

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 133 general medical-surgical hospitals and 75 FASCs during 2023. They submitted records on 1,098,674 cases (848,427 at hospitals and 250,247 at FASCs). Of these, 6 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 2023.

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 2023 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 2023.
- Table 31 sorts all the principal procedures reported during 2023 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 2023

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	7,868	\$3,221	\$5,346	\$1,546	\$2,325	\$2,544	\$3,328	\$3,592	\$3,829	\$4,086	\$5,326	\$7,184
FASCs	1,180	\$3,866	\$1,979	\$2,442	\$3,829	\$3,829	\$3,829	\$3,829	\$4,086	\$5,500	\$6,503	\$7,744
Hospitals	6,688	\$3,108	\$5,732	\$1,495	\$2,219	\$2,434	\$2,858	\$3,104	\$3,471	\$3,881	\$4,970	\$6,563

3 DIGIT ZIP CODE AREA

	Number of Cases	Average Charge	Standard Deviation	25th	50th	60th	70th	75th	80th	85th	90th	95th
530**	1,052	\$3,851	\$8,413	\$2,014	\$2,165	\$2,373	\$3,436	\$3,486	\$3,643	\$4,260	\$5,500	\$7,199
531**	1,883	\$3,202	\$1,902	\$2,260	\$2,812	\$3,407	\$3,829	\$3,829	\$3,829	\$3,829	\$4,478	\$5,326
532**	1,866	\$3,248	\$3,898	\$1,755	\$2,433	\$2,513	\$3,005	\$3,458	\$3,777	\$4,896	\$5,731	\$9,370
534**	193	\$1,154	\$316	\$1,024	\$1,082	\$1,093	\$1,098	\$1,099	\$1,111	\$1,131	\$1,561	\$1,816

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 2023

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	47	\$1,811	\$1,137	\$1,310
019	Ascension Calumet Hospital	Chilton	H	14	\$1,928	\$1,634	\$700
414	Aurora Surgery Center, LLC - Germantown	Germantown	H	50	\$7,112	\$5,500	\$2,737
315	Aurora Medical Center - Grafton	Grafton	H	157	\$3,805	\$3,484	\$1,782
043	Aurora Medical Center - Washington County	Hartford	H	387	\$2,445	\$2,160	\$1,018
072	Froedtert Menomonee Falls Hospital	Menomonee Falls	H	15	\$59,680	\$65,062	\$34,921
110	Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	3	*	*	*
253	East Mequon Surgery Center LLC	Mequon	F	41	\$6,171	\$5,500	\$1,822
272	The Orthopaedic Surgery Center LLC	Pewaukee	F	11	\$3,281	\$3,340	\$405

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, 2023

CPT/HCPCS		Percentile Distribution of Charges				
		Number of Cases	Average Charge	25th	50th	75th
45385	Lesion Removal Colonoscopy by Snare	106,553	\$6,731	\$4,107	\$5,854	\$8,559
66984	Cataract Surgery With Intraocular Lens	73,717	\$8,207	\$5,500	\$7,686	\$10,704
45380	Colonoscopy and Biopsy	66,318	\$6,946	\$4,243	\$6,112	\$8,878
43239	Upper Gastrointestinal Endoscopy- Biopsy	61,756	\$7,485	\$4,628	\$6,520	\$9,282
45378	Diagnostic Colonoscopy	43,997	\$5,220	\$3,044	\$4,658	\$6,306
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	21,736	\$4,241	\$2,650	\$3,545	\$5,147
27447	Total Knee Arthroplasty	19,994	\$45,388	\$33,017	\$42,404	\$53,712
64483	Injection Foramen Epidural Lumbar/Sacral	19,203	\$4,254	\$2,588	\$3,459	\$5,176
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	18,517	\$4,428	\$2,650	\$3,970	\$5,270
64493	Injection Paravertebral Lumbar/Sacral, Single Level	15,637	\$6,961	\$4,200	\$6,357	\$8,563
62323	Njx Interlaminar Lmbr/Sac	14,693	\$3,553	\$2,488	\$3,294	\$3,925
64721	Carpal Tunnel Surgery	12,858	\$8,599	\$5,312	\$7,605	\$10,394
27130	Total Hip Arthroplasty	12,838	\$49,039	\$33,567	\$45,874	\$57,951
64635	Destroy Lumb/Sac Facet Jnt	11,790	\$9,508	\$6,475	\$7,199	\$10,893
43235	Upper Gastrointestinal Endoscopy- Diagnosis	9,533	\$5,864	\$3,327	\$4,713	\$7,516
93458	Left Heart Artery/Ventricle Angiography	9,090	\$24,636	\$16,514	\$20,969	\$29,497
69436	Create Eardrum Opening	9,060	\$7,407	\$4,820	\$6,801	\$9,260
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	8,336	\$14,859	\$9,400	\$13,298	\$18,369
20610	Drain/Inject- Joint/Bursa	7,911	\$3,208	\$1,543	\$2,321	\$3,592
42820	Remove Tonsils and Adenoids	7,756	\$11,232	\$8,591	\$10,849	\$13,284
Total for 20 Most Common Procedures		551,293	\$9,495	\$3,936	\$6,250	\$9,800
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, 2023

