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 129 general medical-surgical hospitals and 77 FASCs during 2017. They submitted records on 1,151,651 cases (886,476 at hospitals and 265,175 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 a 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 2017.

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 2017 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 2017.
- Table 31 sorts all the principal procedures reported during 2017 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 2017

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	21,833	$1,975	$1,790	$905	$1,448	$1,669	$2,010	$2,587	$3,154	$3,154	$3,734	$6,013
FASCs	2,781	$3,592	$1,647	$2,859	$3,154	$3,189	$3,189	$3,881	$6,013	$6,013	$6,013	$6,034
Hospitals	19,052	$1,739	$1,685	$860	$1,272	$1,555	$1,712	$1,861	$2,215	$2,780	$3,154	$4,729
3 DIGIT ZIP CODE AREA												
530**	1,299	$2,451	$1,571	$1,491	$2,187	$2,559	$3,149	$3,154	$3,154	$3,154	$4,374	$6,013
531**	2,694	$2,454	$1,829	$1,603	$1,806	$2,664	$3,154	$3,154	$3,189	$3,189	$3,535	$5,962
532**	3,136	$2,376	$1,632	$1,249	$1,876	$1,973	$2,859	$3,154	$3,154	$3,330	$6,013	$6,013
534**	439	$2,326	$2,015	$857	$1,555	$2,859	$3,154	$3,154	$3,154	$3,330	$5,718	$6,013

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 2017

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	Wheaton Franciscan - Elmbrook Memorial Campus	Brookfield	H	124	$910	$823	$432
019	Ascension Calumet Hospital, Inc	Chilton	H	3	*	*	*
414	Aurora Surgery Center, LLC	Germantown	H	10	$2,406	$2,187	$692
315	Aurora Medical Center in Grafton	Grafton	H	189	$2,574	$2,568	$642
043	Aurora Medical Center in Hartford	Hartford	H	165	$1,835	$1,577	$817
110	Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	22	$1,836	$1,642	$1,093
253	East Mequon Surgery Center LLC	Mequon	F	14	$7,148	$6,320	$3,232
098	ProHealth Oconomowoc Memorial Hospital	Oconomowoc	H	57	$1,239	$1,246	$707
415	Waukesha Surgery Center d/b/a Lake Country Surgery Center	Pewaukee	H	37	$2,287	$2,218	$481
124	Aurora Sheboygan Memorial Medical Center	Sheboygan	H	150	$1,910	$1,624	$583
263	Sheboygan Medical Center LLC	Sheboygan	F	234	$3,760	$3,154	$1,167
314	Aurora Medical Center in Summit	Summit	H	110	$1,542	$1,154	$1,389

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, 2017

CPT/HCPCS				Percentile Distribution of Charges		
Code	Procedure	Number of Cases	Average Charge	25th	50th	75th
66984	Cataract Surgery With Intraocular Lens	71,374	$7,353	$5,033	$6,758	$9,189
45380	Colonoscopy and Biopsy	66,865	$5,155	$3,334	$4,665	$6,512
45385	Lesion Removal Colonoscopy by Snare	60,956	$5,415	$3,471	$4,808	$6,712
43239	Upper Gastrointestinal Endoscopy- Biopsy	56,773	$5,274	$3,238	$4,811	$6,647
45378	Diagnostic Colonoscopy	40,277	$4,030	$2,528	$3,488	$4,906
64483	Injection Foramen Epidural Lumbar/Sacral	30,814	$3,031	$2,023	$2,715	$4,241
62323	Njx Interlaminar Lmbr/Sac	25,500	$2,626	$2,148	$2,214	$2,901
20610	Drain/Inject- Joint/Bursa	21,833	$1,975	$905	$1,448	$2,587
64493	Injection Paravertebral Lumbar/Sacral, Single Level	20,774	$6,893	$3,378	$6,087	$10,240
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	18,699	$3,281	$2,143	$2,759	$4,021
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	15,096	$3,281	$2,211	$2,856	$3,999
64721	Carpal Tunnel Surgery	11,945	$6,463	$3,703	$5,539	$8,343
64635	Destroy Lumb/Sac Facet Jnt	11,730	$7,415	$5,976	$6,767	$9,109
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	11,236	$11,285	$6,113	$9,857	$15,238
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,462	$4,432	$2,568	$3,831	$5,566
62321	Njx Interlaminar Crv/Thrc	10,299	$2,436	$2,200	$2,255	$2,622
67028	Injection Eye Drug	9,247	$2,793	$738	$948	$4,313
69436	Create Eardrum Opening	8,888	$5,724	$3,743	$4,989	$7,001
93458	Left Heart Artery/Ventricle Angiography	8,299	$20,813	$12,846	$15,950	$25,205
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	8,007	$4,446	$3,076	$3,840	$5,172
	Total for 20 Most Common Procedures	519,074	$5,329	$2,581	$4,400	$6,696

