

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 132 general medical-surgical hospitals and 85 FASCs during 2024. They submitted records on 1,154,918 cases (861,481 at hospitals and 293,437 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 2024.

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 2024 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 2024.
- Table 31 sorts all the principal procedures reported during 2024 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 2024

**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	\$3,114	\$4,522	\$1,803	\$2,427	\$2,542	\$2,846	\$3,399	\$3,768	\$3,865	\$4,995	\$6,717
FASCs	1,126	\$3,764	\$1,833	\$2,438	\$3,865	\$3,865	\$3,865	\$3,865	\$3,865	\$3,989	\$5,750	\$7,303
Hospitals	7,324	\$3,014	\$4,796	\$1,584	\$2,392	\$2,479	\$2,610	\$2,765	\$3,091	\$3,679	\$4,935	\$6,310

3 DIGIT ZIP CODE AREA

530**	1,238	\$2,940	\$5,083	\$1,581	\$2,394	\$2,532	\$2,612	\$2,628	\$2,747	\$4,607	\$5,107	\$5,750
531**	2,169	\$3,143	\$2,197	\$2,425	\$2,559	\$3,513	\$3,865	\$3,865	\$3,865	\$3,865	\$4,929	\$5,806
532**	2,032	\$3,145	\$2,722	\$1,835	\$2,380	\$2,417	\$2,473	\$2,823	\$3,438	\$4,565	\$5,750	\$9,706
534**	107	\$1,322	\$2,312	\$996	\$1,020	\$1,065	\$1,098	\$1,098	\$1,112	\$1,124	\$1,609	\$1,976

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 2024

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

BY FACILITY WITHIN 3 DIGIT ZIP CODE

(Excludes Facilities with fewer than 3 cases)

BY FACILITY WITHIN 3 DIGIT ZIP CODE (Excludes Facilities with fewer than 3 cases)			Type of Facility	Number of Cases	Average Charge	Median Charge	Standard Deviation
ZIP: 530**							
017	Ascension SE Wisconsin - Elmbrook Campus	Brookfield	H	18	\$2,470	\$1,933	\$1,865
019	Ascension Calumet Hospital	Chilton	H	28	\$2,125	\$1,914	\$691
414	Aurora Surgery Center, LLC - Germantown	Germantown	H	37	\$6,785	\$5,750	\$2,193
315	Aurora Medical Center - Grafton	Grafton	H	217	\$3,305	\$2,395	\$6,516
043	Aurora Medical Center - Washington County	Hartford	H	324	\$3,099	\$2,614	\$1,144
072	Froedtert Menomonee Falls Hospital	Menomonee Falls	H	8	\$44,807	\$49,561	\$18,698
110	Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	11	\$6,837	\$3,293	\$10,128
253	East Mequon Surgery Center LLC	Mequon	F	38	\$6,204	\$5,750	\$1,571
272	The Orthopaedic Surgery Center LLC	Pewaukee	F	6	\$3,993	\$3,340	\$1,285

Caveats/Data Limitations for Ambulatory Surgery Data

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

Table 25. 20 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2024

CPT/HCPCS		Percentile Distribution of Charges				
Code	Procedure	Number of Cases	Average Charge	25th	50th	75th
45385	Lesion Removal Colonoscopy by Snare	115,091	\$7,093	\$4,190	\$6,125	\$9,116
66984	Cataract Surgery With Intraocular Lens	82,629	\$8,443	\$5,773	\$7,788	\$10,992
45380	Colonoscopy and Biopsy	67,145	\$7,466	\$4,433	\$6,526	\$9,700
43239	Upper Gastrointestinal Endoscopy- Biopsy	65,241	\$7,878	\$4,577	\$6,759	\$9,899
45378	Diagnostic Colonoscopy	42,540	\$5,564	\$3,165	\$4,958	\$6,528
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	22,910	\$4,494	\$2,922	\$3,545	\$5,425
27447	Total Knee Arthroplasty	22,164	\$49,340	\$36,790	\$46,014	\$59,810
64483	Injection Foramen Epidural Lumbar/Sacral	20,423	\$4,129	\$2,592	\$3,517	\$5,330
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	19,904	\$4,710	\$2,965	\$4,150	\$5,570
64493	Injection Paravertebral Lumbar/Sacral, Single Level	16,582	\$6,396	\$3,590	\$5,550	\$7,738
62323	Njx Interlaminar Lmbr/Sac	15,826	\$3,299	\$2,148	\$3,344	\$3,780
27130	Total Hip Arthroplasty	14,592	\$53,101	\$38,446	\$50,008	\$63,823
64635	Destroy Lumb/Sac Facet Jnt	12,912	\$9,242	\$5,714	\$7,184	\$10,374
64721	Carpal Tunnel Surgery	12,270	\$9,008	\$5,554	\$7,934	\$10,709
43235	Upper Gastrointestinal Endoscopy- Diagnosis	9,835	\$6,322	\$3,504	\$4,995	\$8,084
69436	Create Eardrum Opening	9,555	\$7,701	\$5,056	\$7,054	\$9,688
93458	Left Heart Artery/Ventricle Angiography	8,666	\$26,916	\$17,305	\$22,580	\$32,492
20610	Drain/Inject- Joint/Bursa	8,509	\$3,098	\$1,600	\$2,424	\$3,361
52356	Cysto/Uretero W/Lithotripsy	8,253	\$23,541	\$17,007	\$21,891	\$29,419
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	8,041	\$15,526	\$9,523	\$13,331	\$18,842
Total for 20 Most Common Procedures		583,088	\$10,321	\$4,042	\$6,557	\$10,485
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, 2024