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	55.9	39.9	53.8	46.2
66984	Cataract Surgery With Intraocular Lens	0.0	0.7	17.8	81.4	39.9	59.7
45380	Colonoscopy and Biopsy	0.4	16.6	49.6	33.4	45.9	54.1
43239	Upper Gastrointestinal Endoscopy- Biopsy	4.3	27.9	33.8	34.0	41.6	58.4
45378	Diagnostic Colonoscopy	0.0	11.9	75.5	12.6	41.6	58.4
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.7	63.6	35.7	41.1	58.9
27447	Total Knee Arthroplasty	0.0	0.9	36.6	62.5	43.2	56.8
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	13.4	38.4	48.2	46.7	53.3
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	3.3	31.2	65.5	44.1	55.9
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	12.1	40.8	47.1	42.4	57.6
62323	Njx Interlaminar Lmbr/Sac	0.0	11.4	35.4	53.2	44.2	55.8
64721	Carpal Tunnel Surgery	0.0	18.5	39.0	42.5	42.1	57.9
27130	Total Hip Arthroplasty	0.0	3.1	40.2	56.7	47.7	52.3
64635	Destroy Lumb/Sac Facet Jnt	0.0	11.1	43.3	45.6	39.7	60.3
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.4	20.1	37.2	42.3	41.7	58.3
93458	Left Heart Artery/Ventricle Angiography	0.0	2.9	35.2	61.9	61.8	38.2
69436	Create Eardrum Opening	94.6	2.8	1.5	1.1	56.6	43.4
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	0.6	26.2	55.7	17.5	56.6	43.4
20610	Drain/Inject- Joint/Bursa	0.1	7.1	35.6	57.2	37.6	62.4
42820	Remove Tonsils and Adenoids	100.0	0.0	0.0	0.0	51.5	48.4
Total Percentage		3.5	10.0	42.6	43.9	45.6	54.3

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, 2023

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	38.5	4.7	1.9	54.3	0.6	0.0
66984	Cataract Surgery With Intraocular Lens	75.2	2.3	2.4	18.4	1.7	0.0
45380	Colonoscopy and Biopsy	33.2	7.5	1.9	56.8	0.6	0.1
43239	Upper Gastrointestinal Endoscopy- Biopsy	36.5	13.3	2.5	46.7	0.9	0.1
45378	Diagnostic Colonoscopy	10.7	7.6	1.9	78.7	1.0	0.1
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	38.6	3.5	1.6	55.6	0.6	0.1
27447	Total Knee Arthroplasty	59.5	3.0	2.3	34.8	0.4	0.1
64483	Injection Foramen Epidural Lumbar/Sacral	50.1	9.6	2.6	36.7	0.8	0.1
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	65.5	1.9	1.4	30.8	0.4	0.0
64493	Injection Paravertebral Lumbar/Sacral, Single Level	51.4	13.1	4.3	30.8	0.4	0.2
62323	Njx Interlaminar Lmbr/Sac	56.0	9.6	3.1	30.4	0.7	0.1
64721	Carpal Tunnel Surgery	41.8	9.9	2.3	45.5	0.5	0.0
27130	Total Hip Arthroplasty	54.6	3.9	1.9	39.1	0.4	0.1
64635	Destroy Lumb/Sac Facet Jnt	52.2	12.8	4.4	30.0	0.4	0.1
43235	Upper Gastrointestinal Endoscopy- Diagnosis	47.2	11.8	3.2	37.0	0.8	0.1
93458	Left Heart Artery/Ventricle Angiography	62.3	6.7	3.0	27.6	0.4	0.0
69436	Create Eardrum Opening	1.5	24.7	1.6	71.6	0.5	0.1
29881	Knee Arthroscopy/Surgery with Menissectomy (Medial OR Lateral)	18.2	7.8	2.4	70.5	0.9	0.3
20610	Drain/Inject- Joint/Bursa	62.0	8.5	2.1	26.8	0.5	0.1
42820	Remove Tonsils and Adenoids	0.2	33.4	1.6	64.1	0.7	0.0
Total Percentage		43.4	7.5	2.2	46.0	0.8	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, 2023

