



WHITE PAPER

FH[®] Healthcare Indicators and FH[®] Medical Price Index 2025

An Annual View of
Place of Service
Trends and Medical Pricing

A FAIR Health White Paper, March 31, 2025



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Summary

This is the eighth annual edition of FH[®] Healthcare Indicators and FH[®] Medical Price Index, two measures developed by FAIR Health to provide perspective in a rapidly changing healthcare environment. Drawing on the independent nonprofit's national database of billions of commercially insured healthcare claims—the largest in the country—these two measures apply different approaches to illuminate different aspects of the national healthcare sector, including, among other factors, trends in the place of service and billed charge and allowed amounts¹ for professional services.

FH Healthcare Indicators analyze trends involving the place of service, or setting (e.g., office, retail clinic, urgent care center, telehealth, ambulatory surgery center [ASC] and emergency room [ER]), for healthcare in recent years.² Focusing on alternative places of service and ERs, FH Healthcare Indicators evaluate changes over time in utilization, diagnoses, procedures, costs and geographic and demographic factors. In the new edition, all time frames shift forward one year from the previous edition. For example, if a chart last year showed usage trends from 2017 to 2022, this year's chart shows 2018 to 2023. Here are some of the key findings from the period ending in 2023:

- From 2022 to 2023, utilization decreased in retail clinics (12 percent), urgent care centers (12 percent), ASCs (7 percent) and telehealth (3 percent).³ Utilization increased four percent in ERs.
- ERs held the highest percentage of medical claim lines in 2023 among the places of service studied, with 4.3 percent of all medical claim lines nationally. The comparable percentages for the other places of service were 3.8 percent for telehealth, 1.9 percent for urgent care centers, 1.0 percent for ASCs and 0.2 percent for retail clinics. The remainder of the services were primarily rendered in traditional places of service, such as physician offices.
- In 2023, as in previous years, more claim lines were submitted for females than males in most age groups in these alternative places of service and ERs.
- In 2023, Georgia was one of the top five states for retail clinics and urgent care centers, as measured by the percentage of medical claim lines accounted for by those places of service, but it was not among the top five states for telehealth.
- In 2023, COVID-19 remained on the list of most common diagnostic categories in retail clinics, urgent care centers and telehealth, but fell in the rankings. COVID-19 fell off the list of most common diagnostic categories in ERs (for individuals over the age of 22).
- Across offices, urgent care centers and retail clinics in 2023, the highest median allowed amount for CPT^{®4} 99204 (new patient office or other outpatient visit, 45-59 minutes) was in offices, at \$183, while the median allowed amount for urgent care centers was \$179 and for retail clinics \$138.

FH Medical Price Index tracks the weighted average growth in median billed charges and median allowed amounts in six categories of procedures. This report does not consider facility fees. The categories are:

- Professional evaluation and management (E&M; excluding E&Ms performed in a hospital setting);
- Hospital E&M (excluding E&Ms performed in a professional setting, such as typical office visits);

¹ For the years 2012 to 2021, FAIR Health employed an imputation methodology to determine benchmarks for allowed amounts. Since then, FAIR Health has made use of actual allowed amounts.

² For a complete list of places of service, see "Place of Service Codes for Professional Claims," Centers for Medicare & Medicaid Services, updated May 2, 2024, <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/website-pos-database.pdf>.

³ Utilization in this study is a relative, normalized measure, not an absolute one. See Methodology section.

⁴ CPT © 2024 American Medical Association (AMA). All rights reserved.

- Medicine (excluding E&Ms);
- Surgery (procedures for which the physician would bill);
- Pathology and laboratory (including both technical and professional components, e.g., both equipment and professional services); and
- Radiology (including both technical and professional components).

Findings include the following, all for the period November 2023 to November 2024:

- Of the six procedure categories, pathology and laboratory had the greatest percent increase in charge amount index, six percent. The surgery charge amount index increased five percent, the professional E&M and medicine charge amount indices each increased four percent and the radiology charge amount index increased two percent.
- Hospital E&M was the only category to remain flat in charge amount index.
- Hospital E&M, medicine and surgery each had the greatest percent increase in allowed amount index, four percent. The professional E&M and pathology and laboratory allowed amount indices each increased three percent.
- Radiology had the smallest percent increase in allowed amount index, one percent.

Background

In a white paper published in March 2018, FAIR Health launched two new measures of healthcare information: FH[®] Healthcare Indicators and FH[®] Medical Price Index.⁵ Designed to provide perspective in a rapidly changing healthcare environment and a “macro” view into the nation’s healthcare system, the measures are updated annually to reflect ongoing changes; this is the eighth annual release.

Since the first edition, the healthcare sector has continued to evolve and grow more complex. Healthcare stakeholders continue to need information that will enable them to discern fundamental trends and patterns, and to make decisions on that basis. FH Healthcare Indicators and FH Medical Price Index are intended to serve all such constituents, including healthcare consumers and policy makers, insurers and companies that self-insure, third-party administrators, hospitals and health systems, physicians and other individual providers, pharmaceutical and device manufacturers, federal and state government officials, legislators, economists and academic researchers.

Both FH Healthcare Indicators and FH Medical Price Index use the same data source: FAIR Health’s database of over 50 billion claim records, which is growing at a rate of over 3 billion claim records a year. The data are contributed by payors and administrators who insure or process claims for commercial insurance plans. A national, independent nonprofit organization, FAIR Health uses this repository—the nation’s largest collection of commercial healthcare claims data—in furtherance of its mission of bringing transparency and integrity to healthcare costs and health insurance information.

Like previous releases, this year’s edition of FH Healthcare Indicators and FH Medical Price Index is intended to assist healthcare stakeholders in a variety of ways. For example, health systems can use the information in budgeting and considering affiliations or market expansion; insurers in designing plan benefits and provider networks, informing reimbursement policies and setting premiums; government agencies and policy makers in framing public health campaigns and responses, framing legislation and/or evaluating the impact of existing legislative and regulatory initiatives; investors in researching the

⁵ FAIR Health, *FH[®] Healthcare Indicators and FH[®] Medical Price Index: A New View of Place of Service Trends and Medical Pricing*, A FAIR Health White Paper, March 2018, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/FH%20Medical%20Price%20Index%20and%20FH%20Healthcare%20Indicators--whitepaper.pdf>.

healthcare sector; and economists, researchers and the general public in seeking to track and evaluate important trends.

In this edition, as in previous editions, FH Healthcare Indicators and FH Medical Price Index each advance one year in the data they report: FH Healthcare Indicators to 2023 and FH Medical Price Index to 2024.

Methodology

FH Healthcare Indicators Methodology

To segregate FAIR Health claims data into venues of care, FAIR Health used standard Centers for Medicare & Medicaid Services (CMS) place of service codes to identify retail clinics, urgent care centers and offices. ERs were identified based on the CMS place of service, the bill type⁶ and/or an emergency department visit CPT code; telehealth using CMS place of service, telehealth-specific CPT codes or telehealth modifiers; and ASCs using CMS place of service or the bill type.

The data were then aggregated by a variety of key fields, including state, urban/rural, diagnostic categories (e.g., urinary tract infections, ear infections, acute respiratory infections), year of service and patient demographics (age and gender), to identify trends and patterns in utilization and variation in cost. Diagnostic categories were consolidated from the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) into clinically relevant groups to make them consumer-friendly. The data were evaluated with single and multiple variables to look for distinct trends and associations, which were then used to create graphical representations of the information.

In the graphical representations, the term “claim lines” refers to the individual procedures listed on insurance claims. A single claim for one patient may have multiple claim lines, with each line reflecting a separate procedure. To normalize the data and avoid fluctuations due to natural changes within plan data (e.g., the addition of a new plan contributor, or an existing contributor’s addition or loss of a major employer and its members), FAIR Health calculates each data point as a percentage of the total number of medical claim lines for each year. When rural or urban data for a place of service are evaluated, the denominator is all medical claim lines within that year and region. When total national data for a place of service are evaluated, the entirety of medical claim lines for that year is the denominator.

Once this claim line percentage is established, FAIR Health creates charts that present “percent of all medical claim lines.” In this case, the number of claim lines for the place of service being evaluated in a particular location (state, rural, urban or national) in a particular year is presented as a percentage of all claim lines within the FAIR Health database that are designated as medical claim lines (not including dental or pharmacy claim lines) in that location in that year. The rural/urban designation is based on where the patient was receiving care. For example, in figure 1, rural retail clinic claim lines in 2018 are shown as a percentage of all rural medical claim lines in that year.

⁶ The bill type is a code on a facility claim that indicates the type of facility, type of care and sequence of the bill in the episode of care.

FH Medical Price Index Methodology

FAIR Health used two of its benchmark products, FH® Charge Medical and FH® Allowed Medical, to calculate, respectively, charge amounts and allowed amounts for FH Medical Price Index. For each procedure code, the benchmark products (containing cost data based on recent claims) include a median value, which is the dollar value used for all codes included in the indices. For the 2024 indices, the last 11 releases of the FH Charge Medical and FH Allowed Medical benchmark products were used to establish the price component of the indices. The total frequency across the entire time period for each procedure code within the selected categories (professional E&M, hospital E&M, medicine, surgery, pathology and laboratory, and radiology) was used to select codes for inclusion or exclusion. Each procedure code that had a total combined frequency of one million or more occurrences in the last 11 product releases on or before the date of the index was included in the indices, with the total frequency weighted to reflect the total number of times the code exceeded one million occurrences each year. This allowed for natural inclusion of new codes and eventual exclusion of deleted codes in a gradual and controlled manner so as not to create potentially misleading fluctuations.

Once the list of codes to be included in the 2024 indices was established, the median charge or allowed amount for each code from the most recent benchmark product release was used as the price and multiplied by the corresponding frequency for that code for the last 11 releases, producing a total value for each code. Then, the total value for each code in a particular category was summed to get a total value for that category of codes. That value was then divided by the total frequency for all codes in the category to generate the average median value for all the codes in that category (the Category Average Median). Each index was then created by using the following index formula: dividing each Category Average Median for each release by the Category Average Median for the first release (May 2012, the base):

Index Value RELEASE = (Category Average Median RELEASE / Category Average Median BASE)

Table 1 below provides a sample calculation of how an FH Medical Price Index value is derived.

Table 1. Calculation of FH Medical Price Index for professional E&M charge amounts over a sample of the period May 2012-November 2024

Release	Category Total Value	Category Total Frequency	Category Total Value/Category Total Frequency = Category Average Median	Index Formula	FH Medical Price Index Value
May 2012	\$280,020,108,863	2,013,522,941	\$139.07 (base)	$\left(\frac{\$139.07}{\$139.07}\right)$	1.00
Nov 2024	\$779,849,110,181	3,422,746,826	\$227.84	$\left(\frac{\$227.84}{\$139.07}\right)$	1.64

Limitations

The data used in this report comprise claims data for commercially insured patients who are covered by insurers and third-party administrators who voluntarily participate in FAIR Health's data contribution program, and do not include all payors. Medicare Advantage (Medicare Part C) enrollees from contributing insurers are included, but not participants in Medicare Parts A, B and D.⁷ In addition, data from Medicaid, CHIP and other state and local government insurance programs are not included, nor are data collected regarding uninsured patients.

This is an observational report based on the data as reported to FAIR Health by private payors regarding care rendered to covered patients.

The report was not subject to peer review.

⁷ FAIR Health also receives the entire collection of claims for traditional Medicare Parts A, B and D under the Centers for Medicare & Medicaid Services Qualified Entity Program, but those data are not a source for this report.

FH Healthcare Indicators

As in previous years, FAIR Health studied four alternative places of service—retail clinics, urgent care centers, telehealth and ASCs—and compared them to more traditional venues of care, i.e., offices and ERs.

Retail Clinic

The normalized share of medical claim lines for retail clinics grew nationally 435 percent from 2018 to 2023 (figure 1), a slower pace of growth than that documented in last year's report (588 percent from 2017 to 2022). In urban areas, the increase from 2018 to 2023 was 464 percent; in rural areas, it was 248 percent.

From 2022 to 2023, the percentage of all medical claim lines attributed to retail clinics nationally fell 12.4 percent. In urban areas, it decreased 11.2 percent and, in rural areas, 22.5 percent.

In national and urban areas in 2023, the percentage of all medical claim lines attributed to retail clinics was approximately 0.2 percent; in rural areas, it was approximately 0.1 percent.

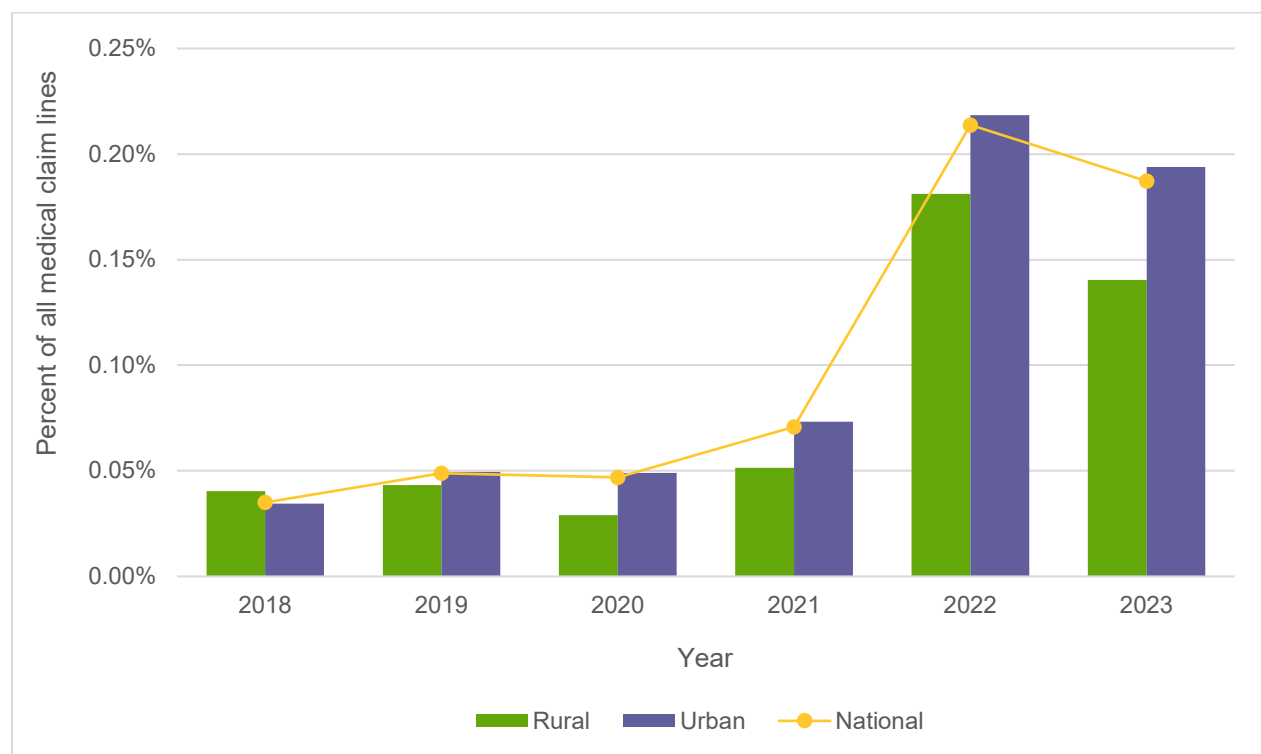


Figure 1. Claim lines with retail clinic usage as a percentage of all medical claim lines by rural, urban and national settings, 2018-2023

In the heat map below, states in which claim lines with retail clinic usage were a greater percentage of all medical claim lines than other states in 2023 are darker, while states with a lower percentage are lighter (figure 2). The five states in which retail clinic claim lines constituted the greatest percentage of medical claim lines were (from greatest to least) Connecticut, Tennessee, Georgia, Kansas and South Carolina. Connecticut and Tennessee remained in that list from 2022. Georgia, which had been in the list in 2021 and dropped off in 2022, returned in 2023. Kansas and South Carolina joined the list in 2023, while Maine, Rhode Island and Minnesota fell off the list.

The five states with the lowest retail clinic usage in 2023, in order from least to most, were Wyoming, South Dakota, Mississippi, Alabama and Utah. Four of the five states (Wyoming, South Dakota, Mississippi and Alabama) remained on the list from 2022, with Wyoming remaining in the last position. Oklahoma fell off the list and Utah joined.

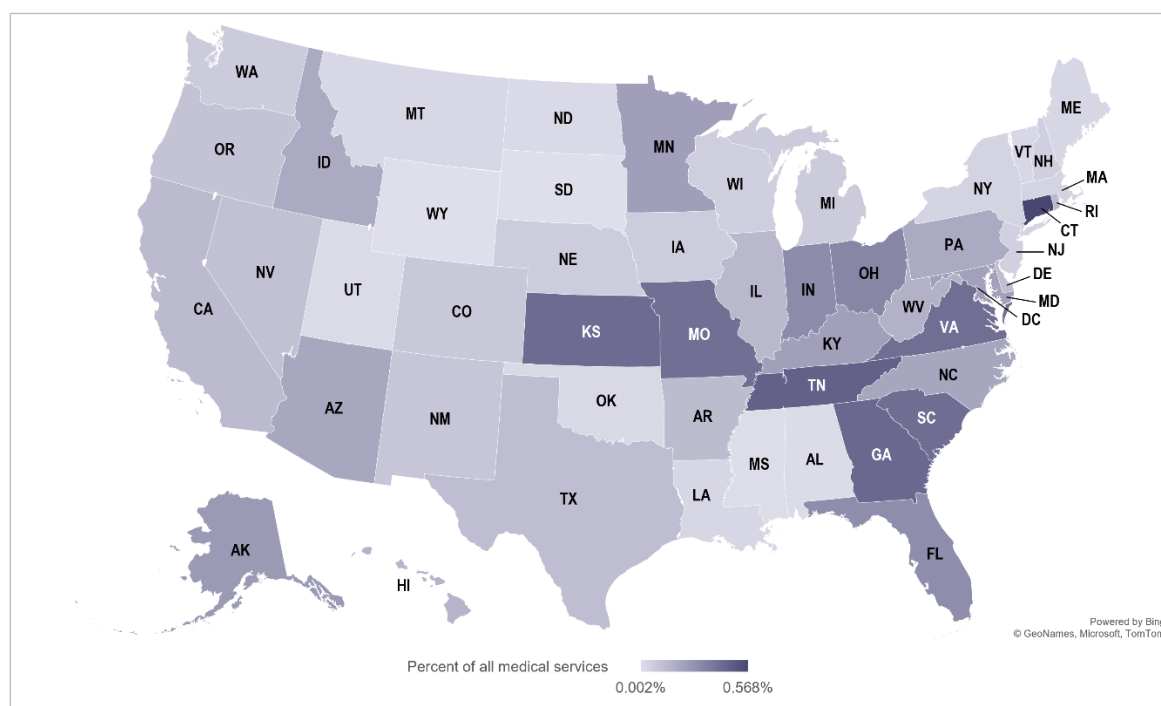


Figure 2. Percent of claim lines with retail clinic usage compared to all medical claim lines by state, 2023

The age distribution of retail clinic claim lines in 2023 (figure 3) was similar to that in 2022, but there were some changes. The age groups 0-10 and 11-18 each increased from eight percent to nine percent of claim lines. The age group 23-30 rose from 15 percent to 16 percent. In contrast, the range of ages over 50 fell in aggregate from 29 percent to 26 percent. In 2023, as in 2022, individuals aged 31-40 had the greatest share of claim lines for retail clinics, and their share remained at 18 percent.