CPT/HCPCS		Percentages (%) by Age Grouping				Percentages (%) by Gender	
Code	Procedure	0-14	15-44	45-64	65+	Male	Female
45385	Lesion Removal Colonoscopy by Snare	0.0	4.7	53.6	41.7	54.0	45.9
66984	Cataract Surgery With Intraocular Lens	0.0	0.7	17.1	82.2	40.1	59.5
45380	Colonoscopy and Biopsy	0.2	17.8	46.9	35.1	46.0	54.0
43239	Upper Gastrointestinal Endoscopy- Biopsy	4.0	27.1	33.4	35.5	41.2	58.8
45378	Diagnostic Colonoscopy	0.0	13.7	73.2	13.0	41.5	58.5
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	1.0	61.9	37.1	42.3	57.7
27447	Total Knee Arthroplasty	0.0	0.9	36.0	63.1	42.0	58.0
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	13.0	37.1	49.9	45.8	54.2
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	3.7	29.5	66.9	44.2	55.8
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	11.8	39.6	48.7	43.2	56.8
62323	Njx Interlaminar Lmbr/Sac	0.0	11.0	33.3	55.7	43.8	56.1
27130	Total Hip Arthroplasty	0.0	3.0	39.2	57.8	47.5	52.5
64635	Destroy Lumb/Sac Facet Jnt	0.0	10.9	41.7	47.4	41.9	58.1
64721	Carpal Tunnel Surgery	0.0	17.3	38.1	44.6	43.0	57.0
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.4	19.0	36.3	44.3	41.0	59.0
69436	Create Eardrum Opening	94.7	2.8	1.5	1.0	55.5	44.5
93458	Left Heart Artery/Ventricle Angiography	0.0	2.5	33.1	64.4	62.0	37.9
20610	Drain/Inject- Joint/Bursa	0.0	6.5	35.0	58.4	37.6	62.4
52356	Cysto/Uretero W/Lithotripsy	0.1	18.3	37.5	44.0	49.5	50.5
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	0.7	25.8	55.0	18.5	56.2	43.8
Total Percentage		2.1	10.2	41.3	46.5	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, 2024

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	46.4	4.1	1.8	47.1	0.5	0.1
66984	Cataract Surgery With Intraocular Lens	76.6	2.0	2.6	16.8	1.9	0.0
45380	Colonoscopy and Biopsy	42.1	6.3	1.9	48.9	0.7	0.1
43239	Upper Gastrointestinal Endoscopy- Biopsy	43.7	11.6	2.4	41.4	0.8	0.1
45378	Diagnostic Colonoscopy	22.4	7.1	2.1	67.3	1.0	0.1
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	44.5	3.1	1.5	50.2	0.5	0.1
27447	Total Knee Arthroplasty	64.5	2.7	2.1	30.4	0.3	0.1
64483	Injection Foramen Epidural Lumbar/Sacral	58.5	8.8	2.5	29.4	0.7	0.2
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	70.0	1.5	1.5	26.6	0.3	0.0
64493	Injection Paravertebral Lumbar/Sacral, Single Level	59.6	11.6	4.2	24.1	0.3	0.2
62323	Njx Interlaminar Lmbr/Sac	65.2	8.6	2.6	22.8	0.6	0.2
27130	Total Hip Arthroplasty	60.6	3.2	1.6	34.3	0.3	0.0
64635	Destroy Lumb/Sac Facet Jnt	59.6	12.3	4.6	23.1	0.2	0.2
64721	Carpal Tunnel Surgery	47.8	7.9	2.5	41.3	0.4	0.1
43235	Upper Gastrointestinal Endoscopy- Diagnosis	52.5	10.5	2.6	33.6	0.7	0.1
69436	Create Eardrum Opening	6.9	24.3	1.3	66.8	0.5	0.0
93458	Left Heart Artery/Ventricle Angiography	68.6	5.2	2.3	23.5	0.3	0.0
20610	Drain/Inject- Joint/Bursa	70.0	7.4	1.4	20.8	0.4	0.0
52356	Cysto/Uretero W/Lithotripsy	52.2	7.3	1.9	36.9	1.7	0.1
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	26.5	7.1	2.4	63.0	0.7	0.2
Total Percentage		51.5	6.3	2.2	39.2	0.8	0.1
<p>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</p> <p>Source: Ambulatory Surgery Data, WHA Information Center, LLC</p>							