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, 2017

CPT/HCPCS		Percentages (%) by Age Grouping				Percentages (%) by Gender	
Code	Procedure	0-14	15-44	45-64	65+	Male	Female
66984	Cataract Surgery With Intraocular Lens	0.0	0.8	21.0	78.2	40.0	60.0
45380	Colonoscopy and Biopsy	0.5	14.3	53.1	32.1	46.9	53.1
45385	Lesion Removal Colonoscopy by Snare	0.0	3.7	57.6	38.7	55.5	44.5
43239	Upper Gastrointestinal Endoscopy- Biopsy	4.3	26.4	38.3	31.1	41.3	58.7
45378	Diagnostic Colonoscopy	0.0	10.4	74.9	14.7	42.5	57.5
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	17.7	42.1	40.3	45.3	54.7
62323	Njx Interlaminar Lmbr/Sac	0.2	13.9	40.5	45.5	41.2	58.8
20610	Drain/Inject- Joint/Bursa	0.1	10.5	41.8	47.6	37.9	62.1
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	17.9	46.6	35.5	40.4	59.6
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.4	56.2	43.4	43.4	56.6
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	3.1	37.2	59.7	44.9	55.1
64721	Carpal Tunnel Surgery	0.0	20.1	45.4	34.4	41.1	58.9
64635	Destroy Lumb/Sac Facet Jnt	0.0	17.7	48.6	33.7	38.3	61.7
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	0.7	25.6	60.3	13.4	55.7	44.3
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.4	20.1	41.2	38.2	41.2	58.8
62321	Njx Interlaminar Crv/Thrc	0.0	18.6	57.7	23.7	42.8	57.2
67028	Injection Eye Drug	0.0	2.8	14.3	82.9	41.3	58.7
69436	Create Eardrum Opening	93.4	3.5	2.1	1.0	56.4	43.6
93458	Left Heart Artery/Ventricle Angiography	0.0	4.0	42.5	53.5	60.2	39.8
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	0.1	3.4	56.2	40.3	55.5	44.5
	Total Percentage	2.2	11.5	45.0	41.4	44.9	55.1

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

Source: Ambulatory Surgery Data, WHA Information Center, LLC

Table 27. Expected primary pay source distribution of persons undergoing the 20 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS Hospitals and FASCs, 2017

CPT/HCPCS		Percentages (%) by Primary Payer Source					
Code	Procedure	T18	T19	Other Gov't	Comm Ins	Self - Pay	Unknown
66984	Cataract Surgery With Intraocular Lens	74.8	2.3	0.9	20.4	1.5	0.2
45380	Colonoscopy and Biopsy	31.7	6.2	1.3	59.8	0.4	0.6
45385	Lesion Removal Colonoscopy by Snare	37.0	4.4	1.1	56.8	0.4	0.4
43239	Upper Gastrointestinal Endoscopy- Biopsy	34.6	12.1	1.2	50.8	0.8	0.5
45378	Diagnostic Colonoscopy	13.1	6.6	1.1	78.3	0.6	0.3
64483	Injection Foramen Epidural Lumbar/Sacral	46.6	11.3	1.2	39.9	0.3	0.7
62323	Njx Interlaminar Lmbr/Sac	53.0	11.6	1.3	32.1	0.2	1.8
20610	Drain/Inject- Joint/Bursa	53.9	9.7	1.5	34.5	0.3	0.2
64493	Injection Paravertebral Lumbar/Sacral, Single Level	46.7	18.8	1.9	31.2	0.2	1.3
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	45.4	2.6	1.2	49.9	0.2	0.6
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	58.0	1.6	1.0	38.5	0.2	0.7
64721	Carpal Tunnel Surgery	36.1	10.1	1.1	52.1	0.3	0.3
64635	Destroy Lumb/Sac Facet Jnt	49.7	19.1	2.0	28.2	0.1	0.9
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	14.9	6.6	1.3	76.1	0.5	0.5
43235	Upper Gastrointestinal Endoscopy- Diagnosis	44.0	11.8	1.6	41.5	0.8	0.3
62321	Njx Interlaminar Crv/Thrc	36.1	15.7	1.3	45.3	0.3	1.3
67028	Injection Eye Drug	81.1	1.7	2.0	14.5	0.8	0.0
69436	Create Eardrum Opening	1.7	29.7	1.4	66.8	0.2	0.3
93458	Left Heart Artery/Ventricle Angiography	56.3	6.7	1.1	35.3	0.6	0.1
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	39.3	3.2	1.2	55.2	0.3	0.9
	Total Percentage	43.2	8.1	1.2	46.4	0.6	0.5

