

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 85 FASCs during 2019. They submitted records on 989,640 cases (750,137 at hospitals and 239,503 at FASCs). Of these, 17 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 2019.

As with inpatient charges, the ambulatory data reported here represent facility charges only. They do not include the physician's charges.

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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 2019 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 2019.
- Table 31 sorts all the principal procedures reported during 2019 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 2019

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	9,501	\$2,895	\$2,460	\$1,762	\$2,440	\$2,910	\$3,154	\$3,265	\$3,346	\$4,264	\$6,013	\$6,013
FASCs	2,986	\$3,798	\$1,698	\$2,859	\$3,265	\$3,265	\$3,717	\$5,120	\$6,013	\$6,013	\$6,013	\$6,365
Hospitals	6,515	\$2,481	\$2,639	\$1,547	\$1,922	\$2,147	\$2,664	\$2,886	\$3,154	\$3,267	\$4,264	\$6,013

3 DIGIT ZIP CODE AREA

530**	1,177	\$2,803	\$2,039	\$1,698	\$1,960	\$2,775	\$3,154	\$3,154	\$3,154	\$4,152	\$6,013	\$6,013
531**	1,961	\$2,883	\$2,142	\$1,862	\$2,859	\$3,154	\$3,265	\$3,265	\$3,265	\$3,369	\$4,264	\$6,013
532**	2,767	\$3,000	\$1,749	\$1,762	\$2,230	\$3,037	\$3,154	\$3,212	\$3,633	\$5,177	\$6,013	\$6,013
534**	179	\$4,052	\$2,057	\$2,859	\$3,035	\$3,154	\$3,330	\$5,718	\$6,013	\$6,013	\$6,365	\$9,537

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 2019

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**					
019 Ascension Calumet Hospital	Chilton	H	24	\$1,819	\$1,647 \$694
414 Aurora Surgery Center, LLC - Germantown	Germantown	H	20	\$6,656	\$5,120 \$2,407
315 Aurora Medical Center in Grafton	Grafton	H	142	\$3,121	\$2,809 \$3,358
043 Aurora Medical Center in Hartford	Hartford	H	291	\$1,905	\$1,782 \$627
110 Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	H	27	\$2,174	\$1,508 \$1,639
253 East Mequon Surgery Center LLC	Mequon	F	20	\$7,129	\$5,120 \$2,447
124 Aurora Sheboygan Memorial Medical Center	Sheboygan	H	208	\$1,960	\$1,715 \$696
263 Sheboygan Medical Center LLC	Sheboygan	F	199	\$4,051	\$3,154 \$1,328
314 Aurora Medical Center in Summit	Summit	H	64	\$1,759	\$1,283 \$1,218

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, 2019

CPT/HCPCS		Percentile Distribution of Charges				
Code	Procedure	Number of Cases	Average Charge	25th	50th	75th
66984	Cataract Surgery With Intraocular Lens	71,910	\$7,449	\$5,303	\$6,816	\$9,328
45380	Colonoscopy and Biopsy	67,950	\$5,757	\$3,650	\$4,965	\$7,401
45385	Lesion Removal Colonoscopy by Snare	64,117	\$5,442	\$3,521	\$4,965	\$6,669
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,283	\$6,275	\$3,539	\$5,487	\$7,927
45378	Diagnostic Colonoscopy	37,278	\$4,218	\$2,636	\$3,724	\$4,901
64483	Injection Foramen Epidural Lumbar/Sacral	24,650	\$3,252	\$2,168	\$3,015	\$4,241
64493	Injection Paravertebral Lumbar/Sacral, Single Level	19,311	\$6,830	\$3,551	\$5,794	\$9,112
62323	Njx Interlaminar Lmbr/Sac	18,728	\$2,864	\$2,148	\$2,341	\$2,810
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	16,530	\$3,614	\$2,157	\$3,380	\$4,499
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	15,432	\$3,553	\$2,102	\$3,120	\$4,555
64721	Carpal Tunnel Surgery	12,378	\$6,908	\$4,171	\$5,797	\$8,912
64635	Destroy Lumb/Sac Facet Jnt	12,087	\$7,732	\$5,799	\$6,767	\$9,109
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,341	\$5,030	\$2,865	\$4,222	\$6,258
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	9,745	\$12,134	\$6,895	\$10,535	\$15,791
20610	Drain/Inject- Joint/Bursa	9,521	\$2,895	\$1,762	\$2,440	\$3,265
69436	Create Eardrum Opening	8,375	\$6,092	\$4,050	\$5,503	\$7,225
62321	Njx Interlaminar Crv/Thrc	8,217	\$2,501	\$2,224	\$2,255	\$2,810
93458	Left Heart Artery/Ventricle Angiography	8,153	\$20,265	\$13,689	\$17,332	\$23,952
41899	Dental Surgery Procedure	7,668	\$8,149	\$5,756	\$6,300	\$10,543
27447	Total Knee Arthroplasty	7,139	\$40,524	\$30,291	\$38,473	\$47,109
Total for 20 Most Common Procedures		489,813	\$6,445	\$3,083	\$4,944	\$7,674
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, 2019

