

## **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 66 FASCs during 2021. They submitted records on 997,105 cases (779,664 at hospitals and 217,441 at FASCs). Of these, 20 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 2021.

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 2021 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 2021.
- Table 31 sorts all the principal procedures reported during 2021 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 25<sup>th</sup>, 50<sup>th</sup>, 60<sup>th</sup>, 70<sup>th</sup>, 75<sup>th</sup>, 80<sup>th</sup>, 85<sup>th</sup>, 90<sup>th</sup>, and 95<sup>th</sup> 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 2021

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	7,329	\$2,962	\$4,143	\$1,645	\$2,125	\$2,347	\$2,681	\$3,229	\$3,540	\$3,804	\$4,629	\$7,234
FASCs	1,344	\$3,498	\$2,100	\$2,442	\$3,540	\$3,540	\$3,540	\$3,540	\$3,998	\$4,066	\$5,174	\$7,723
Hospitals	5,985	\$2,842	\$4,467	\$1,411	\$1,993	\$2,191	\$2,416	\$2,664	\$3,120	\$3,467	\$4,319	\$6,909

3 DIGIT ZIP CODE AREA

		Average Charge	Standard Deviation	25th	50th	60th	70th	75th	80th	85th	90th	95th
530**	901	\$3,267	\$5,484	\$1,842	\$1,904	\$2,069	\$3,007	\$3,122	\$3,313	\$5,010	\$5,010	\$6,725
531**	1,456	\$3,098	\$2,552	\$2,069	\$2,664	\$3,540	\$3,540	\$3,540	\$3,540	\$3,540	\$4,263	\$5,238
532**	2,048	\$2,626	\$2,245	\$1,884	\$2,201	\$2,269	\$2,399	\$2,495	\$3,141	\$3,418	\$4,355	\$5,797
534**	39	\$4,274	\$4,315	\$975	\$1,326	\$2,073	\$9,799	\$10,123	\$10,223	\$10,270	\$10,403	\$10,691

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 2021

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
<b>ZIP: 530**</b>						
017	Ascension SE Wisconsin - Elmbrook Campus	Brookfield	H	12	\$3,900	\$1,003 \$6,289
019	Ascension Calumet Hospital	Chilton	H	4	*	* *
414	Aurora Surgery Center, LLC - Germantown	Germantown	H	58	\$6,812	\$5,010 \$3,421
315	Aurora Medical Center in Grafton	Grafton	H	134	\$3,256	\$3,105 \$1,495
043	Aurora Medical Center in Hartford	Hartford	H	293	\$2,178	\$1,893 \$2,019
072	Froedtert Menomonee Falls Hospital	Menomonee Falls	H	8	\$53,428	\$52,653 \$15,938
110	Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	12	\$3,223	\$1,705 \$3,435
253	East Mequon Surgery Center LLC	Mequon	F	42	\$5,964	\$5,010 \$1,991
124	Aurora Sheboygan Memorial Medical Center	Sheboygan	H	156	\$2,058	\$1,845 \$828