Note: Rows may not total 100% due to rounding.
T18 refers to Medicare.
T19 refers to Medicaid/Badger Care
Other Govt' 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, 2017

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	71,374	$7,353	$524,834,201
45380	Colonoscopy and Biopsy	66,865	$5,155	$344,665,947
45385	Lesion Removal Colonoscopy by Snare	60,956	$5,415	$330,105,721
43239	Upper Gastrointestinal Endoscopy- Biopsy	56,773	$5,274	$299,413,598
45378	Diagnostic Colonoscopy	40,277	$4,030	$162,326,434
64483	Injection Foramen Epidural Lumbar/Sacral	30,814	$3,031	$93,387,002
62323	Njx Interlaminar Lmbr/Sac	25,500	$2,626	$66,965,655
20610	Drain/Inject- Joint/Bursa	21,833	$1,975	$43,112,048
64493	Injection Paravertebral Lumbar/Sacral, Single Level	20,774	$6,893	$143,186,086
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	18,699	$3,281	$61,352,119
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	15,096	$3,281	$49,533,923
64721	Carpal Tunnel Surgery	11,945	$6,463	$77,201,528
64635	Destroy Lumb/Sac Facet Jnt	11,730	$7,415	$86,982,461
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	11,236	$11,285	$126,801,507
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,462	$4,432	$46,366,429
62321	Njx Interlaminar Crv/Thrc	10,299	$2,436	$25,086,064
67028	Injection Eye Drug	9,247	$2,793	$25,831,123
69436	Create Eardrum Opening	8,888	$5,724	$50,872,251
93458	Left Heart Artery/Ventricle Angiography	8,299	$20,813	$172,728,978
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	8,007	$4,446	$35,601,052
41899	Dental Surgery Procedure	7,435	$8,190	$60,895,643
64490	Injection Paravertebral Cervical/Thoracic, Single Level	7,162	$6,041	$43,262,177
49083	Abd Paracentesis W/Imaging	7,085	$2,852	$20,203,965
66821	After Cataract Laser Surgery	7,023	$2,193	$15,402,948
G0260	Injection Sacroiliac Joint; Anesthetic & Therapuetic Agent & Arthrography	6,653	$3,272	$21,767,321
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	6,262	$9,633	$60,323,095
47562	Laparoscopic Cholecystectomy	6,226	$17,429	$108,514,983
43249	Upper Gi Endoscopy W Dilation Of Esophagus	5,878	$6,696	$39,360,916
19083	Bx Breast 1St Lesion Us Imag	5,841	$5,985	$34,955,952
11100	Biopsy Skin &/Subcutaneous Tissue; 1 Lesion	5,730	$1,380	$7,909,842
27096	Inject Sacroiliac Joint	5,704	$3,605	$20,560,173
29581	Apply Mult-layer Compression Lower Leg	5,635	$695	$3,913,693
42820	Remove Tonsils and Adenoids	5,634	$7,864	$44,303,109
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,473	$24,744	$135,425,794
17000	Destroy Benign/Premalignant Lesion	5,420	$448	$2,429,514
10022	Fna W/Image	5,403	$3,096	$16,729,489
58558	Hysteroscopy - Biopsy	5,298	$12,141	$64,322,116
66982	Cataract Surgery - Complex	5,230	$7,963	$41,644,795
52356	Cysto/Uretero W/Lithotripsy	4,986	$15,800	$78,779,673
49650	Laparoscopy, Repair Initial Inguinal Hernia	4,617	$20,163	$93,091,167
	Total for 40 Most Common Procedures	637,769	$5,770	$3,680,150,493