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	0.1	0.8	20.0	79.1	39.7	60.3
45380	Colonoscopy and Biopsy	0.3	14.6	51.3	33.9	47.4	52.6
45385	Lesion Removal Colonoscopy by Snare	0.0	3.8	55.0	41.1	55.2	44.8
43239	Upper Gastrointestinal Endoscopy- Biopsy	4.5	26.5	36.9	32.1	41.6	58.4
45378	Diagnostic Colonoscopy	0.0	11.2	73.0	15.8	42.4	57.6
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	14.8	42.0	43.2	44.8	55.2
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.0	15.5	45.4	39.2	40.4	59.6
62323	Njx Interlaminar Lmbr/Sac	0.2	12.9	39.2	47.7	41.8	58.2
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	0.0	2.8	35.3	61.9	45.9	54.1
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.4	60.0	39.6	43.7	56.3
64721	Carpal Tunnel Surgery	0.0	19.4	43.9	36.7	41.9	58.1
64635	Destroy Lumb/Sac Facet Jnt	0.0	14.7	48.9	36.5	38.1	61.9
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.4	19.5	40.0	40.1	40.7	59.3
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	0.5	26.1	58.5	15.0	56.8	43.2
20610	Drain/Inject- Joint/Bursa	0.1	8.9	43.0	48.0	36.7	63.3
69436	Create Eardrum Opening	93.9	3.2	1.8	1.1	57.1	42.9
62321	Njx Interlaminar Crv/Thrc	0.0	16.6	57.0	26.4	42.7	57.3
93458	Left Heart Artery/Ventricle Angiography	0.0	3.3	39.8	56.9	60.3	39.7
41899	Dental Surgery Procedure	85.6	10.0	3.1	1.4	55.2	44.8
27447	Total Knee Arthroplasty	0.0	0.8	43.5	55.6	43.0	57.0
Total Percentage		3.6	11.2	43.3	41.9	45.2	54.8
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, 2019

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	72.3	2.2	1.6	20.1	2.9	0.8
45380	Colonoscopy and Biopsy	33.7	5.7	1.9	57.5	0.6	0.6
45385	Lesion Removal Colonoscopy by Snare	40.1	3.8	1.7	53.0	0.5	0.8
43239	Upper Gastrointestinal Endoscopy- Biopsy	35.4	11.3	1.9	50.1	0.9	0.4
45378	Diagnostic Colonoscopy	13.6	6.1	1.7	77.7	0.8	0.2
64483	Injection Foramen Epidural Lumbar/Sacral	50.1	10.1	1.6	36.5	0.5	1.2
64493	Injection Paravertebral Lumbar/Sacral, Single Level	49.8	17.0	2.1	29.5	0.3	1.2
62323	Njx Interlaminar Lmbr/Sac	55.0	10.6	1.5	31.0	0.5	1.4
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	62.5	1.4	1.4	33.2	0.3	1.2
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	42.4	2.4	1.5	52.0	0.4	1.2
64721	Carpal Tunnel Surgery	37.7	8.3	1.7	51.5	0.3	0.6
64635	Destroy Lumb/Sac Facet Jnt	51.9	16.6	2.4	26.4	0.2	2.5
43235	Upper Gastrointestinal Endoscopy- Diagnosis	46.1	10.4	2.0	40.0	0.9	0.6
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	15.7	6.2	1.7	74.6	0.6	1.2
20610	Drain/Inject- Joint/Bursa	56.8	10.8	1.1	30.4	0.4	0.5
69436	Create Eardrum Opening	1.6	27.3	1.6	68.1	0.3	1.2
62321	Njx Interlaminar Crv/Thrc	37.6	14.3	1.9	43.3	0.5	2.5
93458	Left Heart Artery/Ventricle Angiography	58.5	5.8	1.6	33.3	0.6	0.2
41899	Dental Surgery Procedure	4.3	60.1	1.1	33.8	0.6	0.1
27447	Total Knee Arthroplasty	50.8	2.8	1.7	40.6	0.2	3.8
Total Percentage		43.0	8.1	1.7	45.3	0.9	0.9
<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, 2019