### **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, 2021**

CPT/HCPCS		Percentile Distribution of Charges				
Code	Procedure	Number of Cases	Average Charge	25th	50th	75th
45385	Lesion Removal Colonoscopy by Snare	78,868	\$6,263	\$3,936	\$5,514	\$8,139
66984	Cataract Surgery With Intraocular Lens	70,248	\$7,916	\$5,500	\$7,199	\$10,089
45380	Colonoscopy and Biopsy	66,920	\$6,266	\$3,936	\$5,375	\$7,931
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,699	\$6,798	\$4,045	\$5,865	\$8,496
45378	Diagnostic Colonoscopy	35,853	\$4,668	\$2,837	\$4,362	\$5,491
64483	Injection Foramen Epidural Lumbar/Sacral	19,572	\$3,262	\$2,328	\$3,015	\$3,751
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	16,909	\$4,034	\$2,502	\$3,620	\$4,931
62323	Njx Interlaminar Lmbr/Sac	15,968	\$2,709	\$2,140	\$2,808	\$3,217
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	15,417	\$3,876	\$2,414	\$3,222	\$4,929
64493	Injection Paravertebral Lumbar/Sacral, Single Level	14,921	\$5,384	\$2,827	\$4,780	\$7,136
27447	Total Knee Arthroplasty	14,528	\$41,321	\$30,501	\$38,435	\$49,322
64721	Carpal Tunnel Surgery	12,161	\$7,738	\$4,679	\$6,583	\$9,874
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,056	\$5,431	\$3,106	\$4,441	\$6,880
27130	Total Hip Arthroplasty	9,695	\$45,184	\$31,711	\$42,410	\$53,447
64635	Destroy Lumb/Sac Facet Jnt	9,629	\$7,968	\$5,850	\$6,489	\$8,680
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	9,183	\$13,130	\$7,574	\$11,551	\$17,125
93458	Left Heart Artery/Ventricle Angiography	8,163	\$22,722	\$14,965	\$18,793	\$27,613
20610	Drain/Inject- Joint/Bursa	7,340	\$2,958	\$1,630	\$2,124	\$3,229
41899	Dental Surgery Procedure	7,006	\$8,012	\$5,270	\$6,300	\$9,810
43249	Esoph Egd Dilation <30 Mm	6,827	\$8,042	\$5,407	\$7,572	\$9,566
Total for 20 Most Common Procedures		489,963	\$8,301	\$3,540	\$5,549	\$8,800
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, 2021**

CPT/HCPCS		Percentages (%) by Age Grouping				Percentages (%) by Gender	
		0-14	15-44	45-64	65+	Male	Female
45385	Lesion Removal Colonoscopy by Snare	0.0	4.2	53.3	42.5	54.5	45.5
66984	Cataract Surgery With Intraocular Lens	0.1	0.9	19.7	79.4	40.0	60.0
45380	Colonoscopy and Biopsy	0.4	17.0	48.2	34.4	46.0	54.0
43239	Upper Gastrointestinal Endoscopy- Biopsy	4.0	27.7	35.7	32.7	41.1	58.9
45378	Diagnostic Colonoscopy	0.0	12.0	71.5	16.5	42.4	57.6
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	14.8	37.8	47.4	45.0	55.0
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	2.8	32.1	65.1	44.9	55.1
62323	Njx Interlaminar Lmbr/Sac	0.0	11.7	36.9	51.5	43.9	56.1
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.5	59.7	39.8	43.7	56.3
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	13.8	42.5	43.7	41.4	58.6
27447	Total Knee Arthroplasty	0.0	1.1	42.3	56.6	44.5	55.5
64721	Carpal Tunnel Surgery	0.0	20.2	43.5	36.3	42.8	57.2
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.5	20.5	38.0	41.0	41.1	58.9
27130	Total Hip Arthroplasty	0.0	3.4	44.3	52.3	49.1	50.9
64635	Destroy Lumb/Sac Facet Jnt	0.0	12.8	44.2	43.0	40.8	59.2
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	0.4	26.0	57.7	15.9	56.8	43.2
93458	Left Heart Artery/Ventricle Angiography	0.0	3.1	39.0	57.9	61.7	38.3
20610	Drain/Inject- Joint/Bursa	0.1	8.1	38.8	53.1	38.2	61.8
41899	Dental Surgery Procedure	86.7	10.3	2.1	0.9	54.4	45.6
43249	Esoph Egd Dilatation <30 Mm	0.8	15.6	35.6	48.0	42.7	57.3
Total Percentage		1.8	11.2	42.3	44.6	45.4	54.6