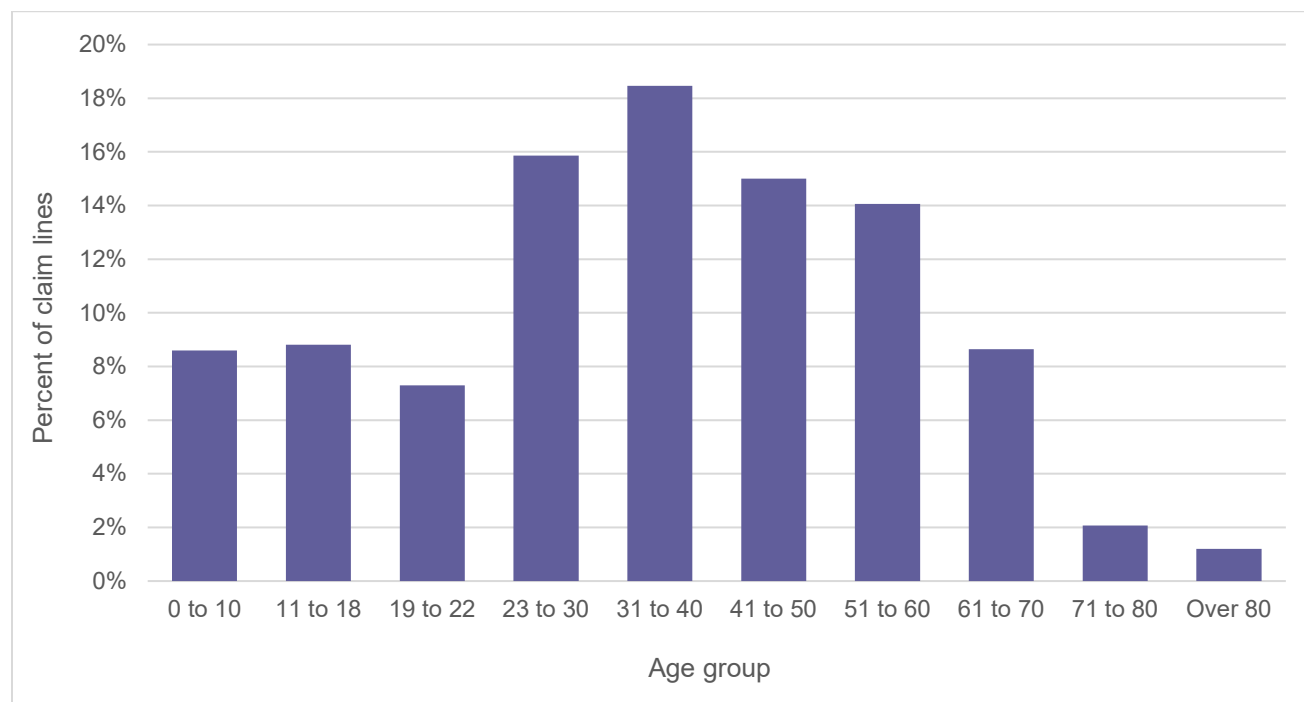


Figure 3. Percent of claim lines with retail clinic usage by age group, 2023

The age distribution of retail clinic claim lines in 2023 differed from that of all claim lines in the same year (figure 4). In general, the retail clinic distribution skewed younger than that of all places of service. In the retail clinic distribution, patients aged 40 and younger accounted for 59 percent of claim lines, whereas in the distribution of all claim lines, the same age range accounted for 45 percent. The age group with the largest share of claim lines for retail clinics was 31-40, with 18 percent, but for all places of service it was 51-60, also with 18 percent.

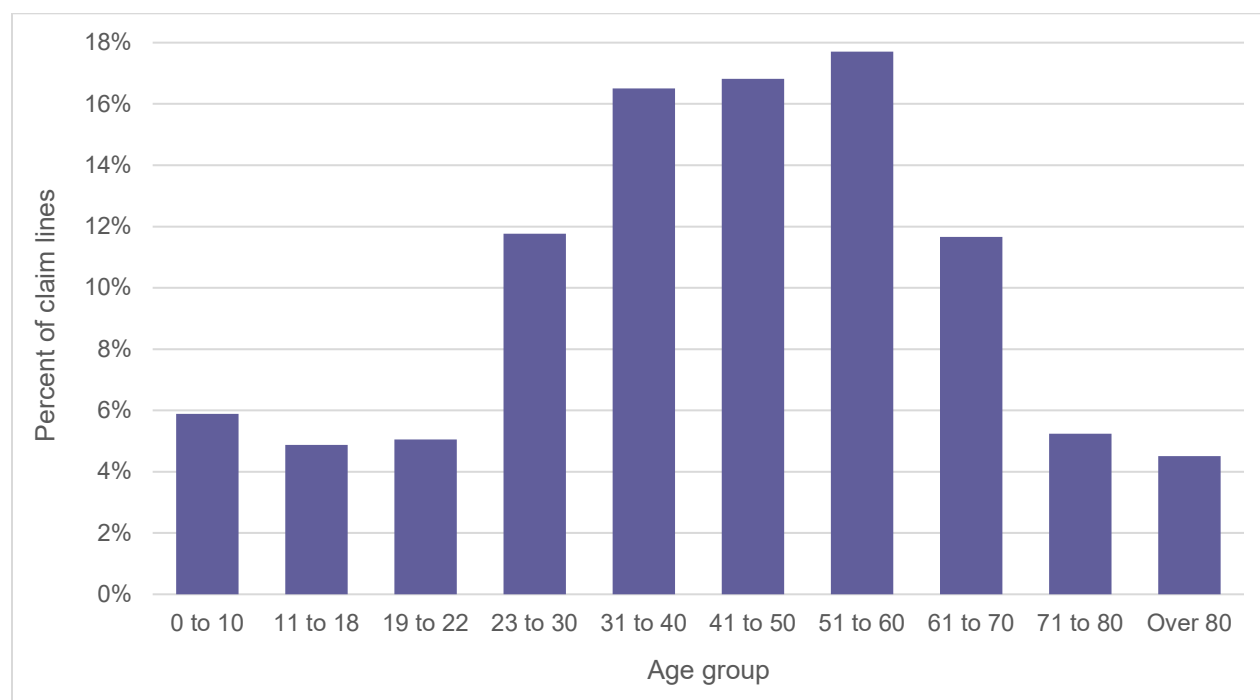


Figure 4. Percent of all claim lines by age group, 2023

In 2023 as in previous years, more claim lines were submitted for females than for males in most age groups in retail clinics.⁸ The female share of claim lines was larger than the male share across the age span from 11 to over 80, with the female share ranging from 53 percent (in the 11-18 age group) to 65 percent (in the 19-22 age group; figure 5). As in previous years, the only age group in which retail clinic claim lines for males outnumbered those for females was that of children aged 0-10; in 2023 as in 2022, males accounted for 51 percent of the claim lines in that age group and females 49 percent.



Figure 5. Percent of claim lines with retail clinic usage by age and gender, 2023

⁸ In 2023 as in past years, more claim lines were submitted for women than for men in most age groups in alternative places of service and ERs. As noted in past editions, this is consistent with the findings of other researchers that women are more likely than men to visit physicians and make use of healthcare services. See, for example, Jill J. Ashman, Esther Hing and Anjali Talwalkar, *Variation in Physician Office Visit Rates by Patient Characteristics and State, 2012*, NCHS Data Brief, no. 212 (National Center for Health Statistics, 2015), <https://www.cdc.gov/nchs/data/databriefs/db212.pdf>; and K. D. Bertakis, R. Azari, L. J. Helms, E. J. Callahan and J. A. Robbins, "Gender Differences in the Utilization of Health Care Services," *Journal of Family Practice* 49, no. 2 (2000):147-52, <https://www.ncbi.nlm.nih.gov/pubmed/10718692>.

The most common diagnostic category in retail clinics in 2023, at 27 percent of the distribution, was acute respiratory diseases and infections (figure 6), which had been in third position at 15 percent in 2022. Encounter for immunization, which had been in first position among diagnostic categories in retail clinics in 2022 (24 percent), fell to second position in 2023 (18 percent). In 2023, encounter for examination fell from second to third largest diagnostic category, decreasing from 17 percent in 2022 to 9 percent in 2023. COVID-19, which had been in fourth position among diagnostic categories in retail clinics at seven percent in 2022, fell to seventh position in 2023 with four percent of the distribution. Mental health conditions reentered the top 10 diagnostic categories in 8th position in 2023 after falling to 11th position in 2022. The share of claim lines for mental health conditions rose from 2 percent to 3 percent, a 58 percent increase.

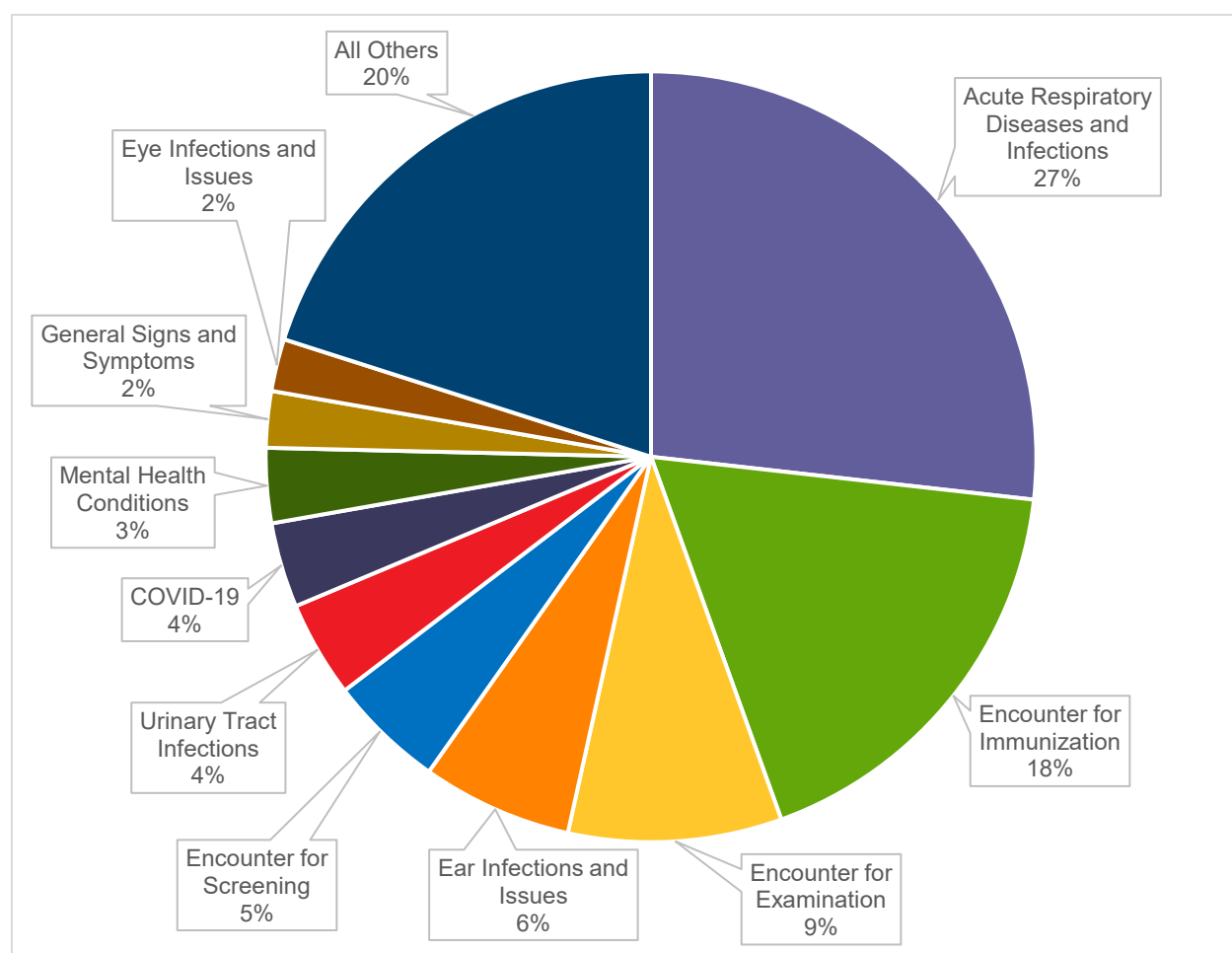


Figure 6. Distribution of claim lines with retail clinic usage by diagnostic category, 2023

Unlike in previous years, the type of procedure most commonly performed in retail clinics in 2023 was diagnostic/screening processes or results (figure 7), with 24 percent of the distribution. In 2022, established patient office or other outpatient services was in first position with 26 percent of the distribution, but it fell to third position (13 percent) in 2023. Patient history (select aspects of patient history or review of systems, such as asthma symptoms evaluated or current tobacco smoker) continued to rise, moving up from fourth position in 2022 (11 percent) to second position in 2023 (23 percent).

In 2022, COVID-19 specimen collection had been in sixth position with seven percent of the distribution, but in 2023, this procedure fell to ninth position (one percent). Immunization administration for vaccines/toxoids fell from fifth position in 2022 (eight percent) to sixth position in 2023 (six percent).

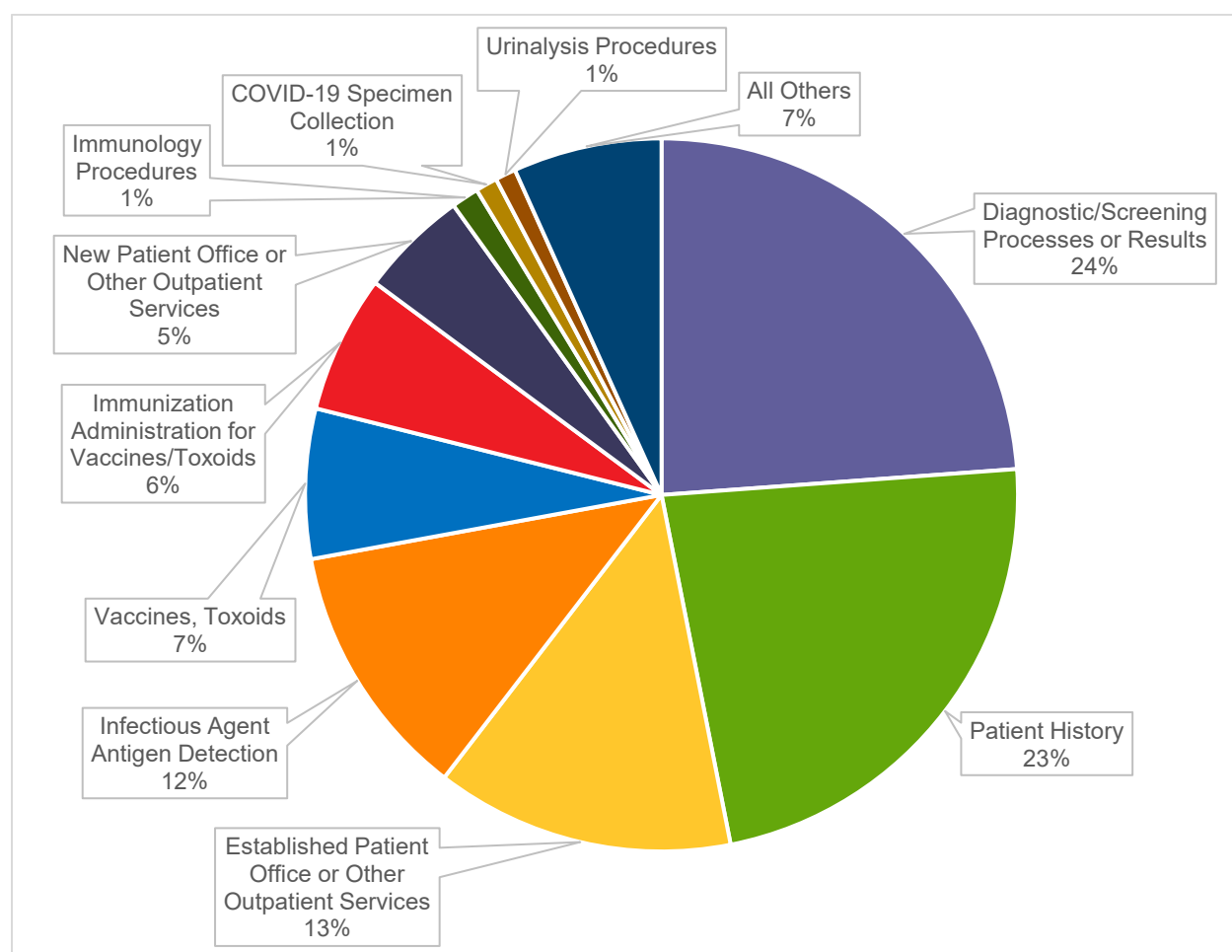
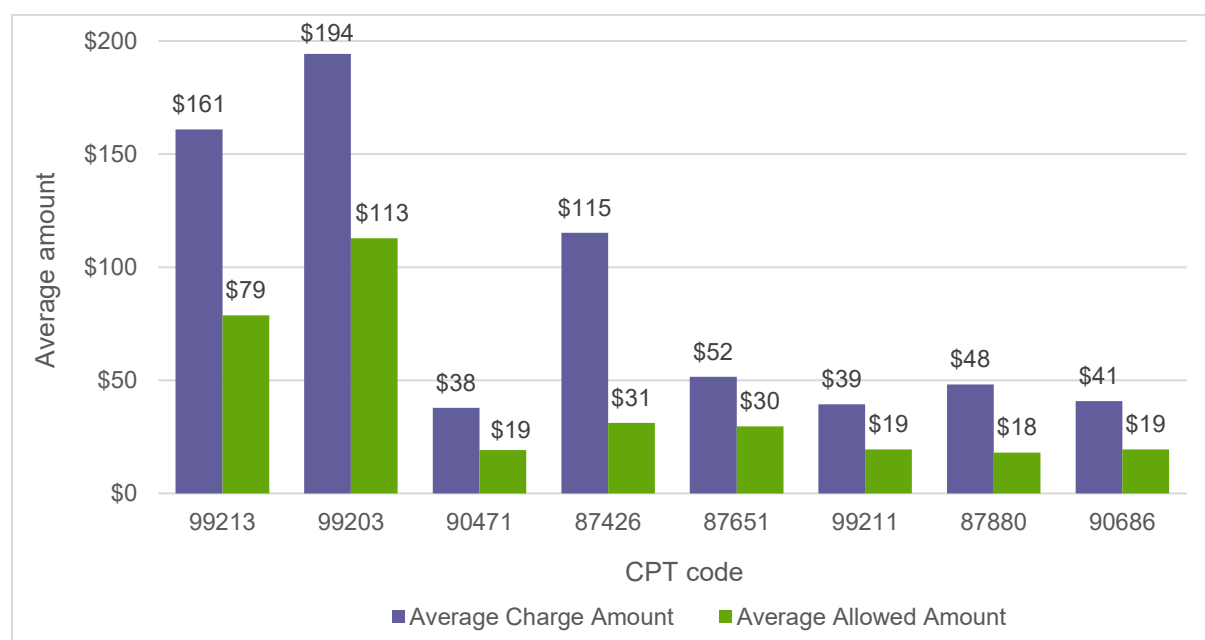


Figure 7. Distribution of claim lines with retail clinic usage by procedures, 2023

The average charges and allowed amounts for the most common procedures performed in retail clinics in 2023, as identified by CPT or HCPCS code, are shown in figure 8.

Six of the top eight codes by volume were the same in 2023 as they were in 2022. Two new codes that identify streptococcus infection by nucleic acid (CPT 87651) and by immunoassay (CPT 87880) joined the top eight, while a COVID-19 specimen collection and a COVID-19 detection code fell off the list. In 2023, CPT 99203 (new patient office or other outpatient visit, 30-44 minutes) had the highest average charge (\$194) and allowed amount (\$113) of the top eight. The lowest average charge was \$38 for CPT 90471 (administration of vaccine). The lowest average allowed amount was \$18, for CPT 87880 (detection test by immunoassay with direct visual observation for *Streptococcus*, group A [strep]).



