

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 128 general medical-surgical hospitals and 61 FASCs during 2010. They submitted records on 991,233 cases (774,019 at hospitals and 217,214 at FASCs). Of these, 175 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 105 cancelled procedures were included in Table 31, and labeled as such. However, the remaining 70 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 2010.

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 2010 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 2010.
- Table 31 sorts all the principal procedures reported during 2010 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 2010

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	13,861	\$1,186	\$1,080	\$542	\$902	\$1,030	\$1,307	\$1,464	\$1,571	\$1,868	\$2,367	\$3,409
FASCs	1,517	\$1,408	\$815	\$902	\$1,294	\$1,482	\$1,549	\$1,705	\$1,804	\$1,946	\$2,208	\$3,174
Hospitals	12,344	\$1,159	\$1,105	\$470	\$852	\$1,020	\$1,265	\$1,410	\$1,555	\$1,832	\$2,387	\$3,411

3 DIGIT ZIP CODE AREA

530**	750	\$1,283	\$1,017	\$812	\$958	\$1,081	\$1,312	\$1,463	\$1,492	\$1,624	\$2,128	\$3,280
531**	1,012	\$1,476	\$1,020	\$851	\$1,292	\$1,324	\$1,381	\$1,688	\$1,946	\$2,026	\$2,408	\$3,720
532**	3,100	\$1,377	\$1,174	\$813	\$1,020	\$1,246	\$1,549	\$1,609	\$1,826	\$2,092	\$2,454	\$3,376
534**	3,997	\$541	\$383	\$231	\$407	\$470	\$781	\$839	\$839	\$864	\$902	\$1,194

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 2010

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 Healthcare-Elmbrook Memorial, Inc	Brookfield	H	149	\$1,299	\$857 \$1,332
315	Aurora Medical Center in Grafton	Grafton	H	14	\$3,452	\$1,447 \$3,396
043	Aurora Medical Center in Hartford	Hartford	H	33	\$1,578	\$1,213 \$1,198
072	Community Memorial Hospital	Menomonee Falls	H	43	\$783	\$773 \$145
222	Menomonee Falls ASC	Menomonee Falls	F	12	\$958	\$835 \$315
110	Columbia St Mary's Inc - Ozaukee Campus	Mequon	H	69	\$1,559	\$1,463 \$655
098	Oconomowoc Memorial Hospital	Oconomowoc	H	41	\$1,050	\$1,015 \$457
124	Aurora Sheboygan Memorial Medical Center	Sheboygan	H	128	\$1,276	\$1,118 \$546
263	Sheboygan Medical Center LLC	Sheboygan	F	20	\$1,026	\$902 \$323
125	St Nicholas Hospital	Sheboygan	H	12	\$1,456	\$1,158 \$986
282	Surgery Center of Sheboygan LLC, DBA Sheboygan Surgery Center	Sheboygan	F	5	\$2,400	\$2,000 \$894