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, 2021**

CPT/HCPCS		Percentages (%) by Primary Payer Source					
Code	Procedure	T18	T19	Other Gov't	Comm Ins	Self - Pay	Unknown
45385	Lesion Removal Colonoscopy by Snare	41.1	4.5	1.9	51.2	0.5	0.9
66984	Cataract Surgery With Intraocular Lens	71.8	2.4	2.1	18.5	4.6	0.6
45380	Colonoscopy and Biopsy	34.3	7.0	1.8	55.8	0.5	0.5
43239	Upper Gastrointestinal Endoscopy- Biopsy	35.4	13.0	2.4	48.0	0.7	0.4
45378	Diagnostic Colonoscopy	14.6	6.9	2.0	75.0	0.8	0.9
64483	Injection Foramen Epidural Lumbar/Sacral	51.0	9.9	2.4	36.0	0.5	0.2
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	65.6	1.6	1.5	30.7	0.2	0.4
62323	Njx Interlaminar Lmbr/Sac	55.3	9.9	2.3	31.7	0.5	0.4
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	42.7	3.4	1.7	51.7	0.3	0.3
64493	Injection Paravertebral Lumbar/Sacral, Single Level	50.0	15.7	3.7	30.1	0.3	0.3
27447	Total Knee Arthroplasty	54.1	3.2	2.0	40.2	0.1	0.2
64721	Carpal Tunnel Surgery	37.1	10.4	2.3	49.7	0.3	0.1
43235	Upper Gastrointestinal Endoscopy- Diagnosis	45.6	12.3	2.6	38.5	0.6	0.4
27130	Total Hip Arthroplasty	50.9	3.8	1.7	43.0	0.3	0.2
64635	Destroy Lumb/Sac Facet Jnt	52.9	14.4	3.9	28.1	0.3	0.3
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	17.0	7.6	2.2	72.2	0.8	0.3
93458	Left Heart Artery/Ventricle Angiography	59.4	6.7	2.7	30.4	0.5	0.4
20610	Drain/Inject- Joint/Bursa	57.8	8.1	1.5	31.8	0.5	0.1
41899	Dental Surgery Procedure	3.2	60.4	0.9	34.6	0.8	0.1
43249	Esoph Egd Dilation <30 Mm	52.1	7.1	1.6	38.2	0.6	0.4
Total Percentage		44.5	7.8	2.1	44.0	1.1	0.5

Note: Rows may not total 100% due to rounding.  
T18 refers to Medicare.  
T19 refers to Medicaid/Badger Care  
Other Gov' 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, 2021**

