

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 134 general medical-surgical hospitals and 70 FASCs during 2022. They submitted records on 1,022,670 cases (796,283 at hospitals and 226,387 at FASCs). Of these, 7 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 2022.

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 2022 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 2022.
- Table 31 sorts all the principal procedures reported during 2022 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 2022

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	8,450	\$2,828	\$4,364	\$1,354	\$2,083	\$2,337	\$2,587	\$3,257	\$3,682	\$3,682	\$4,505	\$6,443	
FASCs	1,367	\$3,595	\$1,965	\$2,442	\$3,682	\$3,682	\$3,682	\$3,682	\$4,077	\$4,086	\$5,210	\$7,724	
Hospitals	7,083	\$2,680	\$4,674	\$1,265	\$1,955	\$2,151	\$2,390	\$2,530	\$3,020	\$3,448	\$4,291	\$6,004	

3 DIGIT ZIP CODE AREA

530**	1,039	\$3,081	\$4,206	\$1,924	\$2,042	\$2,111	\$2,932	\$3,305	\$3,371	\$4,978	\$5,210	\$6,959
531**	1,659	\$3,091	\$2,131	\$2,147	\$2,833	\$3,682	\$3,682	\$3,682	\$3,682	\$3,682	\$4,039	\$5,146
532**	2,008	\$2,751	\$2,374	\$1,705	\$2,314	\$2,376	\$2,449	\$2,632	\$3,283	\$3,597	\$4,872	\$6,049
534**	188	\$1,123	\$368	\$984	\$1,013	\$1,022	\$1,038	\$1,044	\$1,061	\$1,146	\$1,609	\$1,977

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 2022

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**						
017 Ascension SE Wisconsin - Elmbrook Campus	Brookfield	H	40	\$2,026	\$1,051	\$1,712
019 Ascension Calumet Hospital	Chilton	H	7	\$2,615	\$2,423	\$1,206
414 Aurora Surgery Center, LLC - Germantown	Germantown	H	72	\$7,130	\$5,210	\$2,660
315 Aurora Medical Center - Grafton	Grafton	H	123	\$3,915	\$3,329	\$6,182
043 Aurora Medical Center - Washington County	Hartford	H	331	\$2,138	\$2,028	\$745
072 Froedtert Menomonee Falls Hospital	Menomonee Falls	H	4	*	*	*
110 Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	11	\$3,505	\$2,314	\$2,435
253 East Mequon Surgery Center LLC	Mequon	F	43	\$6,058	\$5,210	\$1,946
124 Aurora Medical Center - Sheboygan County	Sheboygan	H	200	\$2,193	\$1,925	\$738

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, 2022

CPT/HCPCS		Percentile Distribution of Charges				
Code	Procedure	Number of Cases	Average Charge	25th	50th	75th
45385	Lesion Removal Colonoscopy by Snare	89,935	\$6,426	\$4,062	\$5,680	\$8,254
66984	Cataract Surgery With Intraocular Lens	68,574	\$8,054	\$5,500	\$7,444	\$10,392
45380	Colonoscopy and Biopsy	67,113	\$6,583	\$4,101	\$5,721	\$8,335
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,021	\$7,084	\$4,191	\$6,071	\$8,788
45378	Diagnostic Colonoscopy	38,356	\$4,767	\$2,922	\$4,274	\$5,730
64483	Injection Foramen Epidural Lumbar/Sacral	18,012	\$3,595	\$2,412	\$3,197	\$4,240
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	17,808	\$4,169	\$2,639	\$3,632	\$5,150
27447	Total Knee Arthroplasty	17,785	\$43,311	\$31,617	\$39,775	\$52,297
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	17,147	\$4,210	\$2,595	\$3,760	\$5,089
64493	Injection Paravertebral Lumbar/Sacral, Single Level	14,667	\$5,882	\$3,190	\$5,184	\$7,399
62323	Njx Interlaminar Lmbr/Sac	14,274	\$3,019	\$2,191	\$3,000	\$3,404
64721	Carpal Tunnel Surgery	11,906	\$8,110	\$5,010	\$6,998	\$10,094
27130	Total Hip Arthroplasty	11,570	\$47,271	\$33,460	\$43,709	\$54,714
64635	Destroy Lumb/Sac Facet Jnt	10,248	\$8,520	\$6,083	\$6,657	\$10,143
43235	Upper Gastrointestinal Endoscopy- Diagnosis	9,652	\$5,607	\$3,222	\$4,575	\$7,123
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,651	\$13,964	\$8,083	\$12,566	\$18,090
20610	Drain/Inject- Joint/Bursa	8,458	\$2,826	\$1,349	\$2,082	\$3,254
93458	Left Heart Artery/Ventricle Angiography	8,246	\$24,140	\$16,156	\$19,998	\$28,758
69436	Create Eardrum Opening	7,851	\$7,114	\$4,594	\$6,533	\$8,996
52356	Cysto/Uretero W/Lithotripsy	7,157	\$20,722	\$15,020	\$20,009	\$25,305
Total for 20 Most Common Procedures		507,431	\$9,112	\$3,758	\$5,944	\$9,397
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, 2022