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
45385	Lesion Removal Colonoscopy by Snare	106,553	\$6,731	\$717,225,264
66984	Cataract Surgery With Intraocular Lens	73,717	\$8,207	\$604,968,223
45380	Colonoscopy and Biopsy	66,318	\$6,946	\$460,652,453
43239	Upper Gastrointestinal Endoscopy- Biopsy	61,756	\$7,485	\$462,250,728
45378	Diagnostic Colonoscopy	43,997	\$5,220	\$229,644,534
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	21,736	\$4,241	\$92,178,119
27447	Total Knee Arthroplasty	19,994	\$45,388	\$907,487,921
64483	Injection Foramen Epidural Lumbar/Sacral	19,203	\$4,254	\$81,681,748
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	18,517	\$4,428	\$81,985,324
64493	Injection Paravertebral Lumbar/Sacral, Single Level	15,637	\$6,961	\$108,849,503
62323	Njx Interlaminar Lmbr/Sac	14,693	\$3,553	\$52,204,287
64721	Carpal Tunnel Surgery	12,858	\$8,599	\$110,568,201
27130	Total Hip Arthroplasty	12,838	\$49,039	\$629,568,533
64635	Destroy Lumb/Sac Facet Jnt	11,790	\$9,508	\$112,093,498
43235	Upper Gastrointestinal Endoscopy- Diagnosis	9,533	\$5,864	\$55,898,453
93458	Left Heart Artery/Ventricle Angiography	9,090	\$24,636	\$223,943,205
69436	Create Eardrum Opening	9,060	\$7,407	\$67,108,536
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,336	\$14,859	\$123,860,914
20610	Drain/Inject- Joint/Bursa	7,911	\$3,208	\$25,377,043
42820	Remove Tonsils and Adenoids	7,756	\$11,232	\$87,118,914
52356	Cysto/Uretero W/Lithotripsy	7,742	\$21,968	\$170,078,606
43249	Esoph Egd Dilation <30 Mm	7,373	\$8,952	\$66,000,978
58558	Hysteroscopy - Biopsy	6,549	\$17,153	\$112,338,065
G0260	Injection Sacroiliac Joint; Anesthetic & Therapeutic Agent & Arthrography	6,477	\$3,176	\$20,570,775
62321	Njx Interlaminar Crv/Thrc	6,382	\$3,133	\$19,995,061
47562	Laparoscopic Cholecystectomy	6,360	\$24,895	\$158,329,991
66982	Cataract Surgery - Complex	6,320	\$9,671	\$61,122,271
49650	Lap Ing Hernia Repair Init	6,188	\$29,749	\$184,087,828
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,186	\$34,988	\$216,437,313
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	6,140	\$13,575	\$83,348,279
49083	Abd Paracentesis W/Imaging	6,015	\$3,797	\$22,839,968
41899	Dental Surgery Procedure	6,014	\$9,731	\$58,523,942
64490	Injection Paravertebral Cervical/Thoracic, Single Level	5,516	\$5,780	\$31,884,094
58571	Tlh W/T/O 250 G Or Less	5,138	\$38,008	\$195,282,988
43248	Upper Gastrointestinal Endoscopy- With Insertion Of Guide Wire	5,131	\$5,938	\$30,469,569
26055	Incise Finger Tendon Sheath	4,935	\$8,109	\$40,017,395
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	4,513	\$6,047	\$27,288,927
58661	Laparoscopy Remove Adnexa	4,415	\$24,702	\$109,058,077
27096	Inject Sacroiliac Joint	4,114	\$3,277	\$13,483,057
93454	Coronary Artery Angio S&I	3,894	\$25,729	\$100,189,825
Total for 40 Most Common Procedures		666,695	\$10,434	\$6,956,012,409