CPT Code	Description	CPT Code	Description
99213	Established patient office or other outpatient visit, 20-29 minutes	87651	Detection test by nucleic acid for Strep (<i>Streptococcus</i> , group A), amplified probe technique
99203	New patient office or other outpatient visit, 30-44 minutes	99211	Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional
90471	Administration of vaccine	87880	Detection test by immunoassay with direct visual observation for <i>Streptococcus</i> , group A (strep)
87426	Detection test by immunoassay technique for severe acute respiratory syndrome coronavirus	90686	Influenza vaccine, quadrivalent, preservative free, 0.5 mL dosage

Figure 8. Average charges and average allowed amounts for the most common procedures performed in retail clinics, 2023

Although certain charts in this paper report average charges and allowed amounts nationally, average charges or allowed amounts can vary greatly by region. For example, the average charge amount for CPT 99203 varied from \$143 in the Northeast to \$221 in the South (table 2). The average allowed amount for that code varied from \$91 in the Northeast to \$121 in the South.

Table 2. Average charge amounts and average allowed amounts for CPT 99203 in retail clinics by region, 2023

Region	Average Charge Amount	Average Allowed Amount
Midwest	\$162	\$100
Northeast	\$143	\$91
South	\$221	\$121
West	\$184	\$119

Urgent Care

The normalized share of claim lines for urgent care centers grew overall 144 percent from 2014 to 2023 (figure 9). This was a smaller increase than from 2013 to 2022 (207 percent). The increase from 2014 to 2023 was 146 percent for urban areas and 123 percent for rural areas.

In rural, urban and national settings, the percentage of all medical claim lines attributed to urgent care centers exceeded one percent from 2016 to 2023. However, from 2022 to 2023, nationally and in urban areas, urgent care usage as a percentage of medical claim lines fell 12 percent, from 2.1 percent to 1.9 percent, and in rural areas it fell 7 percent, from 1.9 percent to 1.8 percent.

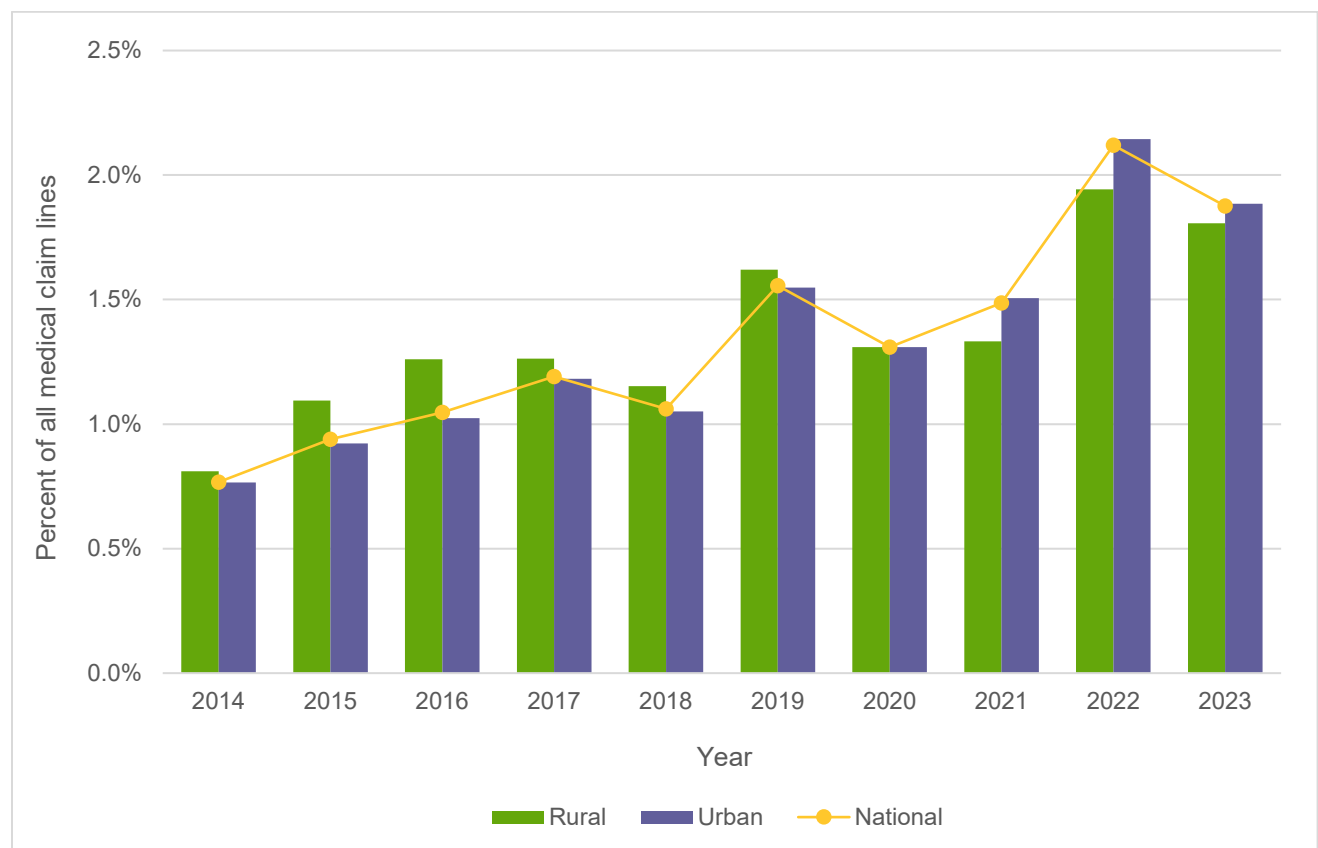


Figure 9. Claim lines with urgent care center usage as a percentage of all medical claim lines by rural, urban and national settings, 2014-2023

In 2023, the top five states for claim lines with urgent care center usage as a percentage of all medical claim lines by state were Hawaii, New Mexico, Georgia, Maryland and Virginia (figure 10). Three of the top five states were on the list in both 2022 and 2023: Hawaii supplanted New Mexico in first position, and Maryland fell from third to fourth. New York and New Jersey, which had been in fourth and fifth position, fell off the list in 2023 and Georgia entered in third position, while Virginia entered in fifth.

The five states with the lowest urgent care center usage in 2023 were North Dakota, Iowa, Nebraska, Massachusetts and Arkansas. All five of these states were in the bottom five in 2022; however, Massachusetts and Arkansas switched positions. Massachusetts fell from fifth from the bottom to fourth from the bottom and Arkansas rose from fourth to fifth from the bottom.

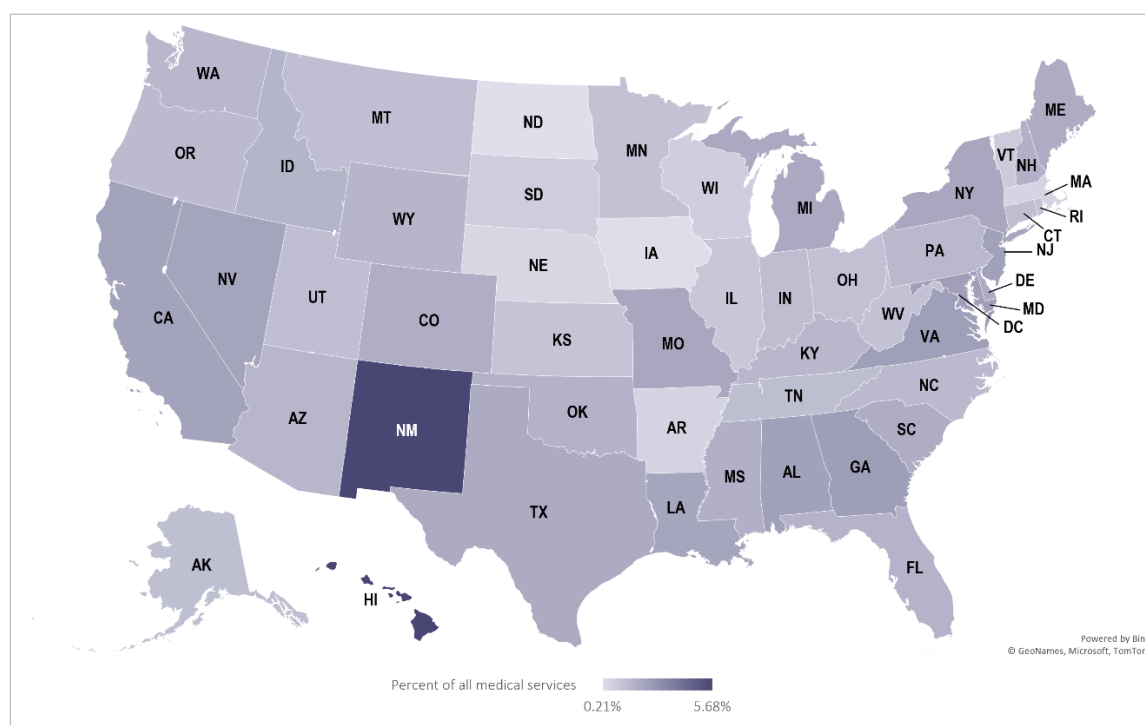


Figure 10. Percent of claim lines with urgent care center usage compared to all medical claim lines by state, 2023

As in previous years, the age group with the greatest share of claim lines for urgent care center usage in 2023 was that of individuals aged 31-40, but in 2023, the percentage rose from 17 percent to 18 percent (figure 11). It was part of an age range, 23-50, that together accounted for 47 percent of the distribution in both 2022 and 2023. Other changes in the age distribution were minimal but included a shift in the age group 19-22, which decreased its share from 10 percent in 2022 to 9 percent in 2023, and a similar shift in the age group 51-60, which decreased from 14 percent to 13 percent. The age group 71-80 increased its share from two to three percent. In the urgent care center distribution, patients aged 30 and younger accounted for 42 percent of claim lines, whereas in the distribution of all claim lines (figure 4), the same age range accounted for 28 percent. As noted, the age group with the largest share of claim lines for urgent care centers was 31-40, but for all places of service it was 51-60.

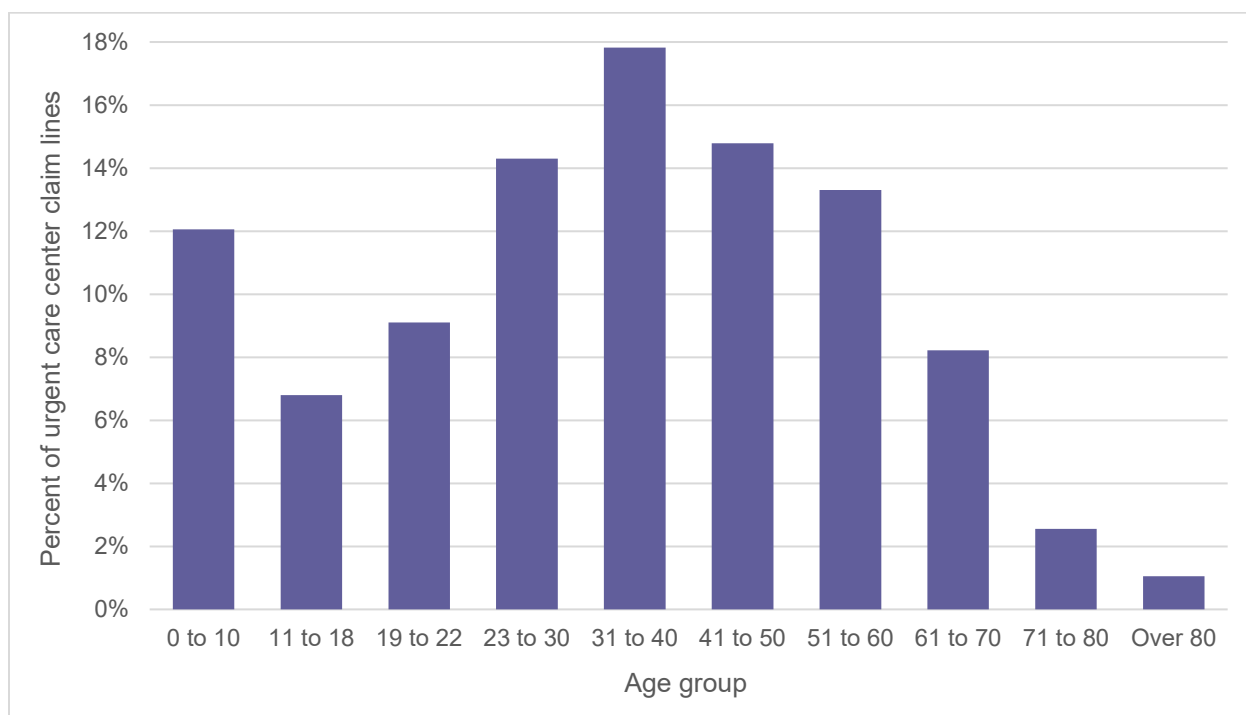


Figure 11. Percent of claim lines with urgent care center usage by age group, 2023

In 2023, as in previous years, urgent care center claim lines for females exceeded those for males in every age group except 0-10 (figure 12). In 2023, the gender disparity of females over males increased in most age groups. In the age groups 11-18, 23-30, 31-40 and 51-60, for example, the female share of claim lines increased one percent. In the age groups over 60, the female share increased two percent. In the age groups 19-22 and 41-50, however, the female share remained at 62 and 60 percent, respectively, in both years.

As in 2022, under age 19, the share of females was closer to that of males. For example, in the age group 0-10, the female share of the distribution was 48 percent and, in the age group 11-18, it was 52 percent.

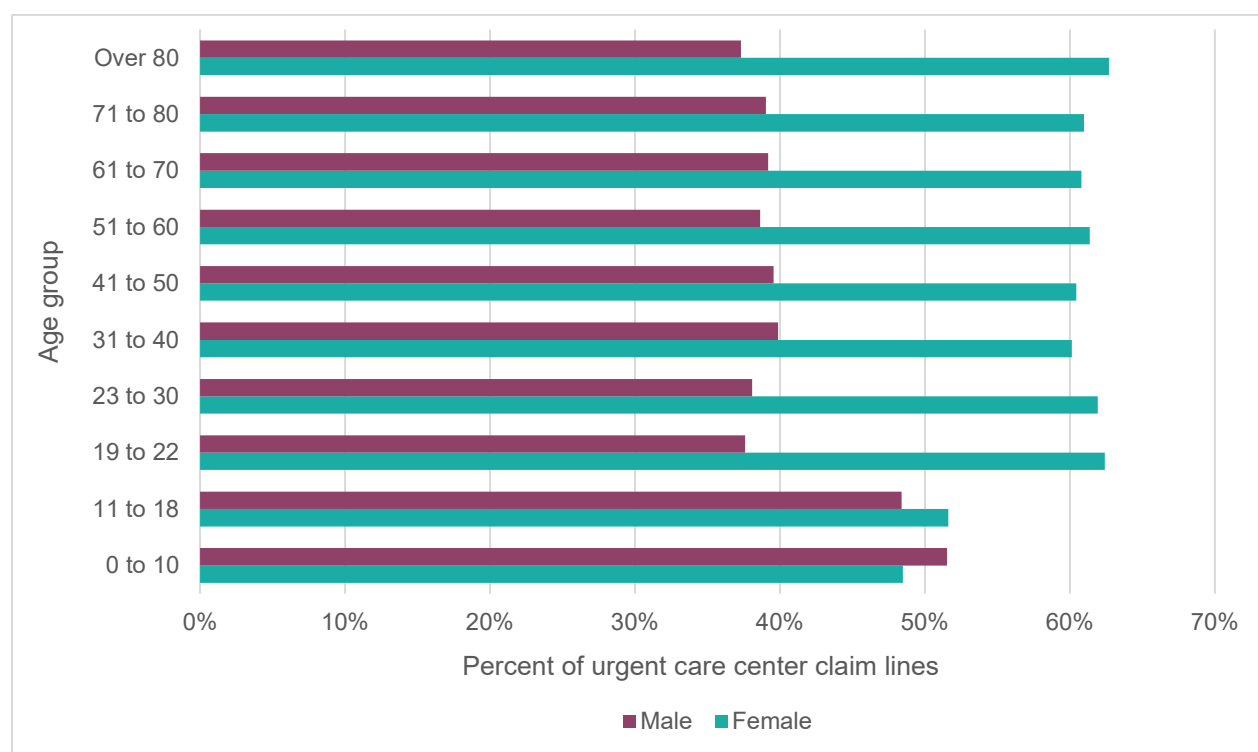


Figure 12. Percent of claim lines with urgent care center usage by age and gender, 2023

As in previous years, acute respiratory diseases and infections constituted the most common diagnostic category in urgent care centers in 2023 (figure 13), rising from 21 percent of claim lines in 2022 to 28 percent in 2023. Injury to body remained in second position but its share fell from eight to seven percent of claim lines. COVID-19, which ranked in third position in 2022, fell to eighth position in 2023 and its share decreased from seven percent to four percent. Similarly, exposure to communicable diseases, which fell to 8th position (four percent) in 2022, continued to fall, dropping off the list to 19th position (one percent) in 2023. General signs and symptoms also decreased in its share of claim lines from four percent (9th position) in 2022 to three percent (10th position) in 2023.

In contrast, chronic respiratory diseases entered the top diagnostic categories in ninth position with three percent of total urgent care claim lines in 2023. Several other diagnostic categories increased in their percentage of claim lines in 2023 as well. For example, skin infections and issues rose from 10th (three percent) to 7th position (four percent), and joint/soft tissue diseases and issues rose from 6th position (four percent) to 5th (five percent). In addition, ear infections and issues, which had ranked in fifth position with five percent of the distribution in 2022, rose to fourth position, but still accounted for five percent of total urgent care claim lines in 2023.

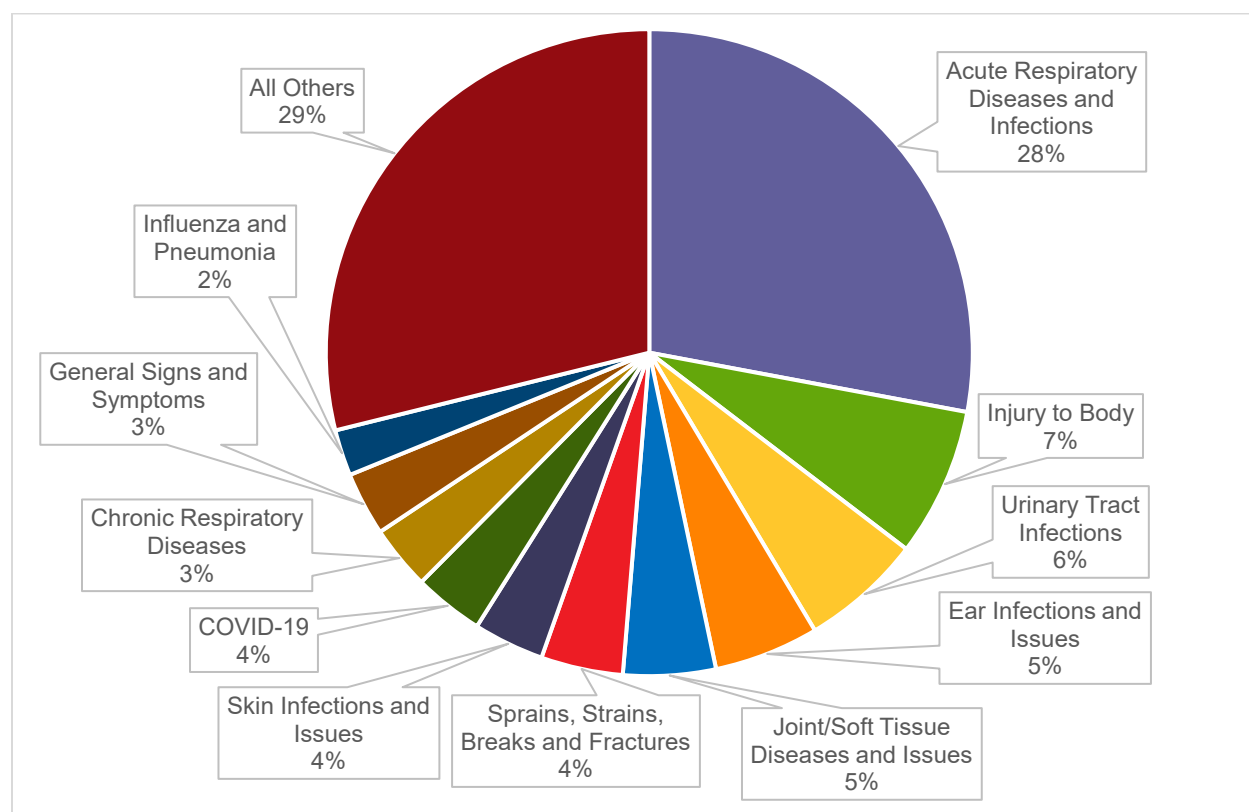


Figure 13. Distribution of claim lines with urgent care center usage by diagnostic category, 2023

As in previous years, established patient office or other outpatient services constituted the most common procedure in urgent care centers in 2023 (figure 14), accounting for 27 percent of urgent care center claim lines, as it had in 2022. COVID-19 lab testing fell from 8th position (2 percent) in 2022 to 29th position and off the list in 2023 (0.3 percent). Some other procedures were ranked similarly to 2022. Urgent care visit services (codes specific to urgent care centers) remained at 11 percent in 2023 and stayed in fourth position. Infectious agent antigen detection, which largely consisted of influenza and COVID-19 testing, decreased from 21 percent in 2022 to 20 percent in 2023 but remained in second position. New patient office or other outpatient services remained in fourth position in 2022, and its percentage of claim lines stayed at 13 percent.