**CPT/HCPCS**

Code	Procedure	Number of Cases	Average Charge	Total Charges
45385	Lesion Removal Colonoscopy by Snare	78,868	\$6,263	\$493,974,600
66984	Cataract Surgery With Intraocular Lens	70,248	\$7,916	\$556,050,808
45380	Colonoscopy and Biopsy	66,920	\$6,266	\$419,287,585
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,699	\$6,798	\$412,612,039
45378	Diagnostic Colonoscopy	35,853	\$4,668	\$167,371,999
64483	Injection Foramen Epidural Lumbar/Sacral	19,572	\$3,262	\$63,848,082
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	16,909	\$4,034	\$68,209,289
62323	Njx Interlaminar Lmbr/Sac	15,968	\$2,709	\$43,265,060
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	15,417	\$3,876	\$59,751,559
64493	Injection Paravertebral Lumbar/Sacral, Single Level	14,921	\$5,384	\$80,340,334
27447	Total Knee Arthroplasty	14,528	\$41,321	\$600,306,210
64721	Carpal Tunnel Surgery	12,161	\$7,738	\$94,096,656
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,056	\$5,431	\$54,616,159
27130	Total Hip Arthroplasty	9,695	\$45,184	\$438,063,025
64635	Destroy Lumb/Sac Facet Jnt	9,629	\$7,968	\$76,719,625
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	9,183	\$13,130	\$120,570,302
93458	Left Heart Artery/Ventricle Angiography	8,163	\$22,722	\$185,478,865
20610	Drain/Inject- Joint/Bursa	7,340	\$2,958	\$21,714,214
41899	Dental Surgery Procedure	7,006	\$8,012	\$56,133,713
43249	Esoph Egd Dilation <30 Mm	6,827	\$8,042	\$54,902,162
52356	Cysto/Uretero W/Lithotripsy	6,630	\$19,951	\$132,276,213
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,303	\$31,825	\$200,593,014
47562	Laparoscopic Cholecystectomy	6,299	\$21,370	\$134,612,245
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	6,235	\$12,174	\$75,904,951
58558	Hysteroscopy - Biopsy	6,122	\$15,887	\$97,259,455
66982	Cataract Surgery - Complex	6,110	\$8,818	\$53,879,238
62321	Njx Interlaminar Crv/Thrc	5,949	\$2,803	\$16,676,713
49650	Lap Ing Hernia Repair Init	5,771	\$25,381	\$146,474,334
43248	Upper Gastrointestinal Endoscopy- With Insertion Of Guide Wire	5,158	\$5,322	\$27,452,304
66821	After Cataract Laser Surgery	4,981	\$2,606	\$12,979,003
64490	Injection Paravertebral Cervical/Thoracic, Single Level	4,942	\$4,877	\$24,102,505
49083	Abd Paracentesis W/Imaging	4,881	\$3,742	\$18,262,934
26055	Incise Finger Tendon Sheath	4,745	\$7,365	\$34,948,657
G0260	Injection Sacroiliac Joint; Anesthetic & Therapeutic Agent & Arthrography	4,598	\$2,850	\$13,106,350
58571	Tlh W/T/O 250 G Or Less	4,462	\$33,689	\$150,319,956
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	4,461	\$5,445	\$24,287,994
69436	Create Eardrum Opening	4,276	\$6,885	\$29,441,334
44970	Laparoscopy Appendectomy	3,962	\$24,284	\$96,213,552
58661	Laparoscopy Remove Adnexa	3,803	\$22,676	\$86,235,993
20680	Removal Of Support Implant	3,705	\$14,556	\$53,931,020
Total for 40 Most Common Procedures		593,356	\$9,263	\$5,496,270,050

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, 2021**

**CPT/HCPCS**

Code	Procedure	Number of Cases	Average Charge	Total Charges
33990	Insj Perq Vad L Hrt Arterial	8	\$161,961	\$1,295,690
22612	Arthrd Pst Tq 1Ntrspc Lumbar	279	\$157,561	\$43,959,492
93657	Tx L/R Atrial Fib Addl	61	\$151,923	\$9,267,314
22600	Arthrd Pst Tq 1Ntrspc Crv	49	\$139,812	\$6,850,767
33233	Removal Of Pm Generator	58	\$124,102	\$7,197,901
33249	Insert Electrode/Pacing-Defibrillator	934	\$122,740	\$114,638,810
61624	Transcath Occlusion Cns	11	\$120,817	\$1,328,991
33241	Remove Pulse Generator	43	\$118,684	\$5,103,398
33270	Ins/Rep Subq Defibrillator	24	\$117,931	\$2,830,334
33235	Removal Pacemaker Electrode	6	\$111,383	\$668,298
33244	Remove Elctrd Transvenously	11	\$110,106	\$1,211,170
93656	Compre Ep Eval Abltj Atr Fib	1,903	\$107,064	\$203,742,198
64568	Incision For Vagus Nerve Electrode Implant	182	\$105,063	\$19,121,522
33264	Rmvl & Rplcmt Dfb Gen Mlt Ld	395	\$104,106	\$41,121,704
93590	Perq Transcath Cls Mitral	6	\$102,491	\$614,944
33289	Tcat Impl Wrfls P-Art Prs Snr	110	\$101,573	\$11,173,026
0266T	Implt/Rpl Crtcd Sns Dev Total	6	\$100,235	\$601,410
22558	Arthrd Ant Ntrbd Min Dsc Lum	103	\$99,186	\$10,216,136
C9601	Perc Drug-El Cor Stent Bran	28	\$98,137	\$2,747,830
C9767	Revasc Lithotrip-Stent-Ather	6	\$95,668	\$574,010
Total		4,223	\$114,673	\$484,264,948