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	71,910	\$7,449	\$535,680,742
45380	Colonoscopy and Biopsy	67,950	\$5,757	\$391,176,116
45385	Lesion Removal Colonoscopy by Snare	64,117	\$5,442	\$348,916,473
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,283	\$6,275	\$378,259,927
45378	Diagnostic Colonoscopy	37,278	\$4,218	\$157,235,315
64483	Injection Foramen Epidural Lumbar/Sacral	24,650	\$3,252	\$80,152,162
64493	Injection Paravertebral Lumbar/Sacral, Single Level	19,311	\$6,830	\$131,895,581
62323	Njx Interlaminar Lmbr/Sac	18,728	\$2,864	\$53,633,137
G0105	Colorectal Cancer Screening; Colonoscopy High Risk	16,530	\$3,614	\$59,738,867
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	15,432	\$3,553	\$54,832,639
64721	Carpal Tunnel Surgery	12,378	\$6,908	\$85,509,786
64635	Destroy Lumb/Sac Facet Jnt	12,087	\$7,732	\$93,460,478
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,341	\$5,030	\$52,019,800
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)	9,745	\$12,134	\$118,243,905
20610	Drain/Inject- Joint/Bursa	9,521	\$2,895	\$27,564,901
69436	Create Eardrum Opening	8,375	\$6,092	\$51,023,563
62321	Njx Interlaminar Crv/Thrc	8,217	\$2,501	\$20,550,206
93458	Left Heart Artery/Ventricle Angiography	8,153	\$20,265	\$165,220,374
41899	Dental Surgery Procedure	7,668	\$8,149	\$62,487,356
27447	Total Knee Arthroplasty	7,139	\$40,524	\$289,302,633
64490	Injection Paravertebral Cervical/Thoracic, Single Level	6,592	\$5,995	\$39,521,632
43249	Upper Gi Endoscopy W Dilation Of Esophagus	6,407	\$6,951	\$44,534,266
47562	Laparoscopic Cholecystectomy	6,340	\$18,789	\$119,123,576
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,245	\$28,658	\$178,966,694
G0260	Injection Sacroiliac Joint; Anesthetic & Therapeutic Agent & Arthrography	6,082	\$3,300	\$20,073,280
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	6,001	\$4,728	\$28,371,765
66821	After Cataract Laser Surgery	5,897	\$2,477	\$14,607,583
36561	Insert Tunneled Central Venous Catheter, 5 Yr/Older	5,894	\$11,604	\$68,393,987
66982	Cataract Surgery - Complex	5,758	\$8,298	\$47,780,379
52356	Cysto/Uretero W/Lithotripsy	5,695	\$17,488	\$99,594,463
58558	Hysteroscopy - Biopsy	5,593	\$13,960	\$78,079,619
42820	Remove Tonsils and Adenoids	5,378	\$8,913	\$47,935,784
49650	Laparoscopy, Repair Initial Inguinal Hernia	5,195	\$22,102	\$114,821,813
43248	Upper Gastrointestinal Endoscopy- With Insertion Of Guide Wire	5,041	\$4,882	\$24,611,238
26055	Incise Finger Tendon Sheath	4,751	\$6,825	\$32,423,911
27096	Inject Sacroiliac Joint	4,747	\$3,557	\$16,883,376
64633	Destruction By Neurolytic Agent W Imaging, Cervical Or Thoracic	3,792	\$6,349	\$24,076,875
19083	Bx Breast 1st Lesion Us Imag	3,766	\$6,321	\$23,804,952
20680	Removal Of Support Implant	3,737	\$12,713	\$47,509,729
49083	Abd Paracentesis W/Imaging	3,704	\$3,738	\$13,845,444
Total for 40 Most Common Procedures		596,428	\$7,112	\$4,241,864,326
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, 2019

CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
93657	Tx L/R Atrial Fib Addl	54	\$159,163	\$8,594,798
93655	Ablate Arrhythmia Add On	39	\$149,771	\$5,841,061
93662	Intracardiac Ecg (Ice)	70	\$131,387	\$9,197,087
33270	Ins/Rep Subq Defibrillator	28	\$128,022	\$3,584,608
22633	Lumbar Spine Fusion Combined	80	\$118,140	\$9,451,217
64568	Incision For Vagus Nerve Electrode Implant	102	\$114,478	\$11,676,724
33249	Insert Electrode/Pacing-Defibrillator	876	\$113,562	\$99,480,100
22558	Lumbar Spine Fusion	73	\$110,546	\$8,069,866
33233	Removal Of Pacemaker System	56	\$107,262	\$6,006,700
93641	Electrophysiology Evaluation	27	\$103,423	\$2,792,421
22612	Lumbar Spine Fusion	80	\$103,190	\$8,255,181
34705	Evac Rpr A-Biiliac Ndgft	5	\$100,821	\$504,105
33264	Remv&Replc Cvd Gen Mult Lead	273	\$96,217	\$26,267,181
93656	Tx Atrial Fib Pulm Vein Isol	1,400	\$94,970	\$132,958,111
21145	Reconstruct Midface- Lefort	5	\$94,815	\$474,075
33241	Remove Pulse Generator	54	\$93,877	\$5,069,343
69930	Implant Cochlear Device	260	\$93,815	\$24,392,020
33340	Perq Clsr Tcat L Atr Apndge	7	\$93,012	\$651,086
33289	Tcat Impl Wrts P-Art Prs Snr	162	\$91,299	\$14,790,362
37231	Tibial/Peroneal Revascularization Stent & Atherectomy	8	\$90,745	\$725,962
Total		3,659	\$103,521	\$378,782,010