In contrast, several procedures increased in their share of claim lines in 2023. For example, urinalysis procedures increased from three percent in 2022 to four percent in 2023 and moved up from sixth to fifth position. Non-chemo injectable drugs, and therapeutic, prophylactic and diagnostic injections and infusions both increased from two to three percent. Diagnostic/screening processes or results entered the rankings in 2023 in ninth position with two percent of claim lines.

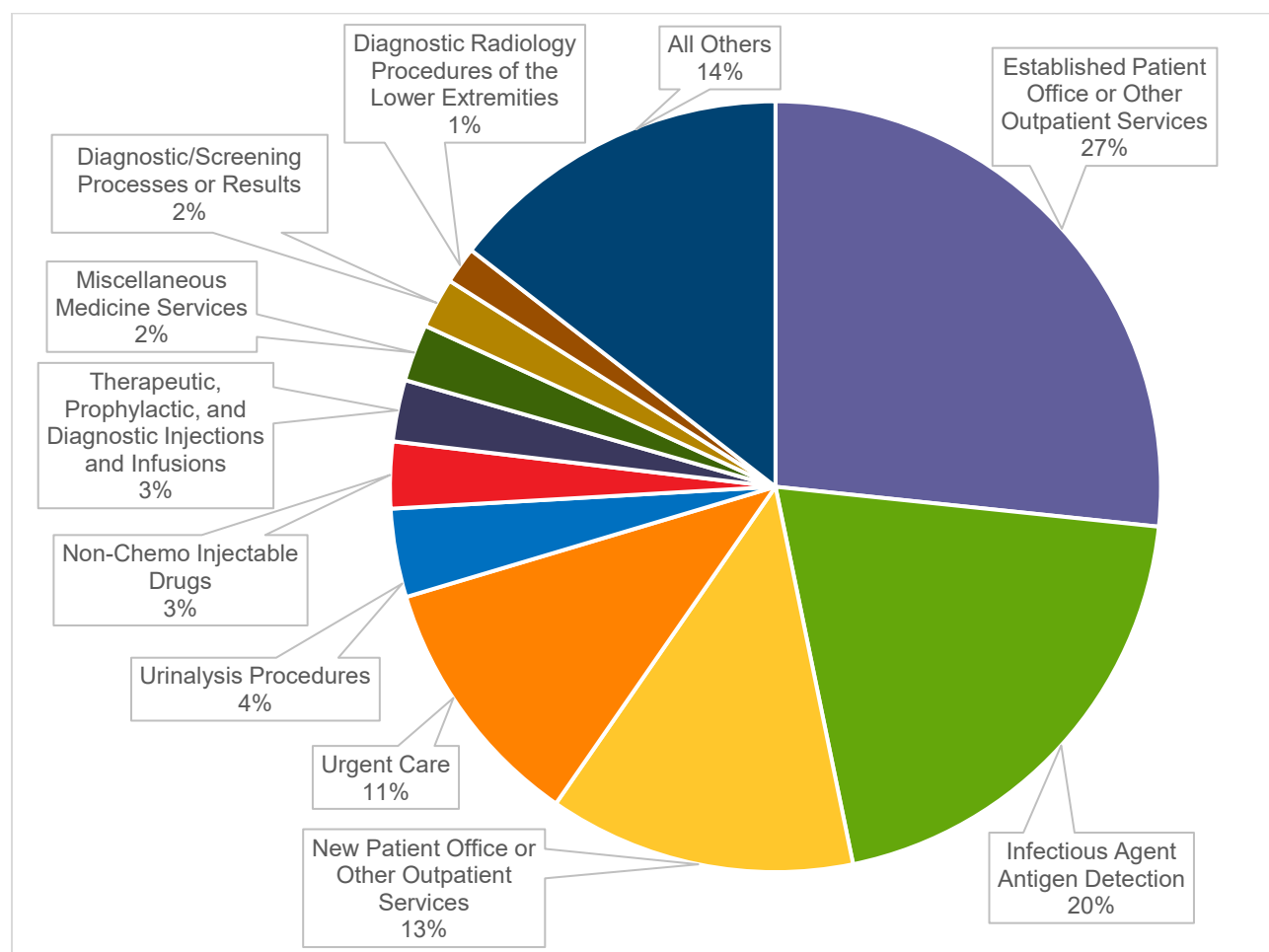
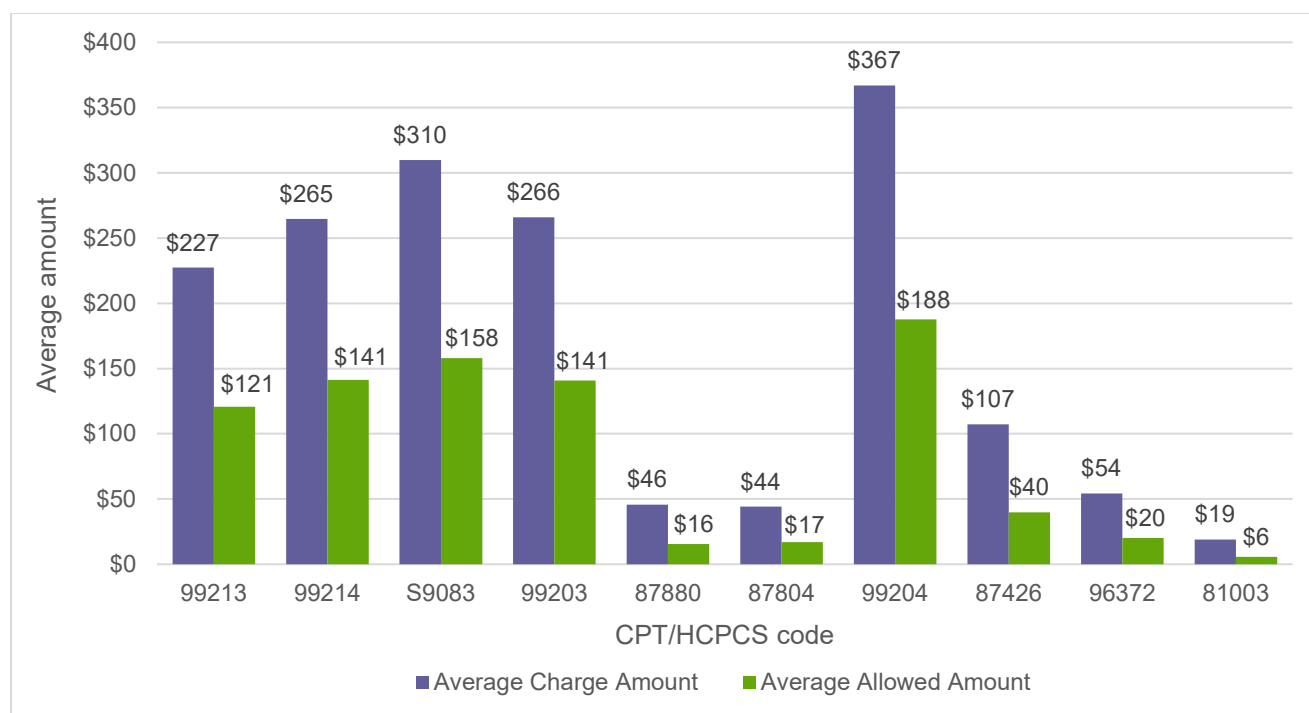


Figure 14. Distribution of claim lines with urgent care center usage by procedures, 2023

Eight of the 10 most common codes billed in an urgent care center were the same in 2023 as they were in 2022 (figure 15). The new codes were CPT 96372 (injection of drug or substance under skin or into muscle) and CPT 81003 (automated urinalysis test).

CPT 99213 (established patient office or other outpatient visit, 20-29 minutes) remained in first position in 2023, while the codes in second and third position switched rank: S9083 (global fee urgent care centers) fell from second position in 2022 to third position in 2023 and CPT 99214 (established patient office or other outpatient visit, 30-44 minutes) rose from third to second position.

The highest average charge amount in 2023 was \$367 for CPT 99204 (new patient office or other outpatient visit, 45-59 minutes); that code also had the highest average allowed amount, \$188. The lowest average charge amount was \$19, for CPT 81003. The lowest average allowed amount was \$6, also for CPT 81003.



CPT/HCPCS Code	Description	CPT/HCPCS Code	Description
99213	Established patient office or other outpatient visit, 20-29 minutes	87804	Detection test by immunoassay with direct visual observation for influenza virus
99214	Established patient office or other outpatient visit, 30-44 minutes	99204	New patient office or other outpatient visit, 45-59 minutes
S9083	Global fee urgent care centers	87426	Detection test by immunoassay technique for severe acute respiratory syndrome coronavirus
99203	New patient office or other outpatient visit, 30-44 minutes	96372	Injection of drug or substance under skin or into muscle
87880	Detection test by immunoassay with direct visual observation for <i>Streptococcus</i> , group A (strep)	81003	Automated urinalysis test

Figure 15. Average charges and average allowed amounts for the most common procedures performed in urgent care centers, 2023

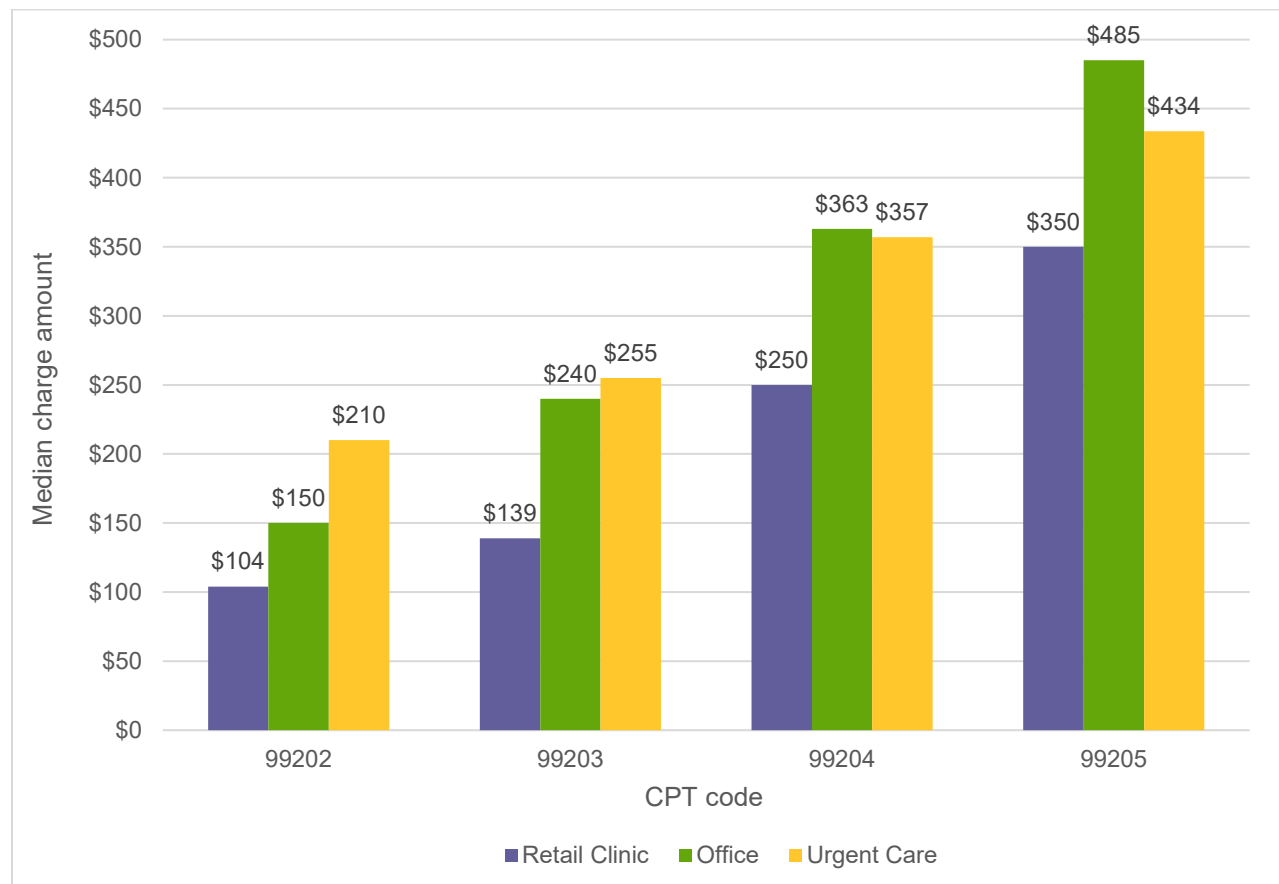
As previously noted, average charges or allowed amounts can vary greatly by region. For example, the average charge amount for S9083 varied from \$229 in the Midwest to \$445 in the West (table 3). The average allowed amount for that code varied from \$118 in the Midwest to \$169 in the Northeast.

Table 3. Average charge amounts and average allowed amounts for S9083 in urgent care centers by region, 2023

Region	Average Charge Amount	Average Allowed Amount
Midwest	\$229	\$118
Northeast	\$304	\$169
South	\$284	\$157
West	\$445	\$150

Retail Clinic, Office and Urgent Care Center: A Price Comparison

As in previous years, for a comparison of prices at retail clinics, traditional offices and urgent care centers, FAIR Health analyzed claims data for new patient E&M codes. A new patient E&M visit includes a detailed history for the patient, a detailed examination and medical decision making. Counseling and coordination of care with other providers also may occur. The visits are coded by length of time: In 2023, CPT 99202 was 15-29 minutes, CPT 99203 was 30-44 minutes, CPT 99204 was 45-59 minutes and CPT 99205 was 60-74 minutes.

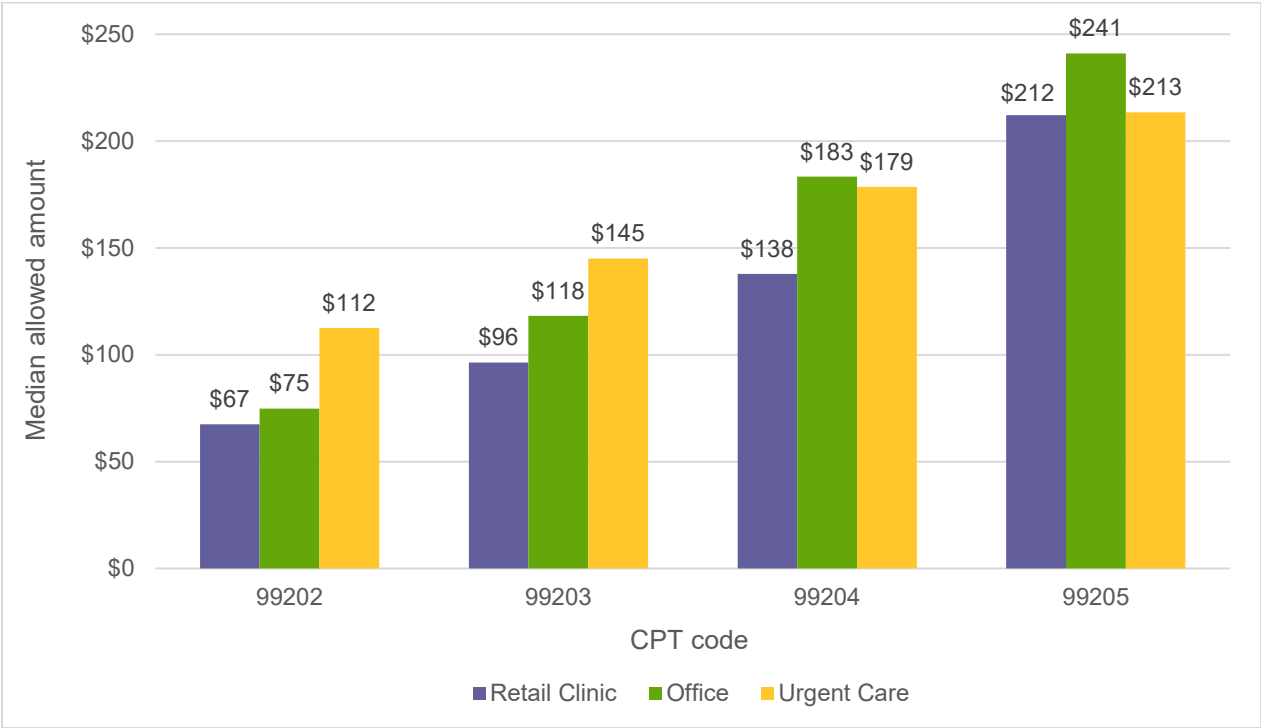


CPT Code	Description
99202	New patient office or other outpatient visit, 15-29 minutes
99203	New patient office or other outpatient visit, 30-44 minutes
99204	New patient office or other outpatient visit, 45-59 minutes
99205	New patient office or other outpatient visit, 60-74 minutes

Figure 16. Median charge amounts for retail clinics, offices and urgent care centers for new patient E&M codes, 2023

In 2023, the pattern of median charge amounts across retail clinics, offices and urgent care centers (figure 16) was similar to that seen in 2022 for all four codes. For CPT 99202, urgent care centers had the highest median charge (\$210), followed by offices (\$150) and retail clinics (\$104), a pattern observed in both years. The order was the same for CPT 99203 in 2022 and 2023. For CPT 99204, the order was the same in both years too; in 2023, offices had the highest median charge (\$363), followed by urgent care centers (\$357) and then retail clinics (\$250). The same pattern was observed for code CPT 99205 in both years.

When the same comparisons among retail clinics, offices and urgent care centers were made on the basis of median allowed amounts, the results for 2023 (figure 17) were similar to those for charge amounts in the same year (figure 16). Urgent care centers had the highest allowed amount values for CPT 99202 and 99203, with offices in second position and retail clinics in third; offices had the highest for CPT 99204, with urgent care centers in second position and retail clinics in third. For CPT 99205, the order from highest to lowest also matched charge amounts but differed from 2022. Offices had the highest median allowed amount value (\$241); urgent care centers were in second position (\$213) and retail clinics in third (\$212). In 2022, retail clinics were in second position and urgent care centers were in third position.



CPT Code	Description
99202	New patient office or other outpatient visit, 15-29 minutes
99203	New patient office or other outpatient visit, 30-44 minutes
99204	New patient office or other outpatient visit, 45-59 minutes
99205	New patient office or other outpatient visit, 60-74 minutes

Figure 17. Median allowed amounts for retail clinics, offices and urgent care centers for new patient codes, 2023

Telehealth

Normalized telehealth usage grew 2,929 percent nationally from 2018 to 2023 (figure 18). During the same period, in urban areas, telehealth usage grew 2,942 percent and, in rural areas, 3,560 percent. The rural/urban designation is based on where the patient was receiving care.

Telehealth grew the most in 2020, when the COVID-19 pandemic began. In that year, national telehealth utilization increased 6,117 percent, from 0.21 percent of medical claim lines in 2019 to 13.35 percent in 2020. It then dropped to 3.58 percent in 2021 and rose to 3.89 percent in 2022, still above the pre-pandemic level.

In 2023, national telehealth utilization fell three percent from 2022, remaining well above pre-pandemic levels but far lower than its peak in the first pandemic year of 2020. Telehealth's national share of medical claim lines dropped from 3.89 percent in 2022 to 3.77 percent in 2023, though this was still approximately 17 times higher than its 2019 level. In urban areas, telehealth decreased from 4.15 percent in 2022 to 4.04 percent in 2023, a three percent drop; in rural areas, the decrease was from 2.05 percent in 2022 to 1.87 percent in 2023, a drop of nine percent.

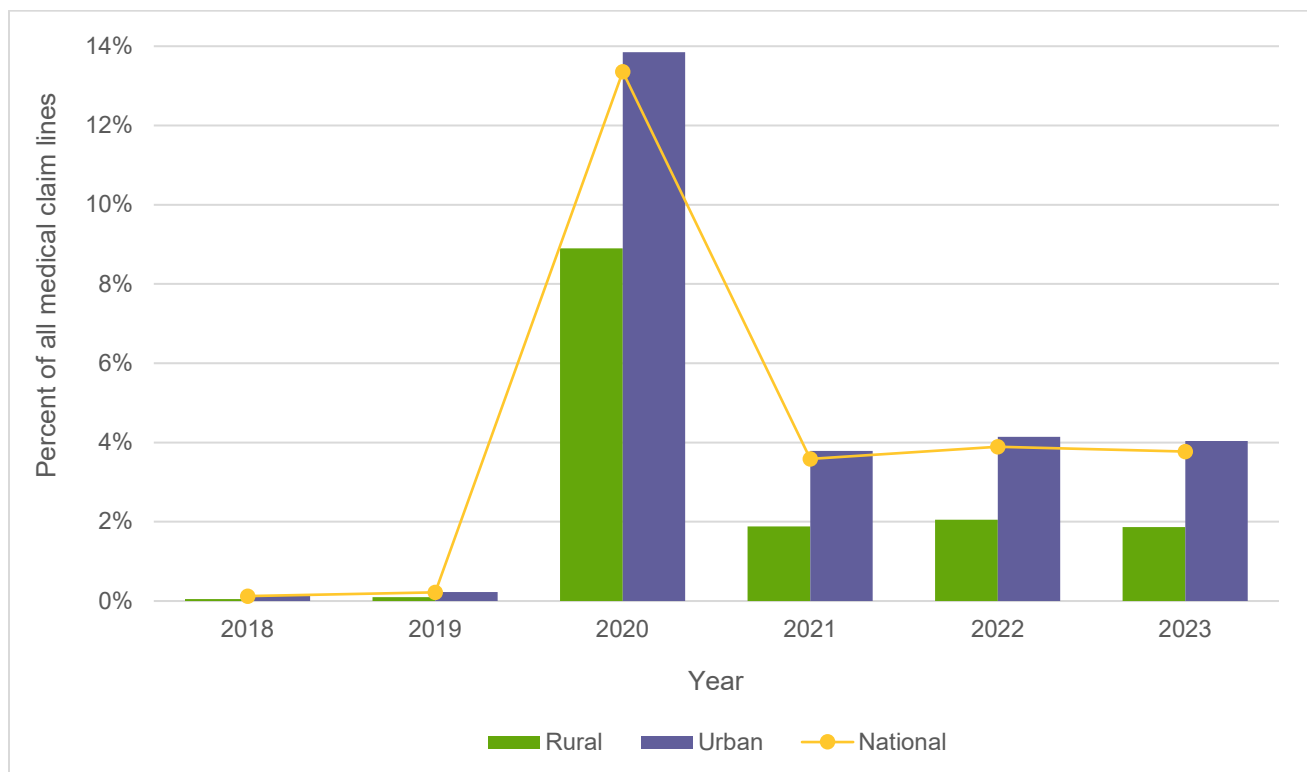


Figure 18. Claim lines with telehealth usage as a percentage of all medical claim lines by rural, urban and national settings, 2018-2023

In 2023, the top five jurisdictions for telehealth claim lines as a percentage of all medical claim lines by state (or district) were Washington, DC; Oregon; Massachusetts; Delaware; and New York (figure 19). All five remained in the top five from 2022, though Oregon rose from fourth to second position and Massachusetts fell from second to third, leaving Delaware in fourth position in 2023 after being third in 2022. Washington, DC, remained in first position and telehealth claim lines from that jurisdiction accounted for 8.4 percent of all medical claim lines in 2023. The geographic designation for telehealth is based on where the patient received care.

The five states with the lowest telehealth use rates in 2023 were Mississippi, South Dakota, Alabama, North Dakota and Nebraska. Four out of the five had been on that list in 2022. Mississippi was in the lowest position both years; South Dakota, Alabama and North Dakota remained second, third and fourth from the bottom in 2023. Iowa, which had been fifth from the bottom in 2022, left the top five and was replaced by Nebraska in 2023.

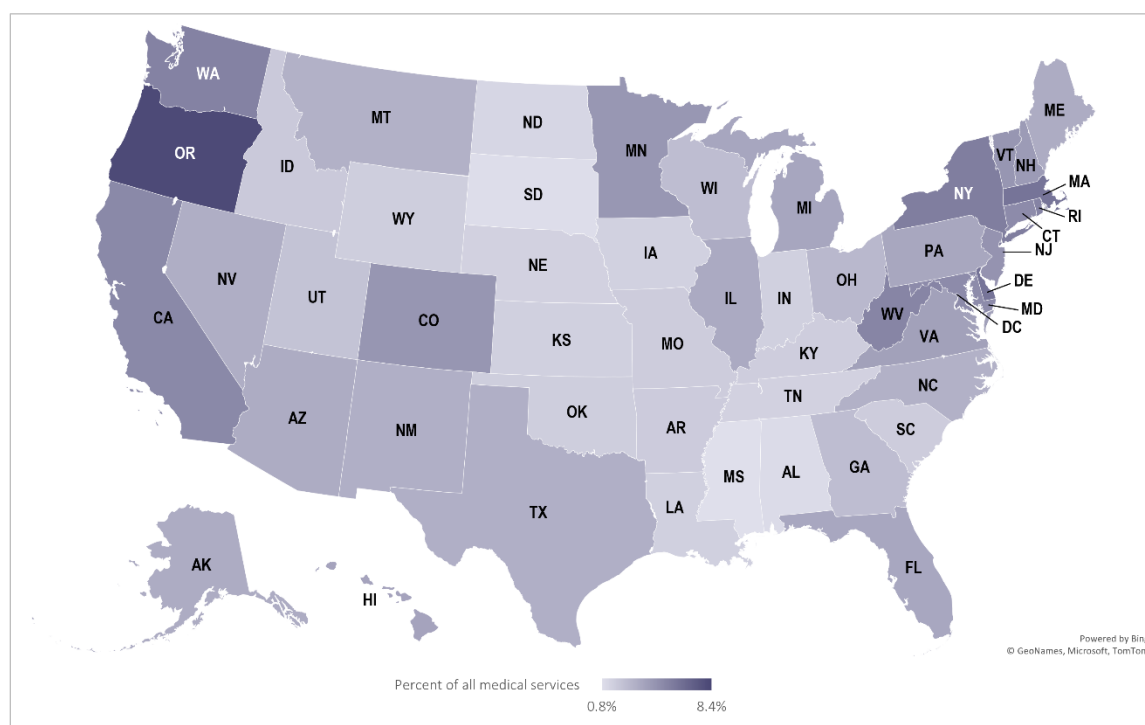


Figure 19. Percent of claim lines with telehealth usage compared to all medical claim lines by state, 2023

As in previous years, the age group with the largest share of telehealth claim lines in 2023 was that of individuals aged 31-40 (24 percent; figure 20). In 2023, that age group increased in its share of telehealth claim lines from 22 percent in 2022. The age group 23-30 accounted for 18 percent of telehealth claim lines, up from 17 percent in 2022, and the age group 41-50 accounted for 17 percent in 2023, up from 16 percent of the distribution in 2022. The age groups 0-10 and 11-18 both fell in their share of the distribution from 2022 to 2023; the age group 0-10 fell from four to three percent and the age group 11-18 fell from eight to seven percent. Similarly, the age group 61-70 fell from nine percent in 2022 to eight percent in 2023. The age groups 71-80 and over 80 remained at three and one percent, respectively, in both years.

When compared to the distribution of all claim lines (figure 4), the age distribution for telehealth tended more toward the younger adult age groups. In the age range 19-40, for example, the percentage of telehealth claim lines was 48 percent, whereas for all claim lines, the share for the same age range was 34 percent. As noted above, the age group with the largest share of claim lines for telehealth was 31-40, but for all places of service it was 51-60.

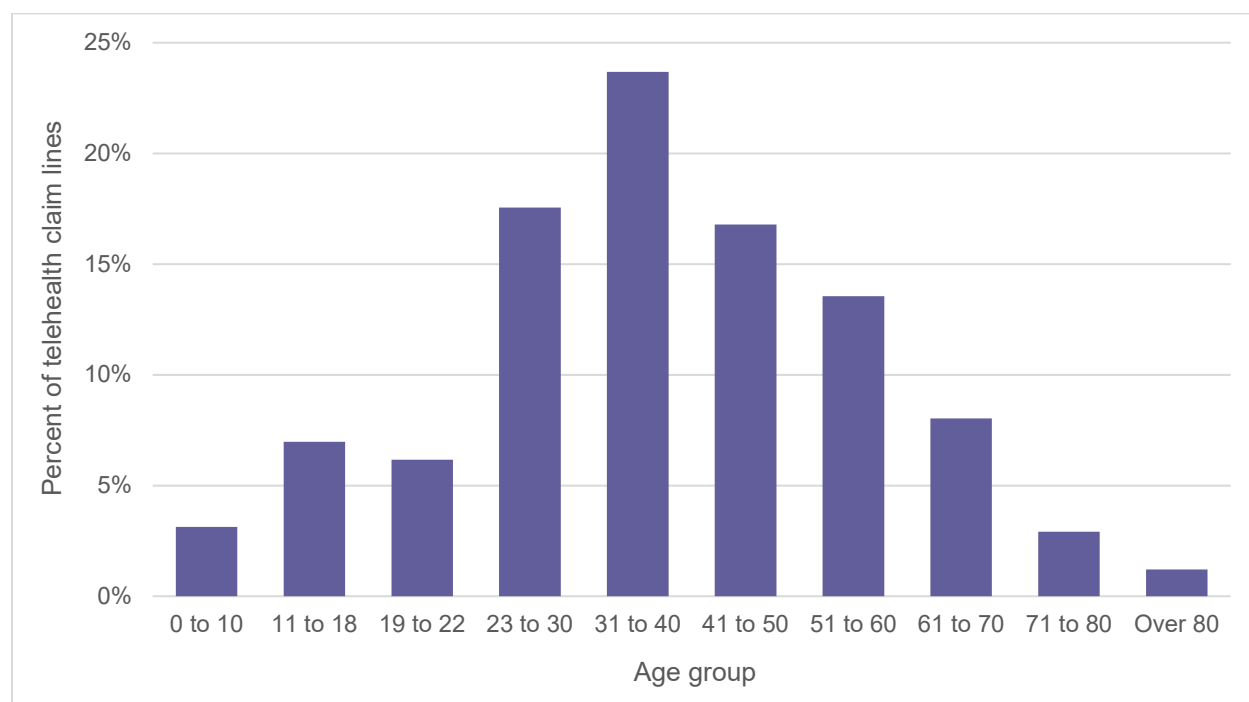


Figure 20. Percent of claim lines with telehealth usage by age group, 2023

In 2023, as in 2022, claim lines with telehealth usage were submitted more for females than males in every age group except children aged 0-10 (figure 21). In the 0-10 age group, the male share was 60 percent in 2023, as it had been in 2022. The male share of claim lines was equal to or less than 40 percent of the distribution in all other age groups.

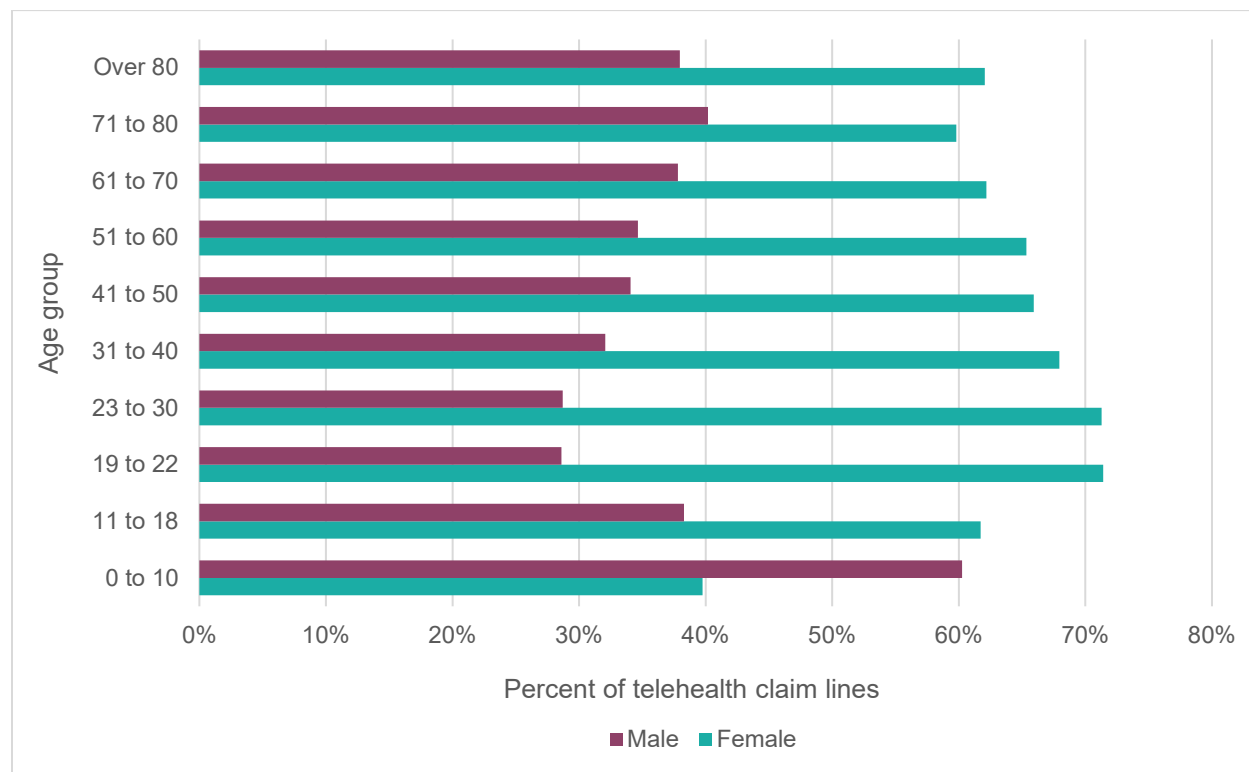


Figure 21. Percent of claim lines with telehealth usage by age and gender, 2023

As in previous years, the most common telehealth diagnostic category in 2023 was mental health conditions, which continued to grow, from 61 percent of the distribution in 2022 to 64 percent in 2023 (figure 22). Acute respiratory diseases and infections remained the second most common reason for a telehealth visit in 2023, with three percent of the distribution. COVID-19 moved down from the 3rd most common reason to the 10th most common, while hypertension moved up, from 5th in 2022 to 3rd in 2023. Substance use disorders also became a more common reason for a telehealth visit in 2023; this diagnostic category moved up from eighth to fourth most common. Month-to-month details of changes in top telehealth diagnostic categories and other telehealth trends can be found in FAIR Health's Monthly Telehealth Regional Tracker.⁹

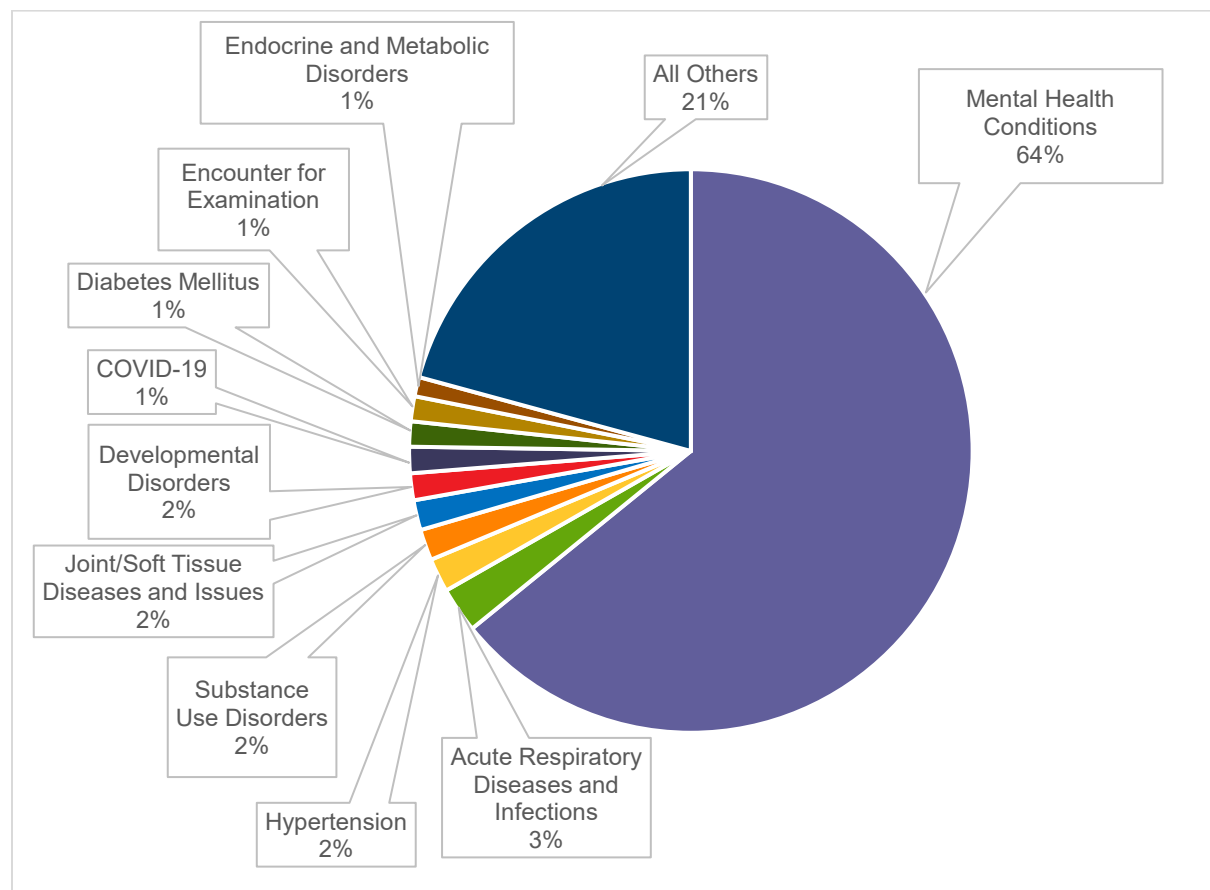


Figure 22. Distribution of claim lines with telehealth usage by diagnostic category, 2023

⁹ "Monthly Telehealth Regional Tracker," FAIR Health, accessed January 2, 2025, <https://www.fairhealth.org/states-by-the-numbers/telehealth>.

Ambulatory Surgery Center

In 2023, normalized ASC usage declined after rising in 2022 (figure 23). From 2022 to 2023, national and urban ASC usage fell seven percent; in rural areas the decrease was eight percent. Over the longer term, the national share of claim lines for ASCs grew 70 percent from 2014 to 2023, lower than the 77 percent increase from 2013 to 2022. The growth from 2014 to 2023 was greater in urban (75 percent) than rural areas (46 percent). In 2023, national ASC utilization stood at 1.04 percent, above where it had stood in 2014 (0.61 percent). Urban ASC utilization totaled 1.08 percent in 2023, up from 0.61 percent in 2014, and rural ASC utilization climbed to 0.78 percent in 2023 from 0.53 percent in 2014.

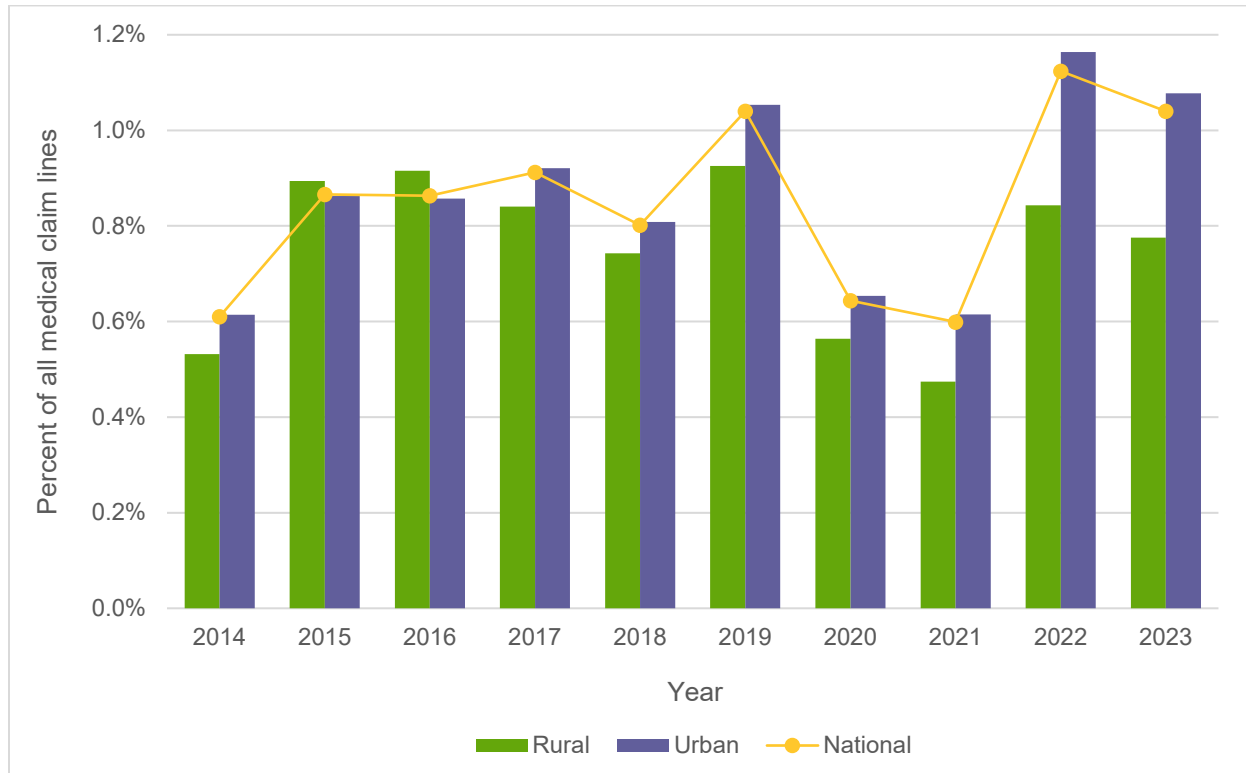


Figure 23. Claim lines with ASC usage as a percentage of all medical claim lines by rural, urban and national settings, 2014-2023

As in previous years, more ASC claim lines in 2023 were submitted for females than males in almost every age group (figure 24). The cases where males outnumbered females, as in previous years, were the age groups 0-10 (males 58 percent) and 11-18 (males 54 percent). In 2023, males and females in the age groups over 60 were close to equal in percentage share. Males accounted for 47 percent of the age group 61-70, 46 percent of the age group 71-80 and 47 percent of the age group over 80. The closest to equal share, however, belonged to the age group 19-22, where males accounted for 49 percent and females 51 percent.

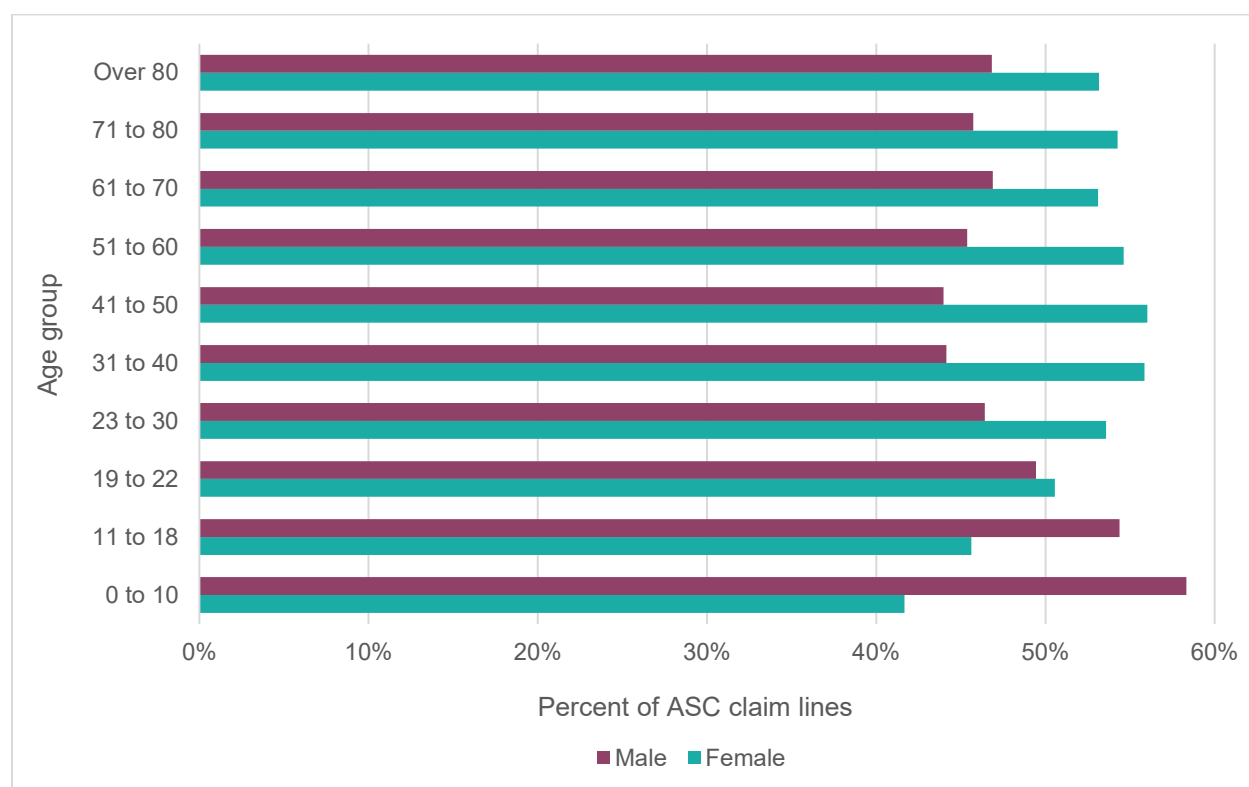


Figure 24. Percent of claim lines with ASC usage by age and gender, 2023

Emergency Room

The normalized share of claim lines for ERs increased four percent nationally from 2022 to 2023, rising from 4.2 percent to 4.3 percent of all medical claim lines (figure 25). This was a more moderate increase when compared to the 138 percent rise from 2021 to 2022. From 2022 to 2023, in urban areas, the increase in medical claim lines associated with ERs was three percent, and in rural areas seven percent. Over the longer term, ER usage from 2014 to 2023 increased 153 percent nationally, 148 percent in urban areas and 147 percent in rural areas.

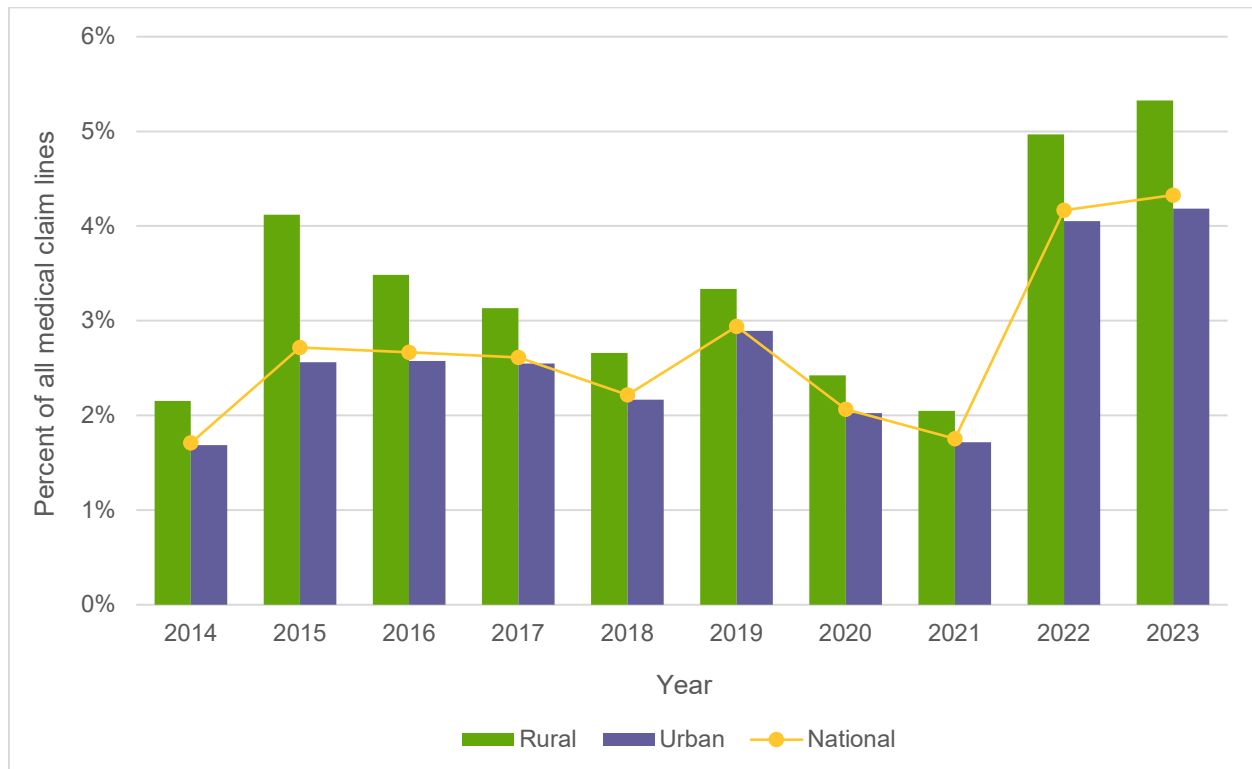


Figure 25. Claim lines with ER usage as a percentage of all medical claim lines by rural, urban and national settings, 2014-2023

The age distribution for ERs in 2023 (figure 26) was similar to that recorded for 2022. As in previous years, the age group with the greatest share of claim lines for ER usage in 2023 was 51-60. That age group increased its share of claim lines from 17 percent in 2022 to 18 percent in 2023. The next largest age groups were 41-50 and 31-40, each with 17 percent of the distribution, up from 15 percent in 2022. The age group 0-10 dropped from seven percent of the distribution in 2022 to six percent in 2023, and the age group 71-80 decreased from six to five percent. The distribution of all claim lines (figure 4) resembled the distribution seen for ERs. In both, the age group with the largest share of claim lines was 51-60.

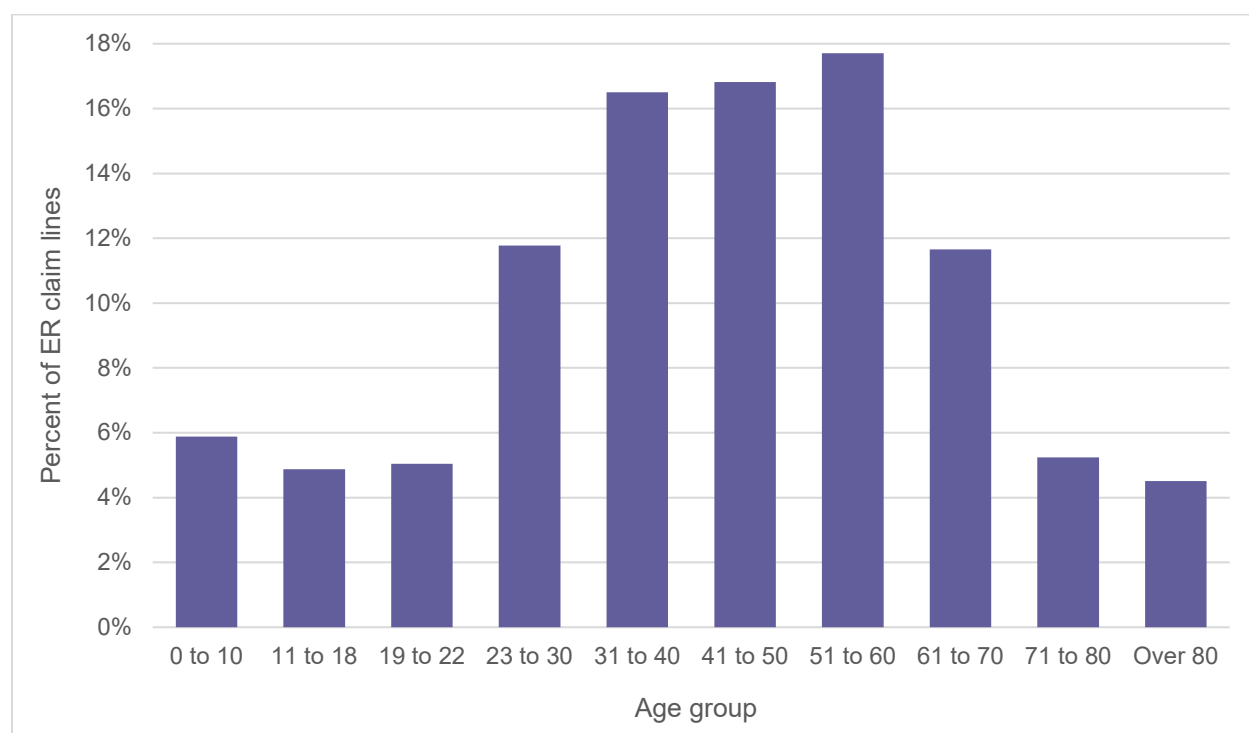


Figure 26. Percent of claim lines with ER usage by age group, 2023

As with all of the other places of service studied for gender, and as in 2022, more claim lines with ER usage in 2023 were submitted for females than males in most age groups (figure 27). The sole case in which the male share exceeded the female share was the age group 0-10, in which claim lines for boys (55 percent) outnumbered those for girls (45 percent). In 2023, the male shares in three age groups were under 40 percent: 19-22 (males 39 percent), 23-30 (males 38 percent) and over 80 (males 39 percent). In most age groups, females stayed the same in their share of the distribution, but in two they grew: in the age group 0-10, females grew from 44 percent in 2022 to 45 percent in 2023, and, in individuals over 80, females grew from 60 to 61 percent. Only the age group 31-40 showed growth in the male share in 2023, climbing from 40 percent to 41 percent.

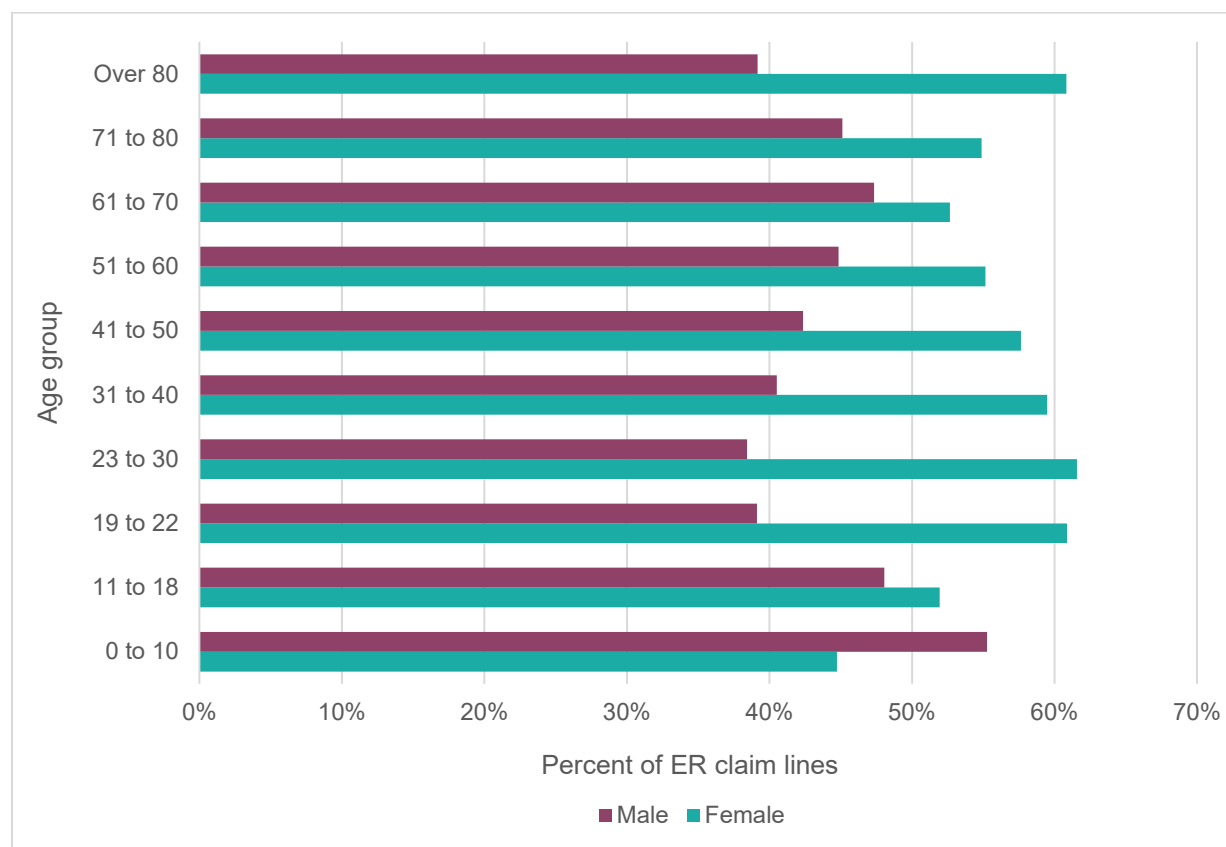


Figure 27. Percent of claim lines with ER usage by age and gender, 2023

Figure 28 shows the 2023 distribution of claim lines with ER usage by diagnostic category for individuals over the age of 22. As in previous years, chest pain was the number one ER diagnostic category in 2023. COVID-19 fell off the list of top diagnostic categories after being in 10th position in 2022. The ordering of the top five remained the same as in 2022, but the diagnoses in sixth to seventh position in 2022 (general signs and symptoms involving circulatory and respiratory system, and general signs and symptoms) switched ranks in 2023. Chronic respiratory diseases were new to the top diagnostic categories in 2023, entering in 14th position. Acute respiratory diseases and infections, which had been in 14th position in 2022, rose to 12th position in 2023. Overall, the diversity of conditions seen in the ER continued to expand, with the category of “All Others” growing from 41 percent of the distribution in 2022 to 42 percent in 2023.