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, 2021**

**CPT/HCPCS**

Code	Procedure	Number of Cases	Average Charge	Total Charges
27447	Total Knee Arthroplasty	14,528	\$41,321	\$600,306,210
66984	Cataract Surgery With Intraocular Lens	70,248	\$7,916	\$556,050,808
45385	Lesion Removal Colonoscopy by Snare	78,868	\$6,263	\$493,974,600
27130	Total Hip Arthroplasty	9,695	\$45,184	\$438,063,025
45380	Colonoscopy and Biopsy	66,920	\$6,266	\$419,287,585
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,699	\$6,798	\$412,612,039
93656	Compre Ep Eval Abltj Atr Fib	1,903	\$107,064	\$203,742,198
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,303	\$31,825	\$200,593,014
93458	Left Heart Artery/Ventricle Angiography	8,163	\$22,722	\$185,478,865
45378	Diagnostic Colonoscopy	35,853	\$4,668	\$167,371,999
58571	Tlh W/T/O 250 G Or Less	4,462	\$33,689	\$150,319,956
49650	Lap Ing Hernia Repair Init	5,771	\$25,381	\$146,474,334
C9600	Perc Drug-El Cor Stent Sing	2,862	\$49,235	\$140,909,222
47562	Laparoscopic Cholecystectomy	6,299	\$21,370	\$134,612,245
52356	Cysto/Uretero W/Lithotripsy	6,630	\$19,951	\$132,276,213
23472	Reconstruct Shoulder Joint	2,419	\$51,697	\$125,055,692
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	9,183	\$13,130	\$120,570,302
33249	Insert Electrode/Pacing-Defibrillator	934	\$122,740	\$114,638,810
93653	Compre Ep Eval Tx Svt	1,349	\$82,702	\$111,565,046
58558	Hysteroscopy - Biopsy	6,122	\$15,887	\$97,259,455
Total		399,211	\$12,402	\$4,951,161,619

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, 2021**

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	32,340	\$26,829	\$867,640,269
Digestive	357,836	\$8,161	\$2,920,472,298
Ear	7,263	\$13,900	\$100,952,141
Endocrine	3,220	\$25,045	\$80,645,023
Eye	99,974	\$8,681	\$867,885,145
Female Genital	30,962	\$21,290	\$659,194,081
General Surgery	21	\$4,295	\$90,189
Hemic/Lymphatic	6,161	\$22,246	\$137,055,785
Integumentary	45,859	\$14,493	\$664,616,911
Male Genital	8,269	\$16,901	\$139,756,050
Maternity Care and Delivery	3,520	\$13,456	\$47,363,506
Mediastinum and Diaphragm	105	\$27,408	\$2,877,797
Musculoskeletal	153,241	\$22,945	\$3,516,124,809
Nervous	113,550	\$8,284	\$940,685,450
Respiratory	19,146	\$17,789	\$340,594,886
Urinary	34,925	\$15,672	\$547,342,983
Cancelled Principal Procedures	0		
All Other	81,074	\$15,780	\$1,279,372,933
<b>Total*</b>	<b>997,466</b>	<b>\$13,146</b>	<b>\$13,112,670,257</b>

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

\*20 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
27130	Total Hip Arthroplasty
27447	Total Knee Arthroplasty
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)
41899	Dental Surgery Procedure
43235	Upper Gastrointestinal Endoscopy- Diagnosis
43239	Upper Gastrointestinal Endoscopy- Biopsy
43249	Esoph Egd Dilation <30 Mm
45378	Diagnostic Colonoscopy
45380	Colonoscopy and Biopsy
45385	Lesion Removal Colonoscopy by Snare
62323	Injection Interlaminar Lumbar/Sacral
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