6,535,266
33270	Ins/Rep Subq Defibrillator	25	\$127,955	\$3,198,881
33231	Insrt Pulse Gen W/Mult Leads	6	\$118,553	\$711,315
33249	Insert Electrode/Pacing-Defibrillator	887	\$118,350	\$104,976,256
93641	Electrophysiology Evaluation	16	\$112,173	\$1,794,765
33233	Removal Of Pacemaker System	48	\$112,007	\$5,376,348
64568	Incision For Vagus Nerve Electrode Implant	115	\$107,117	\$12,318,407
22633	Lumbar Spine Fusion Combined	141	\$106,691	\$15,043,500
22600	Neck Spine Fusion	14	\$104,793	\$1,467,099
93656	Tx Atrial Fib Pulm Vein Isol	1,364	\$100,446	\$137,007,952
33241	Remove Pulse Generator	44	\$98,880	\$4,350,713
69930	Implant Cochlear Device	230	\$98,121	\$22,567,783
33264	Remv&Replc Cvd Gen Mult Lead	345	\$95,960	\$33,106,225
33289	Tcat Impl Wrts P-Art Prs Snr	111	\$94,600	\$10,500,588
61735	Incise Skull/Brain Surgery	8	\$93,542	\$748,333
37231	Tibial/Peroneal Revascularization Stent & Atherectomy	7	\$88,737	\$621,159
C9601	Perc Drug-El Cor Stent Bran	20	\$83,682	\$1,673,643
Total		3,655	\$107,892	\$394,345,973

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, 2020

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	57,290	\$7,675	\$439,679,752
27447	Total Knee Arthroplasty	9,217	\$39,538	\$364,419,474
43239	Upper Gastrointestinal Endoscopy- Biopsy	50,048	\$6,605	\$330,587,749
45385	Lesion Removal Colonoscopy by Snare	55,370	\$5,901	\$326,720,000
45380	Colonoscopy and Biopsy	52,919	\$6,027	\$318,940,772
27130	Total Hip Arthroplasty	5,599	\$41,035	\$229,757,712
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,675	\$29,879	\$169,565,503
93458	Left Heart Artery/Ventricle Angiography	6,990	\$21,585	\$150,879,647
93656	Tx Atrial Fib Pulm Vein Isol	1,364	\$100,446	\$137,007,952
45378	Diagnostic Colonoscopy	28,073	\$4,474	\$125,592,469
C9600	Perc Drug-El Cor Stent Sing	2,476	\$47,956	\$118,738,805
49650	Laparoscopy, Repair Initial Inguinal Hernia	4,811	\$23,622	\$113,647,421
52356	Cysto/Uretero W/Lithotripsy	5,752	\$19,089	\$109,799,743
47562	Laparoscopic Cholecystectomy	5,538	\$19,649	\$108,817,358
58571	Laparoscopy, Removal Of Tubes & Ovaries	3,361	\$31,946	\$107,372,007
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,468	\$12,397	\$104,976,456
33249	Insert Electrode/Pacing-Defibrillator	887	\$118,350	\$104,976,256
93653	Ep & Ablate Supravent Arrhyt	1,141	\$78,502	\$89,570,725
44970	Laparoscopic Appendectomy	3,571	\$23,432	\$83,677,250
64721	Carpal Tunnel Surgery	10,355	\$7,247	\$75,042,699
	Total	318,905	\$11,319	\$3,609,769,751

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, 2020

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	30,260	\$25,312	\$765,953,539
Digestive	287,032	\$8,000	\$2,296,388,675
Ear	6,889	\$12,379	\$85,279,171
Endocrine	2,787	\$24,296	\$67,712,330
Eye	82,507	\$8,398	\$692,934,872
Female Genital	24,970	\$19,832	\$495,192,931
General Surgery	23	\$5,870	\$135,010
Hemic/Lymphatic	5,580	\$21,036	\$117,380,447
Integumentary	38,346	\$13,646	\$523,263,131
Male Genital	6,851	\$14,866	\$101,850,315
Maternity Care and Delivery	3,298	\$12,620	\$41,621,370
Mediastinum and Diaphragm	105	\$24,737	\$2,597,350
Musculoskeletal	126,046	\$19,909	\$2,509,394,377
Nervous	100,582	\$7,612	\$765,653,022
Respiratory	15,870	\$17,482	\$277,441,477
Urinary	30,631	\$14,808	\$453,570,316
Cancelled Principal Procedures	0		
All Other	64,222	\$15,427	\$990,758,387
Total*	825,999	\$12,333	\$10,187,126,723

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

*5 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
27447	Total Knee Arthroscopy
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older
41899	Dental Surgery Procedure
43235	Upper Gastrointestinal Endoscopy- Diagnosis
43239	Upper Gastrointestinal Endoscopy- Biopsy
45378	Diagnostic Colonoscopy
45380	Colonoscopy and Biopsy
45385	Lesion Removal Colonoscopy by Snare
52356	Cysto/Uretero W/Lithotripsy
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
93458	Left Heart Artery/Ventricle Angiography
G0105	Colorectal Cancer Screening; Colonoscopy High Risk
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk