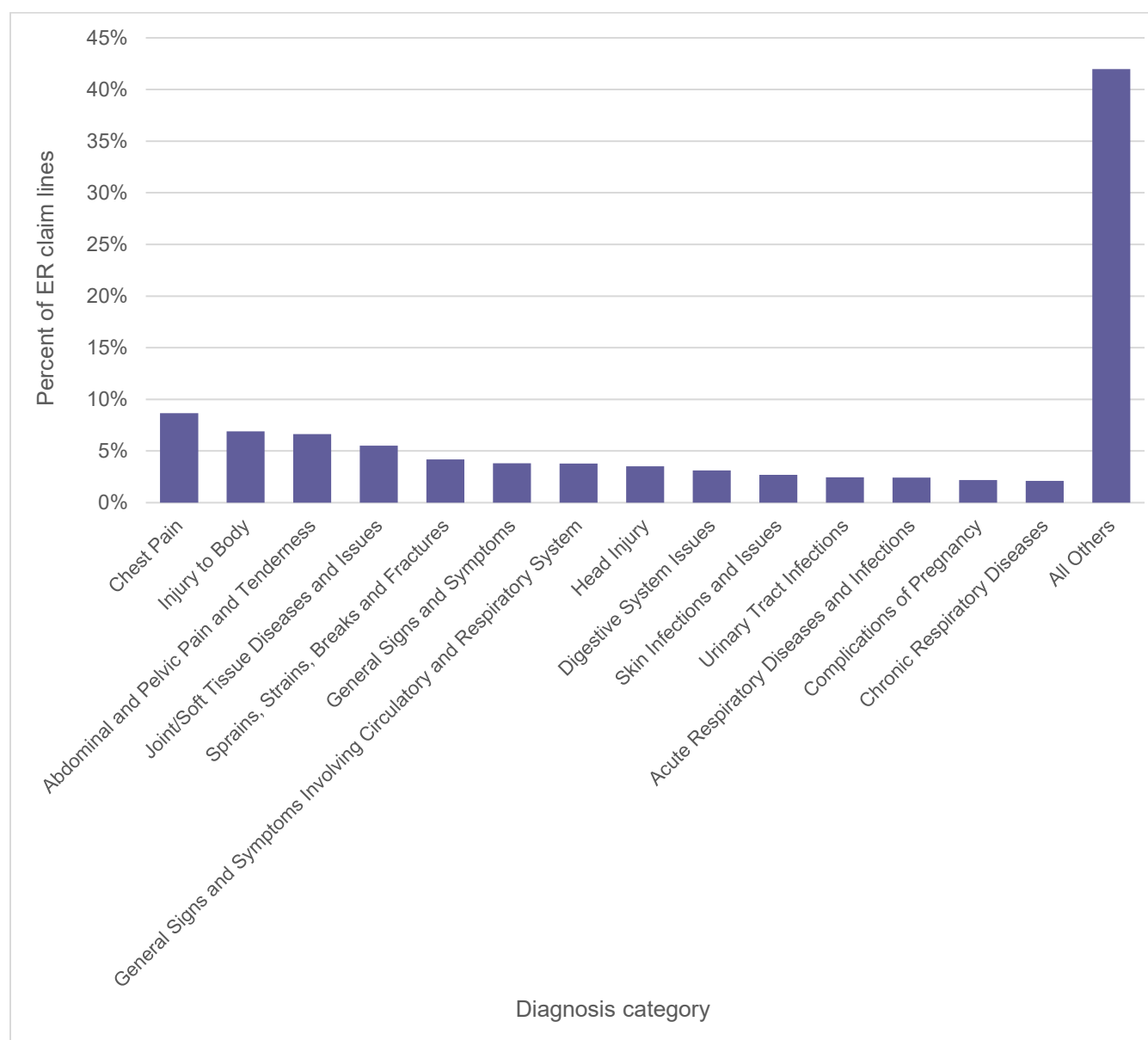


Figure 28. Distribution of claim lines with ER usage by diagnostic category for individuals over 22 years of age, 2023

The 2023 distribution of claim lines with ER usage by procedures for individuals in all age groups, not including E&Ms (figure 29), was broadly similar to that in 2022, though there were some differences. Again, diagnostic radiology of the chest was the most common procedure, with 11 percent of the 2023 distribution as compared to 12 percent of the 2022 distribution, but procedure categories in the second and third positions switched position: Chemistry procedures rose from third (9 percent) to second position (10 percent) and cardiography procedures fell from second (11 percent) to third (9 percent). Diagnostic radiology of the abdomen, in sixth position in 2022 with six percent of the distribution, fell to seventh position in 2023, though it still accounted for six percent. Diagnostic radiology of the spine and pelvis, which had entered the top procedures list in 2022 in 10th position, left the list in 2023. Non-chemo injectable drugs entered in 2023 in ninth position (three percent). The category of “All Others” increased from 31 percent in 2022 to 32 percent in 2023.

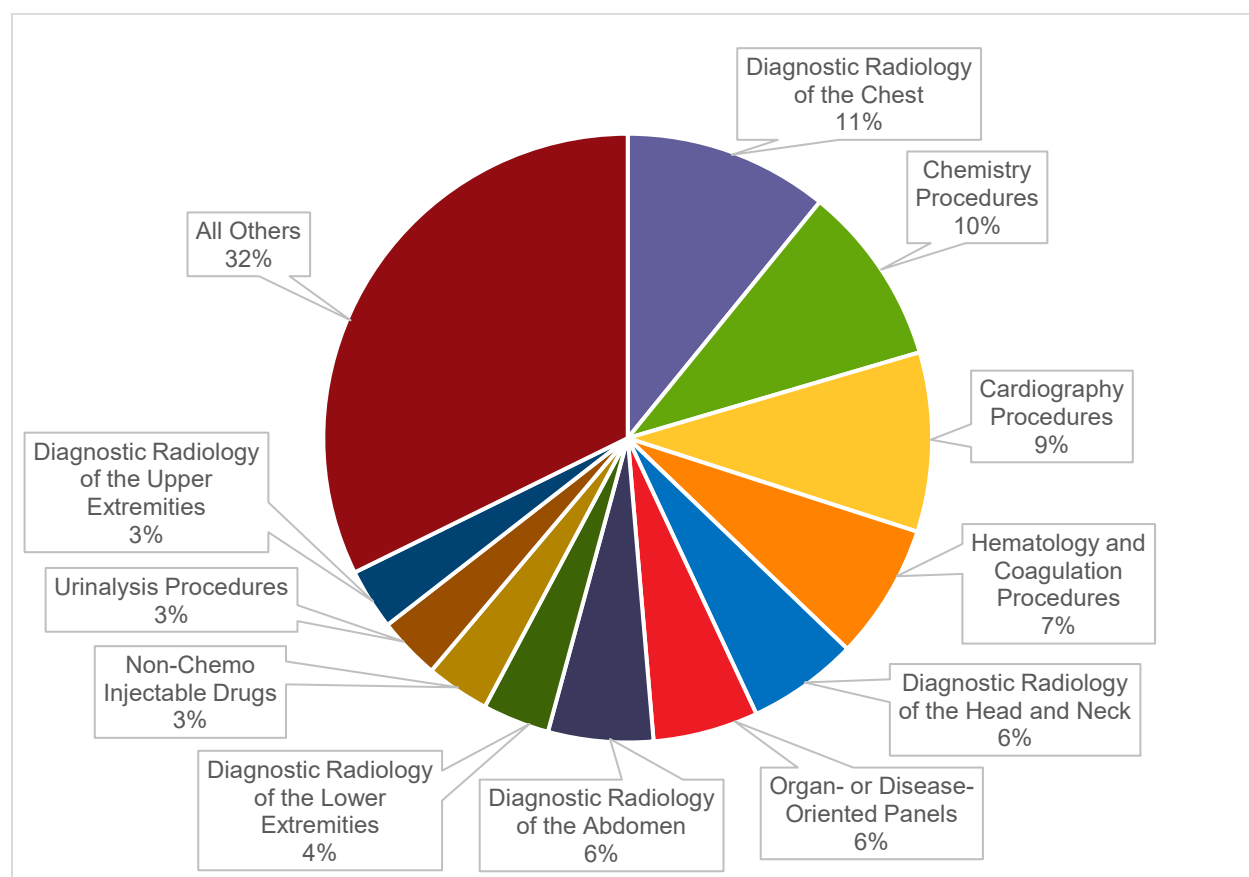
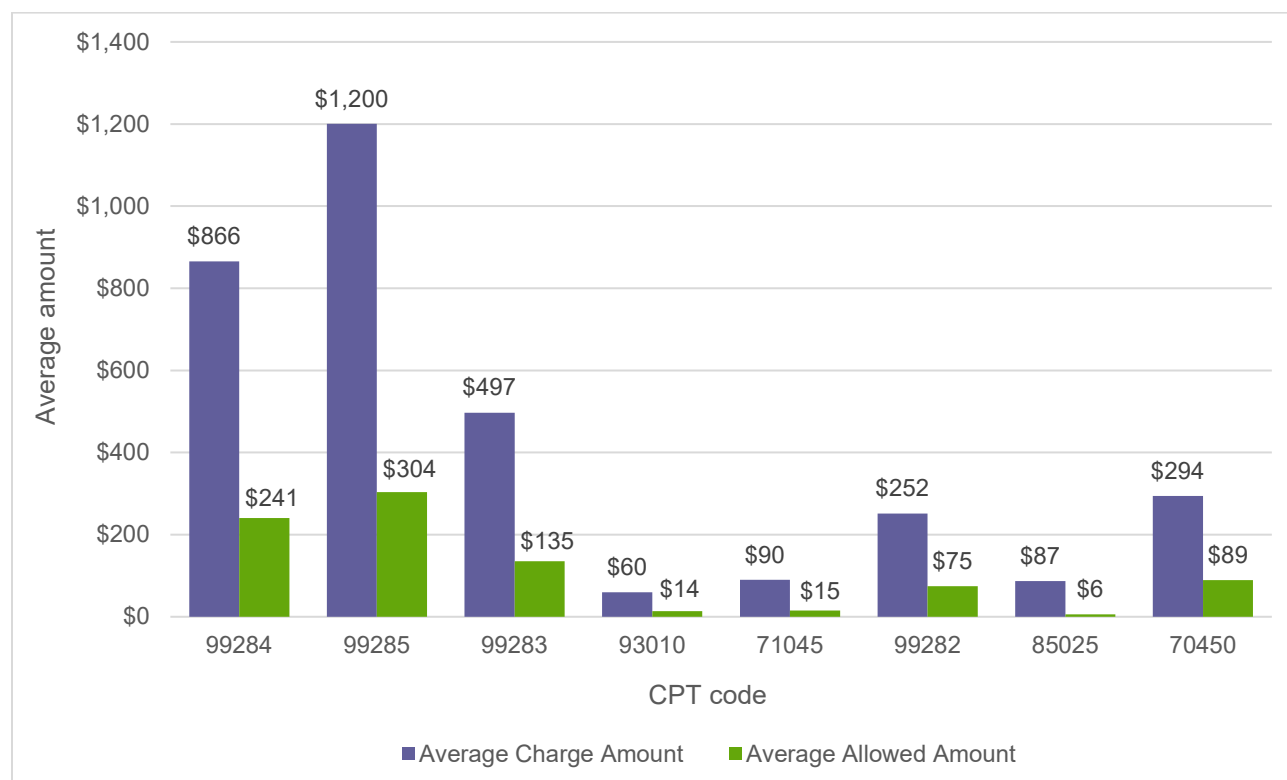


Figure 29. Distribution of claim lines with ER usage by procedures for individuals in all age groups, not including E&Ms, 2023

Figure 30 shows average charges and allowed amounts for the eight most common ER procedure codes in 2023. There was only one change in the codes from 2022 to 2023: CPT 70450 (CT scan head or brain without contrast) fell from seventh to eighth position, while CPT 85025 (complete blood cell count [red cells, white blood cell, platelets], automated test and automated differential white blood cell count) climbed from eighth to seventh position. As in 2022, the highest average charge amount (\$1,200) and average allowed amount (\$304) in 2023 were for CPT 99285 (emergency department visit with high level of medical decision making). Also as in 2022, the lowest average charge amount (\$60) was for CPT 93010 (routine electrocardiogram [ECG] using at least 12 leads with interpretation and report only). The lowest average allowed amount in 2023 was \$6 for CPT 85025.



CPT Code	Description	CPT Code	Description
99284	Emergency department visit with moderate level of medical decision making	71045	X-ray of chest, 1 view
99285	Emergency department visit with high level of medical decision making	99282	Emergency department visit with straightforward medical decision making
99283	Emergency department visit with low level of medical decision making	85025	Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count
93010	Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	70450	CT scan head or brain without contrast

Figure 30. Average charges and allowed amounts for the most common procedures performed in ERs, 2023

As noted earlier, average charges or allowed amounts can vary greatly by region. For example, the average charge amount for CPT 99283 varied from \$371 in the Midwest to \$651 in the South (table 4). The average allowed amount for that code varied from \$127 in the Northeast to \$142 in the South.

Table 4. Average charge amounts and average allowed amounts for CPT 99283 by region, 2023

Region	Average Charge Amount	Average Allowed Amount
Midwest	\$371	\$131
Northeast	\$387	\$127
South	\$651	\$142
West	\$399	\$136

FH Medical Price Index

As stated in the Methodology section, FH Medical Price Index uses median charge amounts and median allowed amounts and calculates the changes in those amounts across the years. FH Medical Price Index is based on FAIR Health’s benchmark products. Changes in the indices may not be entirely driven by prices, but also by CPT code mix and changes in relative utilization.

Professional E&M

The professional E&M indices include CPT codes in the AMA CPT code category Evaluation and Management Services for procedures typically performed in a professional setting as opposed to a hospital setting. This includes office visits such as CPT 99213.

E&M codes in the Office or Other Outpatient Services Category for both new and established patients have been redefined over the years. For example, in 2020, CPT 99213 was defined as a 15-minute office visit for an established patient. As of 2024, it was defined as an office visit of 20 minutes or more for an established patient. Since these codes are dominant within this index based on frequency of use, more variation is likely in this category in the future.

The professional E&M charge amount index continued a steady upward trend after having its largest increase in November 2023 (figure 31). CPT 99214 (established patient office or other outpatient visit with moderate level of decision making; if using time, 30 minutes or more) and CPT 99213 account for more than half of the frequency in this category and are the primary drivers of the observed increase. This was due to increases in frequency and in median value for both codes. CPT 99204 (new patient office or other outpatient visit with moderate level of medical decision making; if using time, 45 minutes or more) is another key driver with increases in both its frequency and median. The index increased from 1.57 in November 2023 to 1.64 in November 2024, a four percent change.

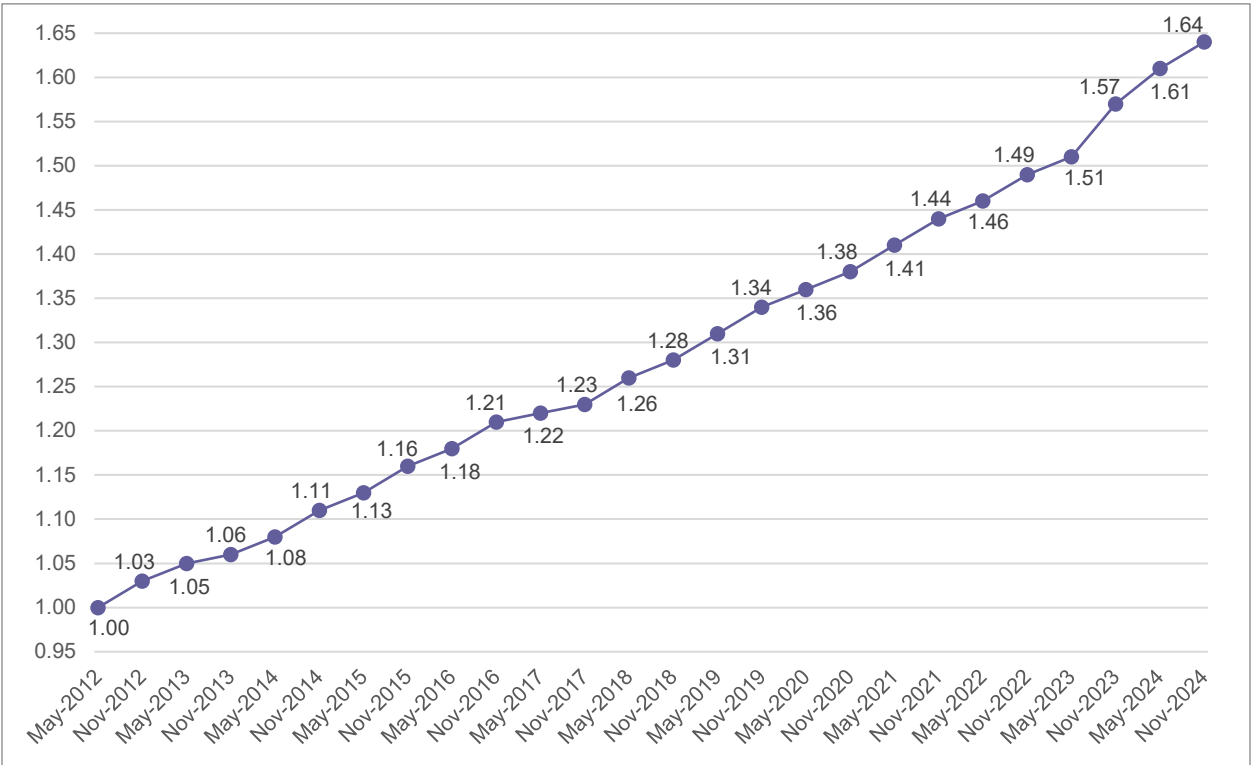


Figure 31. Professional E&M charge amount index

After a drop in November 2022, the professional E&M allowed amount index continued its upward trend, increasing from 1.50 in November 2023 to 1.55 in November 2024, a three percent change (figure 32).