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, 2010

CPT/HCPCS		Number of Cases	Average Charge	Percentile Distribution of Charges		
				25 th	50 th	75 th
Code	Procedure					
45378	Diagnostic Colonoscopy	63,820	\$2,564	\$1,766	\$2,327	\$2,905
66984	Cataract Surgery W/Intraocular Lens	57,635	5,428	4,133	5,105	6,352
43239	Upper Gastrointestinal Endoscopy- Biopsy	55,125	3,486	2,128	3,120	4,359
45380	Colonoscopy and Biopsy	51,363	3,473	2,345	3,171	4,199
45385	Lesion Removal Colonoscopy by Snare	39,270	3,622	2,393	3,171	4,388
62311	Inject Spine Lumbar/Sacral (Caudal)	33,703	1,639	1,227	1,366	2,083
64483	Injection Foramen Epidural Lumbar/Sacral	23,498	2,110	1,387	2,047	2,438
29881	Knee Arthroscopy/Surgery	14,687	8,437	5,690	7,677	10,530
20610	Drain/Inject- Joint/Bursa	13,861	1,186	542	902	1,464
64493	Injection Paravertebral Lumbar/Sacral, Single Level	13,591	3,215	2,150	2,654	4,134
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	13,197	3,052	2,014	2,744	3,836
64721	Carpal Tunnel Surgery	12,278	4,351	2,785	3,709	5,173
93510	Left Heart Catheterization	11,779	14,259	9,378	12,376	17,553
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,980	2,620	1,595	2,247	3,226
62310	Injection Spine Cervical/Thoracic	10,749	1,711	1,307	1,359	2,074
69436	Create Eardrum Opening	10,460	3,595	2,555	3,007	4,492
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	9,211	2,250	1,653	1,830	2,621
G0105	Colorectal Cancer Screening; Colonoscopy Hi Risk	7,989	2,152	1,653	1,816	2,597
42820	Remove Tonsils and Adenoids	7,099	5,120	3,782	4,886	6,151
47562	Laparoscopic Cholecystectomy	6,979	11,574	8,276	11,047	14,288
Total for 20 Most Common Procedures		467,274	\$3,808	\$1,958	\$2,904	\$4,507

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, 2010

CPT/HCPCS		Percentages (%) by Age Grouping				Percentages (%) by Gender	
		0-14	15-44	45-64	65+	Male	Female
45378	Diagnostic Colonoscopy	0.0	10.1	70.2	19.6	43.2	56.8
66984	Cataract Surgery W/Intraocular Lens	0.1	1.1	20.0	78.9	38.8	61.2
43239	Upper Gastrointestinal Endoscopy- Biopsy	3.9	27.2	39.6	29.3	41.9	58.1
45380	Colonoscopy and Biopsy	0.5	19.0	53.1	27.5	44.4	55.6
45385	Lesion Removal Colonoscopy by Snare	0.0	4.6	59.2	36.2	57.1	42.9
62311	Inject Spine Lumbar/Sacral (Caudal)	0.1	20.8	39.0	40.2	41.2	58.8
64483	Injection Foramen Epidural Lumbar/Sacral	0.0	22.1	42.7	35.1	44.0	56.0
29881	Knee Arthroscopy/Surgery	0.6	28.5	58.7	12.1	56.0	44.0
20610	Drain/Inject- Joint/Bursa	0.7	14.9	39.4	45.0	33.9	66.1
64493	Injection Paravertebral Lumbar/Sacral, Single Level	0.1	25.8	45.4	28.8	38.7	61.3
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	0.0	5.3	59.3	35.4	53.4	46.6
64721	Carpal Tunnel Surgery	0.0	23.0	48.3	28.7	38.2	61.8
93510	Left Heart Catheterization	0.0	6.1	47.0	46.9	57.7	42.3
43235	Upper Gastrointestinal Endoscopy- Diagnosis	0.6	25.9	40.1	33.4	38.3	61.7
62310	Injection Spine Cervical/Thoracic	0.0	27.3	54.1	18.7	40.5	59.5
69436	Create Eardrum Opening	94.7	3.3	1.4	0.6	58.1	41.9
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	0.0	0.2	50.8	49.0	43.5	56.5
G0105	Colorectal Cancer Screening; Colonoscopy Hi Risk	0.0	2.9	29.2	67.9	44.8	55.2
42820	Remove Tonsils and Adenoids	99.9	0.1	0.0	0.0	51.7	48.3
47562	Laparoscopic Cholecystectomy	0.6	50.7	34.8	13.9	24.3	75.7
Total Percentage		4.2	14.9	45.2	35.6	44.3	55.7