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	4.1	54.5	41.4	54.3	45.7
66984	Cataract Surgery With Intraocular Lens	0.1	0.8	18.7	80.5	40.8	59.2
45380	Colonoscopy and Biopsy	0.3	16.3	49.1	34.2	46.1	53.9
43239	Upper Gastrointestinal Endoscopy- Biopsy	4.0	27.3	35.3	33.4	41.6	58.4
45378	Diagnostic Colonoscopy	0.0	11.4	74.3	14.3	42.0	58.0
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	14.8	38.5	46.7	46.0	54.0
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.8	63.6	35.6	42.5	57.4
27447	Total Knee Arthroplasty	0.0	1.0	39.7	59.3	43.1	56.9
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	3.2	31.9	64.8	44.5	55.5
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	12.5	41.5	45.9	41.9	58.1
62323	Njx Interlaminar Lmbr/Sac	0.0	12.3	36.3	51.4	43.7	56.3
64721	Carpal Tunnel Surgery	0.0	19.0	41.7	39.3	42.3	57.7
27130	Total Hip Arthroplasty	0.0	3.5	42.1	54.4	48.7	51.3
64635	Destroy Lumb/Sac Facet Jnt	0.0	11.6	42.8	45.6	40.7	59.3
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.5	19.7	37.1	42.7	40.8	59.2
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	0.5	26.1	56.5	16.9	55.1	44.9
20610	Drain/Inject- Joint/Bursa	0.0	6.6	34.7	58.6	37.4	62.6
93458	Left Heart Artery/Ventricle Angiography	0.0	2.9	38.3	58.7	61.7	38.3
69436	Create Eardrum Opening	94.5	2.4	2.0	1.1	57.4	42.6
52356	Cysto/Uretero W/Lithotripsy	0.1	19.9	39.3	40.7	48.9	51.1
Total Percentage		2.0	10.5	43.0	44.4	45.8	54.2

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, 2022

CPT/HCPCS		Percentages (%) by Primary Payer Source					
Code	Procedure	T18	T19	Other Gov't	Comm Ins	Self - Unknown Pay	
45385	Lesion Removal Colonoscopy by Snare	39.5	4.4	1.7	53.2	0.4	0.0
66984	Cataract Surgery With Intraocular Lens	72.5	2.2	2.2	18.9	2.1	0.0
45380	Colonoscopy and Biopsy	33.5	7.1	1.8	56.5	0.5	0.1
43239	Upper Gastrointestinal Endoscopy- Biopsy	35.9	13.0	2.4	47.4	0.6	0.1
45378	Diagnostic Colonoscopy	12.5	7.2	1.8	77.5	0.7	0.1
64483	Injection Foramen Epidural Lumbar/Sacral	49.4	10.1	2.7	37.2	0.5	0.1
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	37.9	3.3	1.5	56.2	0.3	0.1
27447	Total Knee Arthroplasty	55.7	3.0	2.2	37.6	0.3	0.0
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	64.3	1.8	1.5	31.5	0.2	0.0
64493	Injection Paravertebral Lumbar/Sacral, Single Level	52.2	13.3	4.2	29.6	0.3	0.3
62323	Njx Interlaminar Lmbr/Sac	55.3	9.7	2.5	31.3	0.8	0.2
64721	Carpal Tunnel Surgery	38.7	10.2	2.3	47.6	0.4	0.1
27130	Total Hip Arthroplasty	51.2	3.9	1.9	41.5	0.4	0.1
64635	Destroy Lumb/Sac Facet Jnt	54.0	13.0	4.7	27.4	0.3	0.2
43235	Upper Gastrointestinal Endoscopy- Diagnosis	46.4	12.3	2.6	37.2	0.6	0.1
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	17.4	7.7	2.0	71.8	0.7	0.2
20610	Drain/Inject- Joint/Bursa	63.1	7.4	1.6	27.2	0.3	0.0
93458	Left Heart Artery/Ventricle Angiography	58.6	6.3	3.4	29.9	0.4	0.1
69436	Create Eardrum Opening	1.7	24.5	1.4	71.9	0.3	0.2
52356	Cysto/Uretero W/Lithotripsy	41.0	9.1	2.4	45.1	1.1	0.1
Total Percentage		43.7	7.1	2.1	45.6	0.7	0.1