Table 28. 40 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2024

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
45385	Lesion Removal Colonoscopy by Snare	115,091	\$7,093	\$816,379,292
66984	Cataract Surgery With Intraocular Lens	82,629	\$8,443	\$697,605,224
45380	Colonoscopy and Biopsy	67,145	\$7,466	\$501,323,625
43239	Upper Gastrointestinal Endoscopy- Biopsy	65,241	\$7,878	\$513,937,033
45378	Diagnostic Colonoscopy	42,540	\$5,564	\$236,707,556
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	22,910	\$4,494	\$102,946,796
27447	Total Knee Arthroplasty	22,164	\$49,340	\$1,093,581,980
64483	Injection Foramen Epidural Lumbar/Sacral	20,423	\$4,129	\$84,336,305
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	19,904	\$4,710	\$93,756,191
64493	Injection Paravertebral Lumbar/Sacral, Single Level	16,582	\$6,396	\$106,064,796
62323	Njx Interlaminar Lmbr/Sac	15,826	\$3,299	\$52,211,526
27130	Total Hip Arthroplasty	14,592	\$53,101	\$774,850,693
64635	Destroy Lumb/Sac Facet Jnt	12,912	\$9,242	\$119,332,823
64721	Carpal Tunnel Surgery	12,270	\$9,008	\$110,531,447
43235	Upper Gastrointestinal Endoscopy- Diagnosis	9,835	\$6,322	\$62,174,648
69436	Create Eardrum Opening	9,555	\$7,701	\$73,581,868
93458	Left Heart Artery/Ventricle Angiography	8,666	\$26,916	\$233,257,474
20610	Drain/Inject- Joint/Bursa	8,509	\$3,098	\$26,357,175
52356	Cysto/Uretero W/Lithotripsy	8,253	\$23,541	\$194,284,714
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,041	\$15,526	\$124,844,344
43249	Esoph Egd Dilation <30 Mm	8,031	\$9,408	\$75,559,101
66982	Cataract Surgery - Complex	7,678	\$10,071	\$77,321,772
42820	Remove Tonsils and Adenoids	7,471	\$11,827	\$88,362,046
G0260	Injection Sacroiliac Joint; Anesthetic & Therapeutic Agent & Arthrography	7,293	\$3,176	\$23,164,059
62321	Njx Interlaminar Crv/Thrc	7,199	\$2,965	\$21,342,030
47562	Laparoscopic Cholecystectomy	6,755	\$26,440	\$178,605,452
58558	Hysteroscopy - Biopsy	6,750	\$18,212	\$122,931,441
49650	Lap Ing Hernia Repair Init	6,711	\$31,778	\$213,262,191
64490	Injection Paravertebral Cervical/Thoracic, Single Level	6,236	\$5,537	\$34,531,300
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	6,074	\$14,061	\$85,406,930
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,903	\$37,756	\$222,876,304
66821	After Cataract Laser Surgery	5,880	\$2,422	\$14,240,126
41899	Dental Surgery Procedure	5,829	\$10,767	\$62,761,766
58571	Tlh W/T/O 250 G Or Less	5,780	\$40,951	\$236,696,327
49083	Abd Paracentesis W/Imaging	5,586	\$3,929	\$21,947,133
43248	Upper Gastrointestinal Endoscopy- With Insertion Of Guide Wire	5,499	\$6,387	\$35,123,721
26055	Incise Finger Tendon Sheath	5,035	\$8,490	\$42,745,073
27096	Inject Sacroiliac Joint	4,775	\$3,130	\$14,945,623
23472	Reconstruct Shoulder Joint	4,522	\$61,055	\$276,089,741
64633	Destroy Cerv/Thor Facet Jnt	4,326	\$7,782	\$33,664,624
Total for 40 Most Common Procedures		706,421	\$11,183	\$7,899,642,268