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, 2010

CPT/HCPCS Code	Procedure	Percentages (%) by Primary Payer Source					
		T18	T19	Other Gov't	Comm Ins	Self- Pay	Unknown
45378	Diagnostic Colonoscopy	19.3	6.6	1.4	71.1	0.7	0.7
66984	Cataract Surgery W/Intraocular Lens	76.8	2.3	0.4	19.8	0.5	0.3
43239	Upper Gastrointestinal Endoscopy- Biopsy	32.7	11.9	1.1	52.2	1.4	0.8
45380	Colonoscopy and Biopsy	28.8	7.7	1.2	60.5	1.1	0.7
45385	Lesion Removal Colonoscopy by Snare	36.3	5.3	1.1	56.0	0.7	0.6
62311	Inject Spine Lumbar/Sacral (Caudal)	46.1	11.1	1.3	40.3	0.5	0.6
64483	Injection Foramen Epidural Lumbar/Sacral	38.8	8.8	1.1	50.4	0.5	0.3
29881	Knee Arthroscopy/Surgery	13.1	7.7	1.1	75.9	1.0	1.1
20610	Drain/Inject- Joint/Bursa	53.4	9.1	1.1	35.4	0.5	0.4
64493	Injection Paravertebral Lumbar/Sacral, Single Level	39.9	16.8	0.9	41.6	0.4	0.4
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	35.7	4.8	1.2	56.9	0.6	0.8
64721	Carpal Tunnel Surgery	30.4	11.1	1.0	55.9	0.8	0.8
93510	Left Heart Catheterization	50.0	7.7	0.9	39.1	1.6	0.7
43235	Upper Gastrointestinal Endoscopy- Diagnosis	38.2	11.9	1.9	45.3	1.6	1.1
62310	Injection Spine Cervical/Thoracic	27.9	13.3	1.0	56.4	0.9	0.4
69436	Create Eardrum Opening	0.9	33.7	1.0	62.7	0.7	1.1
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk	56.1	3.2	0.3	36.9	0.5	2.9
G0105	Colorectal Cancer Screening; Colonoscopy Hi Risk	68.7	1.5	0.3	27.0	0.1	2.4
42820	Remove Tonsils and Adenoids	0.1	36.6	1.1	60.6	0.7	1.0
47562	Laparoscopic Cholecystectomy	17.2	17.7	1.3	60.3	3.0	0.5
	Total Percentage	37.8	9.0	1.1	50.6	0.8	0.7

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

Source: Ambulatory Surgery Data, WHA Information Center, LLC.

Table 28: 40 most frequently performed principal ambulatory surgical procedures, Wisconsin GMS hospitals and FASCs, 2010