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, 2023

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
22600	Arthrd Pst Tq 1Ntrspc Crv	23	\$217,773	\$5,008,783
33233	Removal Of Pm Generator	47	\$148,386	\$6,974,148
33477	Implant Tcat Pulm Vlv Perq	19	\$140,177	\$2,663,369
0266T	Implt/Rpl Crtd Sns Dev Total	8	\$139,812	\$1,118,494
0424T	Insj/Rplc Nstim Apnea Compl	7	\$138,930	\$972,512
22612	Arthrd Pst Tq 1Ntrspc Lumbar	264	\$129,083	\$34,078,036
33249	Insert Electrode/Pacing-Defibrillator	894	\$129,046	\$115,366,976
93657	Tx L/R Atrial Fib Addl	44	\$126,550	\$5,568,195
33241	Remove Pulse Generator	30	\$123,630	\$3,708,908
21145	Lefort I-1 Piece W/ Graft	8	\$120,429	\$963,434
33270	Ins/Rep Subq Defibrillator	35	\$119,864	\$4,195,225
64568	Incision For Vagus Nerve Electrode Implant	48	\$117,836	\$5,656,118
33244	Remove Elctrd Transvenously	7	\$114,340	\$800,378
24363	Replace Elbow Joint	22	\$112,982	\$2,485,613
93656	Compre Ep Eval Abltj Atr Fib	2,132	\$112,121	\$239,042,445
33264	Rmvl & Rplcmt Dfb Gen Mlt Ld	547	\$109,090	\$59,672,391
63685	Insert/Replace Spinal Neurostimulator Generator/Receiver	1,231	\$103,615	\$127,549,586
64582	Opn Mpltj Hpglsl Nstm Ary Pg	370	\$103,521	\$38,302,678
69930	Implant Cochlear Device	362	\$102,855	\$37,233,481
93654	Compre Ep Eval Tx Vt	225	\$101,374	\$22,809,217
Total		6,323	\$112,948	\$714,169,987

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, 2023

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
27447	Total Knee Arthroplasty	19,994	\$45,388	\$907,487,921
45385	Lesion Removal Colonoscopy by Snare	106,553	\$6,731	\$717,225,264
27130	Total Hip Arthroplasty	12,838	\$49,039	\$629,568,533
66984	Cataract Surgery With Intraocular Lens	73,717	\$8,207	\$604,968,223
43239	Upper Gastrointestinal Endoscopy- Biopsy	61,756	\$7,485	\$462,250,728
45380	Colonoscopy and Biopsy	66,318	\$6,946	\$460,652,453
93656	Compre Ep Eval Abltj Atr Fib	2,132	\$112,121	\$239,042,445
45378	Diagnostic Colonoscopy	43,997	\$5,220	\$229,644,534
93458	Left Heart Artery/Ventricle Angiography	9,090	\$24,636	\$223,943,205
23472	Reconstruct Shoulder Joint	3,797	\$58,567	\$222,379,902
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,186	\$34,988	\$216,437,313
58571	Tlh W/T/O 250 G Or Less	5,138	\$38,008	\$195,282,988
49650	Lap Ing Hernia Repair Init	6,188	\$29,749	\$184,087,828
52356	Cysto/Uretero W/Lithotripsy	7,742	\$21,968	\$170,078,606
C9600	Perc Drug-EI Cor Stent Sing	2,972	\$55,047	\$163,600,583
47562	Laparoscopic Cholecystectomy	6,360	\$24,895	\$158,329,991
63685	Insert/Replace Spinal Neurostimulator Generator/Receiver	1,231	\$103,615	\$127,549,586
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,336	\$14,859	\$123,860,914
93653	Compre Ep Eval Tx Svt	1,378	\$88,939	\$122,557,331
33249	Insert Electrode/Pacing-Defibrillator	894	\$129,046	\$115,366,976
	Total	446,617	\$14,049	\$6,274,315,324

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, 2023

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	33,538	\$29,222	\$980,039,557
Digestive	405,355	\$8,975	\$3,638,103,074
Ear	12,486	\$12,015	\$150,019,298
Endocrine	3,462	\$29,413	\$101,826,492
Eye	105,582	\$9,378	\$990,200,585
Female Genital	32,496	\$24,574	\$798,564,648
General Surgery	20	\$9,227	\$184,533
Hemic/Lymphatic	6,388	\$26,891	\$171,779,836
Integumentary	48,526	\$16,304	\$791,176,950
Male Genital	9,897	\$19,384	\$191,845,003
Maternity Care and Delivery	3,478	\$14,817	\$51,532,058
Mediastinum and Diaphragm	58	\$31,589	\$1,832,165
Musculoskeletal	164,944	\$26,565	\$4,381,802,770
Nervous	121,163	\$10,186	\$1,234,209,382
Respiratory	20,730	\$21,680	\$449,431,303
Urinary	37,481	\$17,127	\$641,924,571
Cancelled Principal Procedures	0		
All Other	93,995	\$16,105	\$1,513,749,472
Total*	1,099,599	\$14,631	\$16,088,221,698

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

*6 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)
42820	Remove Tonsils and Adenoids
43235	Upper Gastrointestinal Endoscopy- Diagnosis
43239	Upper Gastrointestinal Endoscopy- Biopsy
45378	Diagnostic Colonoscopy
45380	Colonoscopy and Biopsy
45385	Lesion Removal Colonoscopy by Snare
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