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, 2022

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
45385	Lesion Removal Colonoscopy by Snare	89,935	\$6,426	\$577,933,955
66984	Cataract Surgery With Intraocular Lens	68,574	\$8,054	\$552,299,180
45380	Colonoscopy and Biopsy	67,113	\$6,583	\$441,803,155
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,021	\$7,084	\$425,196,447
45378	Diagnostic Colonoscopy	38,356	\$4,767	\$182,846,867
64483	Injection Foramen Epidural Lumbar/Sacral	18,012	\$3,595	\$64,760,498
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	17,808	\$4,169	\$74,234,229
27447	Total Knee Arthroplasty	17,785	\$43,311	\$770,293,866
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	17,147	\$4,210	\$72,189,075
64493	Injection Paravertebral Lumbar/Sacral, Single Level	14,667	\$5,882	\$86,268,039
62323	Njx Interlaminar Lmbr/Sac	14,274	\$3,019	\$43,089,022
64721	Carpal Tunnel Surgery	11,906	\$8,110	\$96,562,577
27130	Total Hip Arthroplasty	11,570	\$47,271	\$546,925,539
64635	Destroy Lumb/Sac Facet Jnt	10,248	\$8,520	\$87,312,787
43235	Upper Gastrointestinal Endoscopy- Diagnosis	9,652	\$5,607	\$54,115,796
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	8,651	\$13,964	\$120,804,638
20610	Drain/Inject- Joint/Bursa	8,458	\$2,826	\$23,902,287
93458	Left Heart Artery/Ventricle Angiography	8,246	\$24,140	\$199,060,909
69436	Create Eardrum Opening	7,851	\$7,114	\$55,851,985
52356	Cysto/Uretero W/Lithotripsy	7,157	\$20,722	\$148,310,042
41899	Dental Surgery Procedure	6,619	\$8,480	\$56,131,056
43249	Esoph Egd Dilatation <30 Mm	6,490	\$8,537	\$55,406,690
58558	Hysteroscopy - Biopsy	6,242	\$16,687	\$104,158,318
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,234	\$33,230	\$207,157,503
47562	Laparoscopic Cholecystectomy	6,227	\$22,893	\$142,554,202
66982	Cataract Surgery - Complex	6,011	\$9,329	\$56,074,544
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	5,803	\$12,664	\$73,492,040
62321	Njx Interlaminar Crv/Thrc	5,657	\$2,941	\$16,639,669
49650	Lap Ing Hernia Repair Init	5,625	\$26,923	\$151,439,352
49083	Abd Paracentesis W/Imaging	5,501	\$3,799	\$20,895,778
G0260	Injection Sacroiliac Joint; Anesthetic & Therapeutic Agent & Arthrography	5,404	\$2,880	\$15,564,661
64490	Injection Paravertebral Cervical/Thoracic, Single Level	5,005	\$5,209	\$26,069,486
43248	Upper Gastrointestinal Endoscopy- With Insertion Of Guide Wire	4,850	\$5,438	\$26,373,450
58661	Laparoscopy Remove Adnexa	4,730	\$23,111	\$109,316,339
58571	Tlh W/T/O 250 G Or Less	4,669	\$35,569	\$166,071,681
26055	Incise Finger Tendon Sheath	4,550	\$7,789	\$35,441,818
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	4,433	\$5,737	\$25,432,692
42820	Remove Tonsils and Adenoids	4,136	\$11,072	\$45,793,171
27096	Inject Sacroiliac Joint	3,887	\$2,849	\$11,072,259
44970	Laparoscopy Appendectomy	3,810	\$25,213	\$96,061,845
Total for 40 Most Common Procedures		613,314	\$9,889	\$6,064,907,448