CPT/HCPCS				
Code	Procedure	Number of Cases	Average Charge	Total Charges
45378	Diagnostic Colonoscopy	63,820	\$2,564	\$163,628,539
66984	Cataract Surgery W/Intraocular Lens	57,635	5,428	312,820,207
43239	Upper Gastrointestinal Endoscopy- Biopsy	55,125	3,486	192,144,319
45380	Colonoscopy and Biopsy	51,363	3,473	178,363,611
45385	Lesion Removal Colonoscopy by Snare	39,270	3,622	142,254,386
62311	Inject Spine Lumbar/Sacral (Caudal)	33,703	1,639	55,231,254
64483	Injection Foramen Epidural Lumbar/Sacral	23,498	2,110	49,577,941
29881	Knee Arthroscopy/Surgery	14,687	8,437	123,913,488
20610	Drain/Inject Joint/Bursa	13,861	1,186	16,437,879
64493	Injection Paravertebral Lumbar/Sacral, Single Level	13,591	3,215	43,689,304
45384	Lesion Remove Colonoscopy by Hot Biopsy Forceps or Bipolar Cautery	13,197	3,052	40,274,419
64721	Carpal Tunnel Surgery	12,278	4,351	53,417,736
93510	Left Heart Catheterization	11,779	14,259	167,954,699
43235	Upper Gastrointestinal Endoscopy- Diagnosis	10,980	2,620	28,762,380
62310	Injection Spine Cervical/Thoracic	10,749	1,711	18,389,353
69436	Create Eardrum Opening	10,460	3,595	37,599,967
60121	Colorectal Cancer Screening; Colonoscopy Not High Risk	9,211	2,250	20,726,975
60105	Colorectal Cancer Screening; Colonoscopy Hi Risk	7,989	2,152	17,190,635
42820	Remove Tonsils and Adenoids	7,099	5,120	36,349,617
47562	Laparoscopic Cholecystectomy	6,979	11,574	80,772,438
49505	Prp I/Hern Init Reduc>5 Yr	6,096	7,948	48,448,685
41899	Dental Surgery Procedure	5,158	6,284	32,413,432
66821	After Cataract Laser Surgery	5,133	1,811	9,297,189
64622	Destr Paravertebrl Nerve L/S	4,954	5,371	26,609,841
36561	Insrt Tunnel Cntrl Cvad Port; 5 Yr/>	4,885	7,285	35,588,947
29826	Shoulder Arthroscopy/Surgery	4,682	13,022	60,970,682
52000	Cystoscopy	4,638	2,556	11,855,955
64490	Inj Paravert F Jnt C/T 1 Lev	4,536	3,037	13,776,566
47563	Laparoscopic Cholecystectomy W/Cholangiography	4,436	14,147	62,757,977
58558	Hysteroscopy- Biopsy	4,316	7,029	30,337,666
27096	Inject Sacroiliac Joint	4,209	1,863	7,842,581
29880	Knee Arthroscopy/Surgery	4,154	8,838	36,714,533
19103	Biopsy Breast Percutaneous With Device	4,086	5,177	21,154,614
45383	Colonoscopy W/ Ablation Of Lesions	3,984	3,165	12,609,924
30520	Repair Of Nasal Septum	3,886	8,976	34,880,710
66982	Cataract Surgery- Complex	3,779	5,631	21,279,960
20680	Removal Of Support Implant	3,749	6,534	24,495,731
43249	Upper Gi Endoscopy W/ Dilation Of Esophagus	3,574	3,660	13,080,282
43248	Upper Gi Endoscopy W/ Insertion Of Guide Wire	3,545	2,822	10,005,295
42826	Removal Of Tonsils	3,532	5,810	20,522,291
Total		554,606	\$4,173	\$2,314,142,009

Note: Charges for procedures 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, 2010

CPT/HCPCS				
Code	Procedure	Number of Cases	Average Charge	Total Charges
C1893	Intro/Sheath, Fixed,Non-Peel	11	\$91,294	\$1,004,239
33249	Eltrd/Insert Pace-Defib	473	83,535	39,512,038
36248	Place Catheter In Artery	21	75,444	1,584,329
33224	Insert Pacing Lead & Connect	15	71,955	1,079,318
71090	X-Ray and Pacemaker Insertion	142	69,474	9,865,275
33225	L Ventric Pacing Lead Add-On	63	69,025	4,348,558
93641	Electrophysiology Evaluation	28	66,587	1,864,424
64573	Implant Neuroelectrodes	28	65,576	1,836,128
33240	Insert Pulse Generator	819	62,652	51,312,036
69930	Implant Cochlear Device	134	60,812	8,148,767
C1724	Cath, Trans Atherec,Rotation	14	60,259	843,630
L8687	Implantable Neurostimulator Pulse Generator	29	58,621	1,700,006
63655	Implant Neuroelectrodes	21	57,935	1,216,639
33217	Insert Lead Pace-Defib- Dual	7	55,020	385,139
63685	Insert/Replace Sp Neurostim Gen/Recv	293	53,759	15,751,444
C1882	Aicd, Other Than Sing/Dual	13	52,675	684,781
L8686	Implantable Neurostimulator Pulse Generator	7	51,947	363,628
22630	Lumbar Spine Fusion	16	51,691	827,052
93651	Ablate Heart Dysrhythm Supraventricular Tachycardia	895	50,179	44,910,601
93652	Ablate Heart Dysrhythm Ventricular Tachycardia	43	47,952	2,061,933
Total		3,072	\$61,621	\$189,299,963