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, 2019
CPT/HCPCS

Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery With Intraocular Lens	71,910	\$7,449	\$535,680,742
45380	Colonoscopy and Biopsy	67,950	\$5,757	\$391,176,116
43239	Upper Gastrointestinal Endoscopy- Biopsy	60,283	\$6,275	\$378,259,927
45385	Lesion Removal Colonoscopy by Snare	64,117	\$5,442	\$348,916,473
27447	Total Knee Arthroplasty	7,139	\$40,524	\$289,302,633
29827	Shoulder Arthroscopy/Surgery With Rotator Cuff Repair	6,245	\$28,658	\$178,966,694
93458	Left Heart Artery/Ventricle Angiography	8,153	\$20,265	\$165,220,374
45378	Diagnostic Colonoscopy	37,278	\$4,218	\$157,235,315
C9600	Perc Drug-El Cor Stent Sing	2,810	\$47,976	\$134,811,353
93656	Tx Atrial Fib Pulm Vein Isol	1,400	\$94,970	\$132,958,111
64493	Injection Paravertebral Lumbar/Sacral, Single Level	19,311	\$6,830	\$131,895,581
47562	Laparoscopic Cholecystectomy	6,340	\$18,789	\$119,123,576
29881	Knee Arthroscopy/Surgery with Meniscectomy (Medial OR Lateral)	9,745	\$12,134	\$118,243,905
49650	Laparoscopy, Repair Initial Inguinal Hernia	5,195	\$22,102	\$114,821,813
58571	Laparoscopy, Removal Of Tubes & Ovaries	3,564	\$29,915	\$106,616,510
52356	Cysto/Uretero W/Lithotripsy	5,695	\$17,488	\$99,594,463
33249	Insert Electrode/Pacing-Defibrillator	876	\$113,562	\$99,480,100
93653	Ep & Ablate Supravent Arrhyt	1,321	\$72,819	\$96,193,542
63685	Insert/Replace Spinal Neurostimulator Generator/Receiver	1,247	\$75,394	\$94,016,687
64635	Destroy Lumb/Sac Facet Jnt	12,087	\$7,732	\$93,460,478
Total		392,666	\$9,642	\$3,785,974,393
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, 2019

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	33,219	\$23,802	\$790,689,564
Digestive	348,310	\$7,384	\$2,571,898,001
Ear	11,227	\$9,988	\$112,138,615
Endocrine	3,126	\$22,619	\$70,707,542
Eye	101,832	\$7,920	\$806,504,994
Female Genital	28,066	\$19,391	\$544,236,733
General Surgery	24	\$8,744	\$209,847
Hemic/Lymphatic	5,732	\$19,587	\$112,273,352
Integumentary	44,980	\$12,600	\$566,743,837
Male Genital	7,775	\$13,758	\$106,971,834
Maternity Care and Delivery	3,605	\$11,937	\$43,031,821
Mediastinum and Diaphragm	134	\$22,293	\$2,987,270
Musculoskeletal	139,687	\$16,954	\$2,368,322,333
Nervous	135,749	\$7,524	\$1,021,396,402
Respiratory	19,422	\$16,667	\$323,705,140
Urinary	34,098	\$13,679	\$466,433,562
Cancelled Principal Procedures	0		
All Other	80,832	\$13,704	\$1,107,692,673
Total*	997,818	\$11,040	\$11,015,943,520
Note: Charges may reflect charges for other ambulatory procedures performed during the same surgical episode.			
*17 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
27447	Total Knee Arthroscopy
29881	Knee Arthroscopy/Surgery with Meniscectomey (Medial OR Lateral)
41899	Dental Surgery Procedure
43235	Upper Gastrointestinal Endoscopy- Diagnosis
43239	Upper Gastrointestinal Endoscopy- Biopsy
45378	Diagnostic Colonoscopy
45380	Colonoscopy and Biopsy
45385	Lesion Removal Colonoscopy by Snare
62321	Njx Interlaminar Crv/Thrc
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