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, 2022

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
22600	Arthrd Pst Tq 1Ntrspc Crv	41	\$174,378	\$7,149,478
22612	Arthrd Pst Tq 1Ntrspc Lumbar	313	\$137,725	\$43,107,981
33249	Insert Electrode/Pacing-Defibrillator	936	\$130,878	\$122,502,065
33477	Implant Tcat Pulm Vlv Perq	7	\$117,279	\$820,951
61735	Incise Skull/Brain Surgery	5	\$116,692	\$583,458
38206	Harvest Auto Stem Cells	38	\$115,529	\$4,390,098
33233	Removal Of Pm Generator	57	\$114,561	\$6,530,000
64568	Incision For Vagus Nerve Electrode Implant	61	\$113,893	\$6,947,477
33241	Remove Pulse Generator	30	\$111,744	\$3,352,327
29915	Hip Arthro Acetabuloplasty	313	\$109,594	\$34,302,829
33264	Rmvl & Rplcmt Dfb Gen Mlt Ld	489	\$108,382	\$52,998,826
64582	Opn Mpltj Hpglsl Nstm Ary Pg	217	\$107,409	\$23,307,786
33270	Ins/Rep Subq Defibrillator	33	\$107,347	\$3,542,454
93656	Compre Ep Eval Abltj Atr Fib	1,881	\$105,156	\$197,798,161
0266T	Implt/Rpl Crtd Sns Dev Total	6	\$104,636	\$627,813
33289	Tcat Impl Wrfls P-Art Prs Snr	211	\$104,323	\$22,012,183
93657	Tx L/R Atrial Fib Addl	42	\$103,205	\$4,334,621
33262	Rmvl& Replc Pulse Gen 1 Lead	144	\$95,588	\$13,764,721
93591	Perq Transcath Cls Aortic	5	\$92,957	\$464,783
63685	Insert/Replace Spinal Neurostimulator Generator/Receiver	1,035	\$92,887	\$96,138,079
Total		5,864	\$109,938	\$644,676,089

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, 2022

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
27447	Total Knee Arthroplasty	17,785	\$43,311	\$770,293,866
45385	Lesion Removal Colonoscopy by Snare	89,935	\$6,426	\$577,933,955
66984	Cataract Surgery With Intraocular Lens	68,574	\$8,054	\$552,299,180
27130	Total Hip Arthroplasty	11,570	\$47,271	\$546,925,539
45380	Colonoscopy and Biopsy	67,113	\$6,583	\$441,803,155
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,021	\$7,084	\$425,196,447
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,234	\$33,230	\$207,157,503
93458	Left Heart Artery/Ventricle Angiography	8,246	\$24,140	\$199,060,909
93656	Compre Ep Eval Abltj Atr Fib	1,881	\$105,156	\$197,798,161
45378	Diagnostic Colonoscopy	38,356	\$4,767	\$182,846,867
23472	Reconstruct Shoulder Joint	3,245	\$53,969	\$175,129,639
58571	Tlh W/T/O 250 G Or Less	4,669	\$35,569	\$166,071,681
49650	Lap Ing Hernia Repair Init	5,625	\$26,923	\$151,439,352
52356	Cysto/Uretero W/Lithotripsy	7,157	\$20,722	\$148,310,042
47562	Laparoscopic Cholecystectomy	6,227	\$22,893	\$142,554,202
C9600	Perc Drug-El Cor Stent Sing	2,740	\$51,562	\$141,278,978
33249	Insert Electrode/Pacing-Defibrillator	936	\$130,878	\$122,502,065
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,651	\$13,964	\$120,804,638
93653	Compre Ep Eval Tx Svt	1,327	\$83,134	\$110,319,129
58661	Laparoscopy Remove Adnexa	4,730	\$23,111	\$109,316,339
	Total	415,022	\$13,226	\$5,489,041,645

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, 2022

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	31,656	\$28,591	\$905,071,706
Digestive	372,306	\$8,434	\$3,140,126,931
Ear	11,198	\$11,787	\$131,986,917
Endocrine	3,346	\$26,979	\$90,271,416
Eye	98,785	\$9,138	\$902,735,281
Female Genital	31,606	\$22,884	\$723,272,749
General Surgery	18	\$7,049	\$126,885
Hemic/Lymphatic	5,912	\$24,599	\$145,426,790
Integumentary	45,660	\$14,995	\$684,651,987
Male Genital	8,970	\$18,296	\$164,113,957
Maternity Care and Delivery	3,406	\$14,115	\$48,074,220
Mediastinum and Diaphragm	83	\$26,774	\$2,222,232
Musculoskeletal	158,833	\$24,937	\$3,960,797,427
Nervous	111,694	\$9,184	\$1,025,747,201
Respiratory	20,266	\$19,224	\$389,591,200
Urinary	35,833	\$16,070	\$575,836,942
Cancelled Principal Procedures	0		
All Other	83,549	\$15,581	\$1,301,758,428
Total*	1,023,121	\$13,871	\$14,191,812,270

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

*7 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)
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
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