Note: Charges for procedures 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, 2010

CPT/HCPCS				
Code	Procedure	Number of Cases	Average Charge	Total Charges
66984	Cataract Surgery W/Intraocular Lens	57,635	\$5,428	\$312,820,207
43239	Upper Gastrointestinal Endoscopy- Biopsy	55,125	3,486	192,144,319
45380	Colonoscopy and Biopsy	51,363	3,473	178,363,611
93510	Left Heart Catheterization	11,779	14,259	167,954,699
45378	Diagnostic Colonoscopy	63,820	2,564	163,628,539
45385	Lesion Removal Colonoscopy by Snare	39,270	3,622	142,254,386
29881	Knee Arthroscopy/Surgery	14,687	8,437	123,913,488
47562	Laparoscopic Cholecystectomy	6,979	11,574	80,772,438
47563	Laparoscopic Cholecystectomy W Cholangiography	4,436	14,147	62,757,977
29826	Shoulder Arthroscopy/Surgery	4,682	13,022	60,970,682
29827	Arthroscopy Shoulder W Rotator Cuff Repair	3,411	17,843	60,861,045
92980	Insert Intracoronary Stent	1,630	36,267	59,115,880
G0290	Trnscath Rx Intracor Stnt; 1 Ves	1,686	34,007	57,335,359
62311	Inject Spine Lumbar/Sacral (Caudal)	33,703	1,639	55,231,254
64721	Carpal Tunnel Surgery	12,278	4,351	53,417,736
33240	Insert Pulse Generator	819	62,652	51,312,036
29888	Knee Arthroscopy/Surgery	2,870	17,512	50,260,125
64483	Injection Foramen Epidural Lumbar/Sacral	23,496	2,110	49,577,941
49505	Prp I/Hern Init Reduc>5 Yr	6,096	7,948	48,448,685
93651	Ablate Heart Dysrhythm Focus	895	50,179	44,910,601
Total		396,662	\$5,083	\$2,016,051,008

Note: Charges for procedures 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, 2010

Procedure	Number of Cases	Average Charge	Total Charges
Cardiovascular	34,612	\$12,933	\$447,650,071
Digestive	337,056	4,292	1,446,523,704
Ear	15,629	4,754	74,294,930
Endocrine	2,742	11,064	30,336,897
Eye	85,671	5,336	457,118,634
Female Genital	30,908	8,918	275,624,969
General Surgery	3,427	2,569	8,803,469
Hemic/Lymphatic	4,487	7,284	32,682,309
Integumentary	58,477	5,129	299,954,916
Male Genital	8,055	6,617	53,300,666
Maternity Care and Delivery	4,189	6,614	27,706,153
Mediastinum and Diaphragm	287	12,880	3,696,628
Musculoskeletal	140,003	7,576	1,060,614,876
Nervous	129,112	3,565	460,307,989
Respiratory	20,138	7,505	151,127,889
Urinary	36,068	6,497	234,346,978
Cancelled Principal Procedures	105	1,777	186,610
All Other	80,197	7,715	618,724,292
Statewide* Totals	991,163	\$5,734	\$5,683,001,982

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

*70 ambulatory surgery cases having an average charge of \$5,662 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
29881	Knee Arthroscopy/Surgery
42820	Remove Tonsils and Adenoids
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
47562	Laparoscopic Cholecystectomy
62310	Injection Spine Cervical/Thoracic
62311	Inject Spine Lumbar/Sacral (Caudal)
64483	Injection Foramen Epidural Lumbar/Sacral
64493	Injection Paravertebral Lumbar/Sacral, Single Level
64721	Carpal Tunnel Surgery
66984	Cataract Surgery W/Intraocular Lens
69436	Create Eardrum Opening
93510	Left Heart Catheterization
G0105	Colorectal Cancer Screening; Colonoscopy High Risk
G0121	Colorectal Cancer Screening; Colonoscopy Not High Risk