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, 2024

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
0571T	Insj/Rplcmt Icds Ss Eltrd	8	\$244,183	\$1,953,466
22600	Arthrd Pst Tq 1Ntrspc Crv	43	\$222,047	\$9,548,006
33276	Insj Phrnc Nrv Stim Sys	7	\$183,544	\$1,284,811
93657	Tx L/R Atrial Fib Addl	92	\$181,713	\$16,717,555
33231	Insrt Pulse Gen W/Mult Leads	5	\$170,314	\$851,571
C9767	Revasc Lithotrip-Stent-Ather	5	\$169,044	\$845,221
64568	Incision For Vagus Nerve Electrode Implant	53	\$152,328	\$8,073,362
33477	Implant Tcat Pulm Vlv Perq	21	\$145,910	\$3,064,119
33249	Insert Electrode/Pacing-Defibrillator	806	\$137,988	\$111,218,237
33234	Removal Of Pacemaker System	10	\$131,816	\$1,318,155
24363	Replace Elbow Joint	11	\$128,190	\$1,410,086
93656	Compre Ep Eval Abltj Atr Fib	3,003	\$127,592	\$383,157,707
33233	Removal Of Pm Generator	43	\$120,353	\$5,175,164
33270	Ins/Rep Subq Defibrillator	36	\$116,315	\$4,187,327
33264	Rmvl & Rplcmt Dfb Gen Mlt Ld	460	\$112,946	\$51,955,265
37227	Femoral/Popliteal Revascularization Stent & Atherectomy	75	\$111,531	\$8,364,788
33289	Tcat Impl Wrts P-Art Prs Snr	108	\$108,655	\$11,734,789
92933	Prq Card Stent/Ath/Angio	15	\$108,633	\$1,629,500
0795T	Tcat Ins 2Chmbr Ldls Pm Cmpl	15	\$108,419	\$1,626,287
63685	Insert/Replace Spinal Neurostimulator Generator/Receiver	1,367	\$106,992	\$146,257,583
Total		6,183	\$124,595	\$770,373,001

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, 2024

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
27447	Total Knee Arthroplasty	22,164	\$49,340	\$1,093,581,980
45385	Lesion Removal Colonoscopy by Snare	115,091	\$7,093	\$816,379,292
27130	Total Hip Arthroplasty	14,592	\$53,101	\$774,850,693
66984	Cataract Surgery With Intraocular Lens	82,629	\$8,443	\$697,605,224
43239	Upper Gastrointestinal Endoscopy- Biopsy	65,241	\$7,878	\$513,937,033
45380	Colonoscopy and Biopsy	67,145	\$7,466	\$501,323,625
93656	Compre Ep Eval Abltj Atr Fib	3,003	\$127,592	\$383,157,707
23472	Reconstruct Shoulder Joint	4,522	\$61,055	\$276,089,741
45378	Diagnostic Colonoscopy	42,540	\$5,564	\$236,707,556
58571	Tlh W/T/O 250 G Or Less	5,780	\$40,951	\$236,696,327
93458	Left Heart Artery/Ventricle Angiography	8,666	\$26,916	\$233,257,474
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,903	\$37,756	\$222,876,304
49650	Lap Ing Hernia Repair Init	6,711	\$31,778	\$213,262,191
52356	Cysto/Uretero W/Lithotripsy	8,253	\$23,541	\$194,284,714
47562	Laparoscopic Cholecystectomy	6,755	\$26,440	\$178,605,452
C9600	Perc Drug-El Cor Stent Sing	2,780	\$56,848	\$158,036,584
93653	Compre Ep Eval Tx Svt	1,534	\$95,672	\$146,761,060
63685	Insert/Replace Spinal Neurostimulator Generator/Receiver	1,367	\$106,992	\$146,257,583
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	8,041	\$15,526	\$124,844,344
58558	Hysteroscopy - Biopsy	6,750	\$18,212	\$122,931,441
Total		479,467	\$15,166	\$7,271,446,324

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, 2024

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	32,681	\$30,364	\$992,318,647
Digestive	419,679	\$9,551	\$4,008,303,086
Ear	13,018	\$12,625	\$164,351,938
Endocrine	3,872	\$31,441	\$121,738,186
Eye	121,223	\$9,477	\$1,148,786,358
Female Genital	33,139	\$26,778	\$887,381,367
General Surgery	14	\$6,992	\$97,882
Hemic/Lymphatic	6,587	\$28,260	\$186,146,142
Integumentary	46,841	\$17,816	\$834,525,680
Male Genital	11,520	\$20,722	\$238,717,172
Maternity Care and Delivery	3,758	\$15,850	\$59,566,132
Mediastinum and Diaphragm	48	\$28,445	\$1,365,343
Musculoskeletal	173,271	\$29,089	\$5,040,298,078
Nervous	129,985	\$10,413	\$1,353,584,959
Respiratory	21,653	\$24,142	\$522,751,377
Urinary	39,287	\$18,118	\$711,791,764
Cancelled Principal Procedures	0		
All Other	98,337	\$18,067	\$1,776,653,143
Total*	1,154,913	\$15,627	\$18,048,377,254

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
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