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, 2017

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
33270	Ins/Rep Subq Defibrillator	49	$127,711	$6,257,843
22633	Lumbar Spine Fusion Combined	90	$117,064	$10,535,777
C9745	Nasal Endo Eustachian Tube	20	$110,646	$2,212,910
33249	Insert Electrode/Pacing-Defibrillator	927	$106,944	$99,136,774
64568	Incision For Vagus Nerve Electrode Implant	72	$102,117	$7,352,421
93656	Tx Atrial Fib Pulm Vein Isol	983	$98,235	$96,565,439
C9741	Impl Pressure Sensor W/Angio	69	$95,583	$6,595,222
93662	Intracardiac Ecg (Ice)	239	$90,750	$21,689,322
37231	Tibial/Peroneal Revascularization Stent & Atherectomy	11	$90,408	$994,483
22600	Neck Spine Fusion	15	$86,171	$1,292,571
93657	Tx L/R Atrial Fib Addl	37	$85,430	$3,160,895
33264	Remv&Replc Cvd Gen Mult Lead	439	$82,474	$36,206,013
34802	Endovasc Abdo Repr W/Device	5	$82,025	$410,124
22558	Lumbar Spine Fusion	44	$81,607	$3,590,706
93641	Electrophysiology Evaluation	102	$80,715	$8,232,925
63655	Implant Neuroelectrodes	53	$78,770	$4,174,796
22612	Lumbar Spine Fusion	80	$78,241	$6,259,245
33233	Removal Of Pacemaker System	39	$77,417	$3,019,276
63685	Insert/Replace Spinal Neurostimlator Generator/Receiver	1,095	$76,335	$83,586,416
93654	Ep & Ablate Ventric Tachy	168	$73,940	$12,421,971
	Total	4,537	$91,183	$413,695,130

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, 2017

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	71,374	$7,353	$524,834,201
45380	Colonoscopy and Biopsy	66,865	$5,155	$344,665,947
45385	Lesion Removal Colonoscopy by Snare	60,956	$5,415	$330,105,721
43239	Upper Gastrointestinal Endoscopy- Biopsy	56,773	$5,274	$299,413,598
93458	Left Heart Artery/Ventricle Angiography	8,299	$20,813	$172,728,978
45378	Diagnostic Colonoscopy	40,277	$4,030	$162,326,434
64493	Injection Paravertebral Lumbar/Sacral, Single Level	20,774	$6,893	$143,186,086
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	5,473	$24,744	$135,425,794
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	11,236	$11,285	$126,801,507
47562	Laparoscopic Cholecystectomy	6,226	$17,429	$108,514,983
93653	Ep & Ablate Supravent Arrhyt	1,428	$70,085	$100,081,670
33249	Insert Electrode/Pacing-Defibrillator	927	$106,944	$99,136,774
93656	Tx Atrial Fib Pulm Vein Isol	983	$98,235	$96,565,439
64483	Injection Foramen Epidural Lumbar/Sacral	30,814	$3,031	$93,387,002
49650	Laparoscopy, Repair Initial Inguinal Hernia	4,617	$20,163	$93,091,167
96365	Ther/Proph/Diag Iv Inf, Init	3,416	$25,703	$87,800,358
64635	Destroy Lumb/Sac Facet Jnt	11,730	$7,415	$86,982,461
58571	Laparoscopy, Removal Of Tubes & Ovaries	3,058	$28,298	$86,535,583
63685	Insert/Replace Spinal Neurostimlator Generator/Receiver	1,095	$76,335	$83,586,416
52356	Cysto/Uretero W/Lithotripsy	4,986	$15,800	$78,779,673
	Total	411,307	$7,911	$3,253,949,793

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, 2017

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	39,576	$19,997	$791,398,902
Digestive	354,107	$6,663	$2,359,566,571
Ear	15,096	$6,196	$93,530,913
Endocrine	2,882	$20,523	$59,145,917
Eye	113,221	$6,980	$790,319,541
Female Genital	31,076	$15,147	$470,706,937
General Surgery	5,587	$3,079	$17,203,910
Hemic/Lymphatic	6,226	$12,199	$75,953,729
Integumentary	79,733	$6,662	$531,164,533
Male Genital	7,601	$9,764	$74,213,800
Maternity Care and Delivery	3,583	$10,769	$38,586,579
Mediastinum and Diaphragm	151	$20,667	$3,120,687
Musculoskeletal	164,549	$11,157	$1,835,928,552
Nervous	161,937	$6,406	$1,037,395,236
Respiratory	24,299	$12,016	$291,984,884
Urinary	48,627	$9,050	$440,056,773
Cancelled Principal Procedures	0		
All Other	93,380	$12,758	$1,191,324,593
Total*	1,151,631	$8,772	$10,101,602,057

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	Description
20610	Drain/Inject- Joint/Bursa
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
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery
45385	Lesion Removal Colonoscopy by Snare
62310	Injection Spine Cervical/Thoracic
62311	Inject Spine Lumbar/Sacral (Caudal)
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
67028	Injection Eye Drug
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