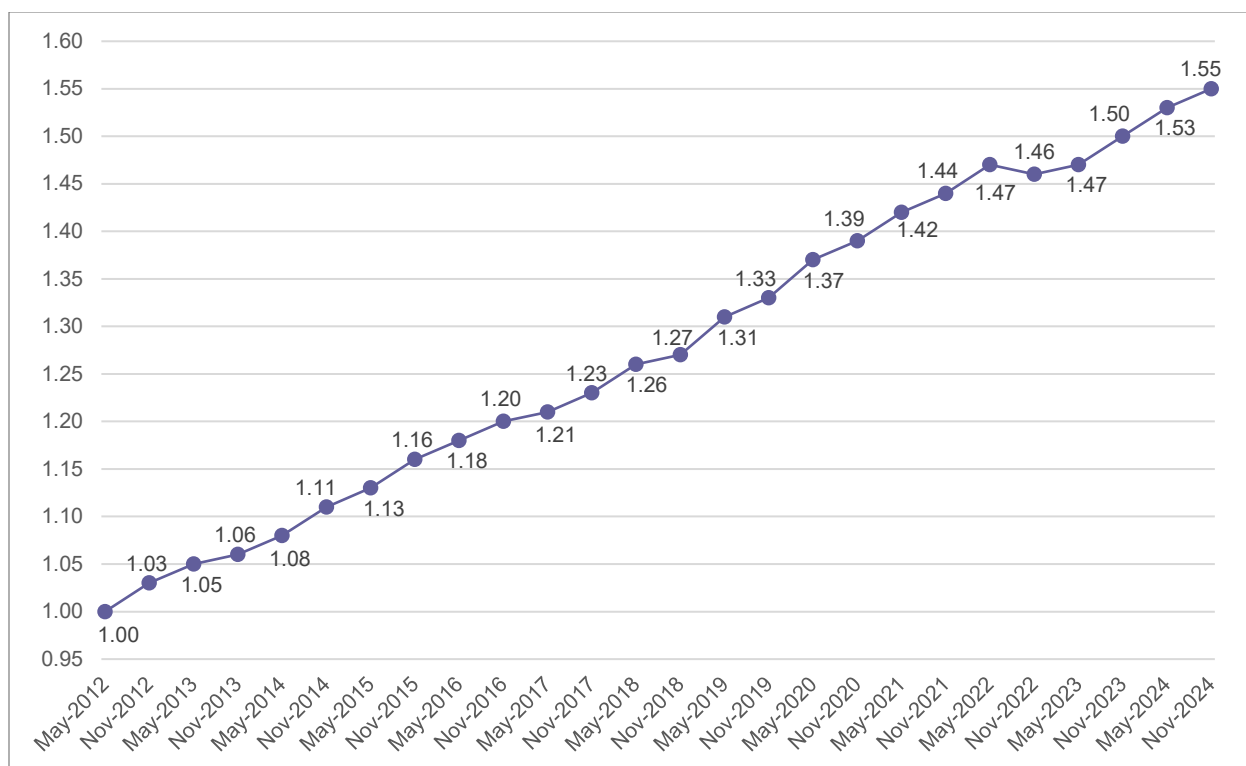


Figure 32. Professional E&M allowed amount index

Hospital E&M

The hospital E&M indices, which correspond to professional charges and allowed amounts, include CPT codes in the AMA CPT code category Evaluation and Management Services for procedures typically performed by professionals in a hospital setting, such as CPT 99223 (initial hospital inpatient or observation care with high level of medical decision making; if using time, 75 minutes or more) or CPT 99283 (emergency department visit with low level of medical decision making). They exclude E&Ms typically performed in a professional setting, such as common office visits. Facility fees are not included.

The hospital E&M charge amount index remained at 1.85 from November 2023 to November 2024 (figure 33). Of the six categories, the hospital E&M charge amount index was the only index to stay flat during this period.

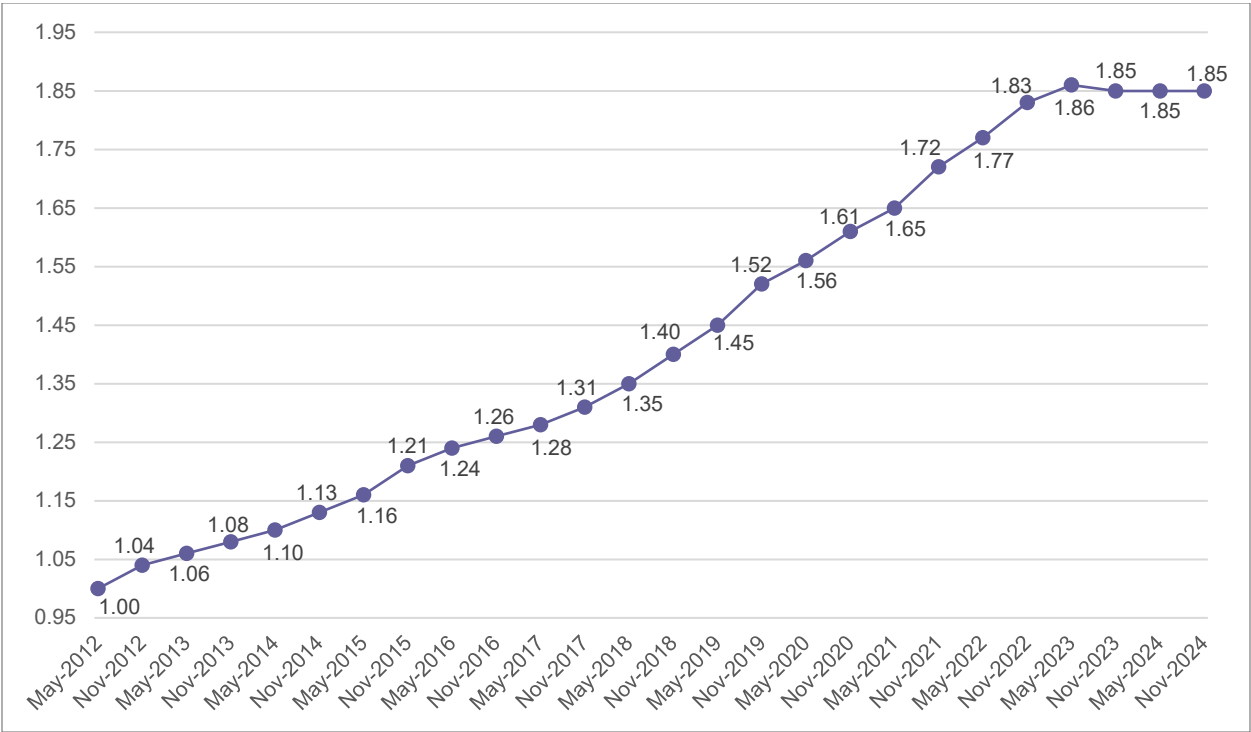


Figure 33. Hospital E&M charge amount index

The hospital E&M allowed amount index continued its upward trend after a decrease in May 2023. It increased from 1.79 in November 2023 to 1.86 in November 2024, a four percent change (figure 34).

CPT 99232 (subsequent hospital inpatient or observation care with high level of medical decision making; if using time, 35 minutes or more) and CPT 99233 (subsequent hospital inpatient or observation care with high level of medical decision making; if using time, 50 minutes or more) were the main drivers of the increase in this index. This was due to an increase in the median values of both procedures.

Hospital E&M, with medicine and surgery, had the greatest increase in allowed amount index among the six categories.

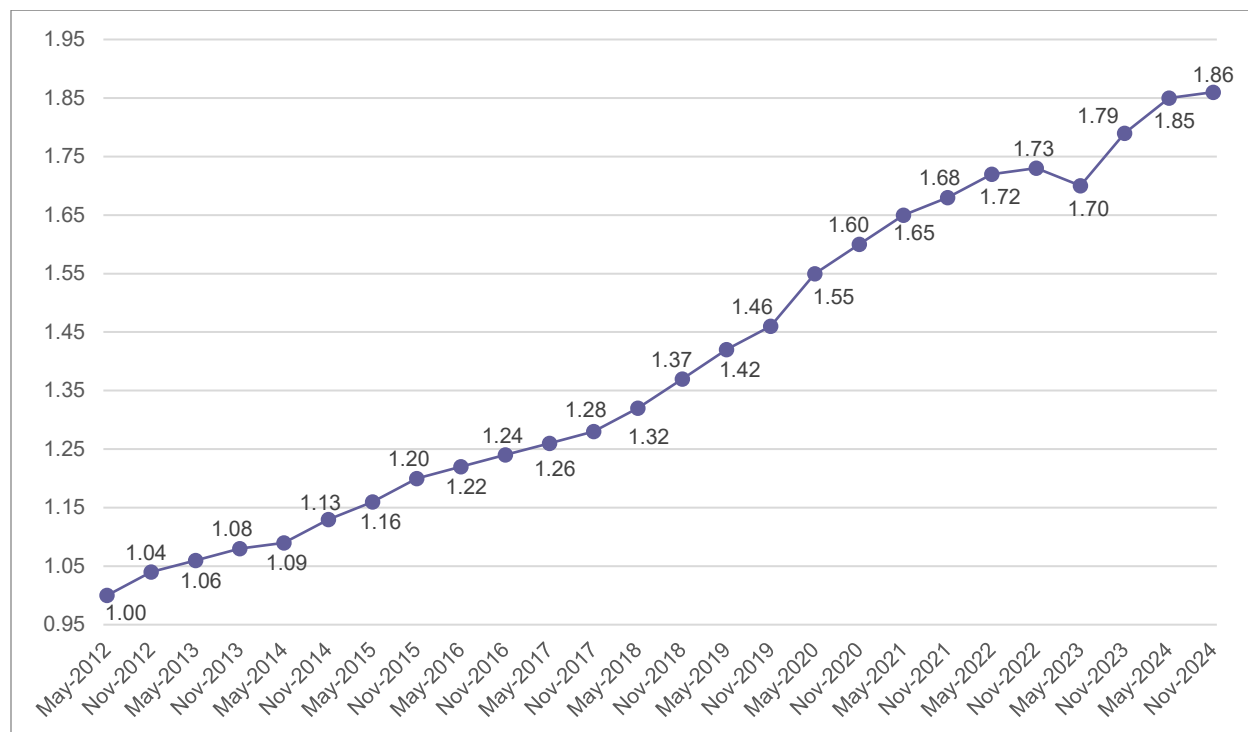


Figure 34. Hospital E&M allowed amount index

Medicine

The medicine indices include all procedures that are not E&Ms, meet the frequency criterion of one million or more and are found in the CPT code ranges from CPT 90281 to CPT 99199 and CPT 99500 to CPT 99607. They include services such as immunizations, psychiatry services, dialysis procedures and allergy and immunology procedures, but not pharmaceuticals.

The medicine charge amount index continued to grow at a steady pace after observing a large increase in November 2023 (figure 35). CPT 90837 (psychotherapy, one hour) was a large driver of this change. This was due to an increase in both its frequency and median value, with a more notable change observed in the frequency. The index grew from 1.37 in November 2023 to 1.42 in November 2024, a four percent change.

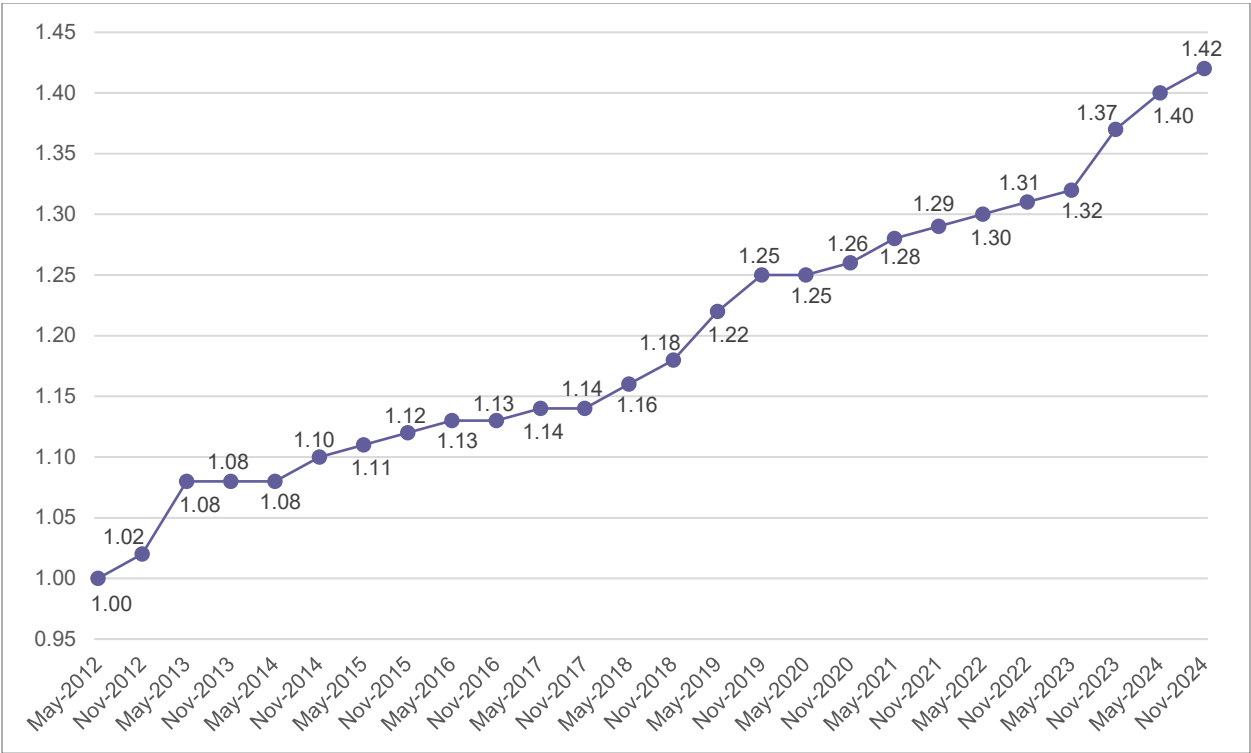


Figure 35. Medicine charge amount index

After flattening from May 2022 to May 2023, the medicine allowed amount index increased from 1.50 in November 2023 to 1.56 in November 2024, a four percent change (figure 36).

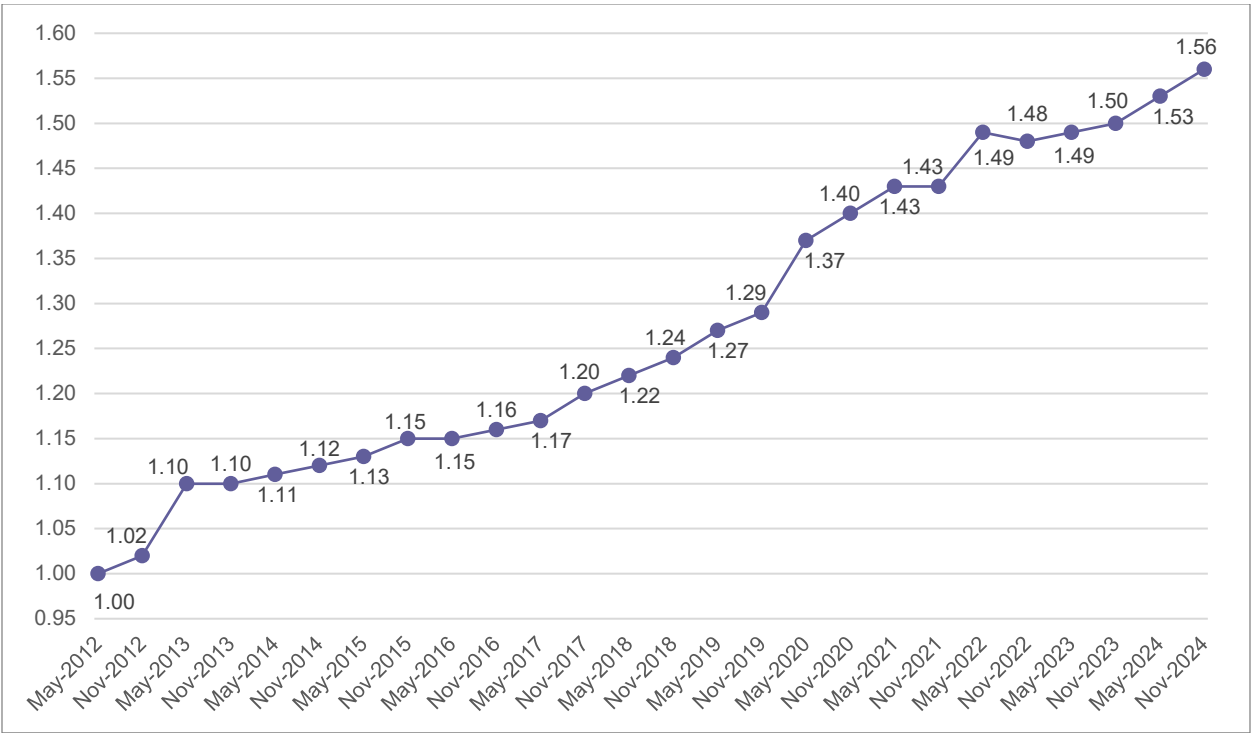


Figure 36. Medicine allowed amount index

Surgery

The surgery indices include codes typically found in the surgical portion of the CPT code book, such as CPT 17003 (destruction of precancer skin growth, 2-14 growths) and CPT 43239 (biopsy of esophagus, stomach and/or upper small bowel using a flexible endoscope). These are procedures for which the physician would bill; facility fees, if any, are not reflected in the surgery indices.

The surgery charge amount index continued increasing at a high rate of growth characteristic of the years since 2017 (figure 37). CPT 59400 (vaginal delivery with care before and after delivery) was a large driver of the observed increase. This was due to an increase in both its frequency and median value, with a more notable change observed in the median. The index increased from 1.36 in November 2023 to 1.43 in November 2024, a five percent change.

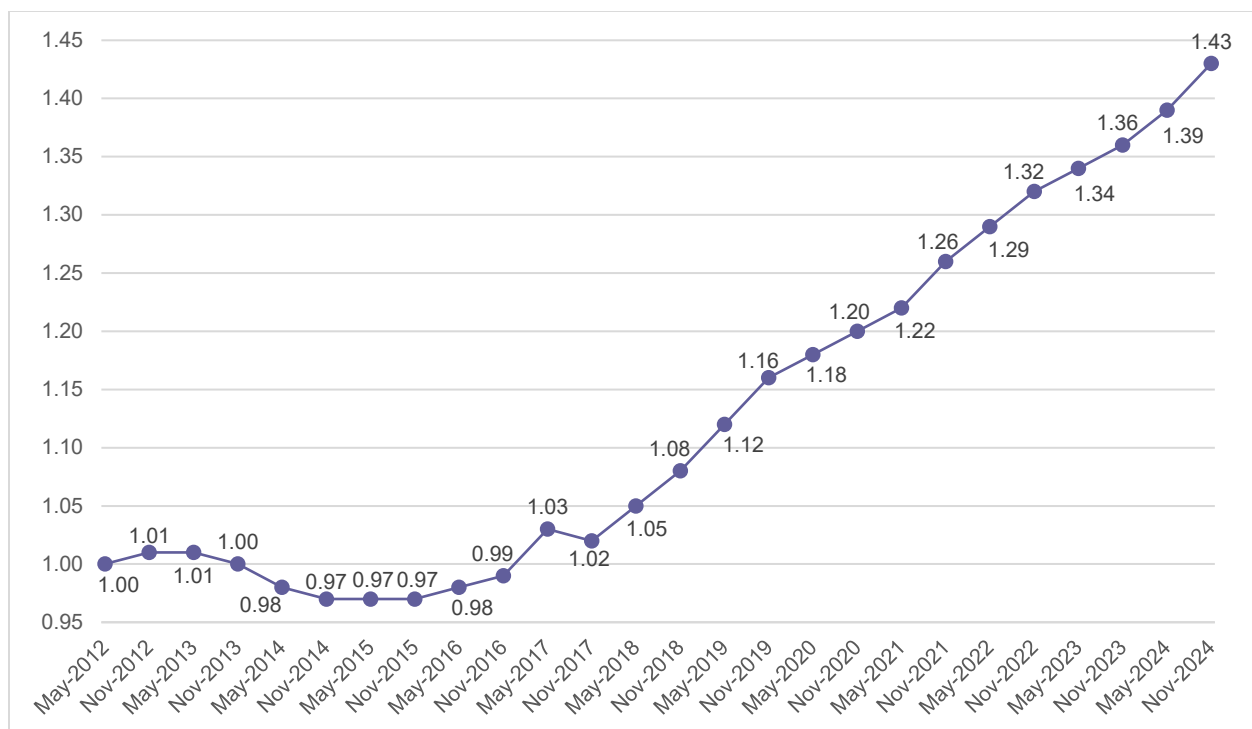


Figure 37. Surgery charge amount index

The surgery allowed amount index continued to increase after a decrease in May 2023 (figure 38). The index increased from 1.39 in November 2023 to 1.44 in November 2024, a four percent change.

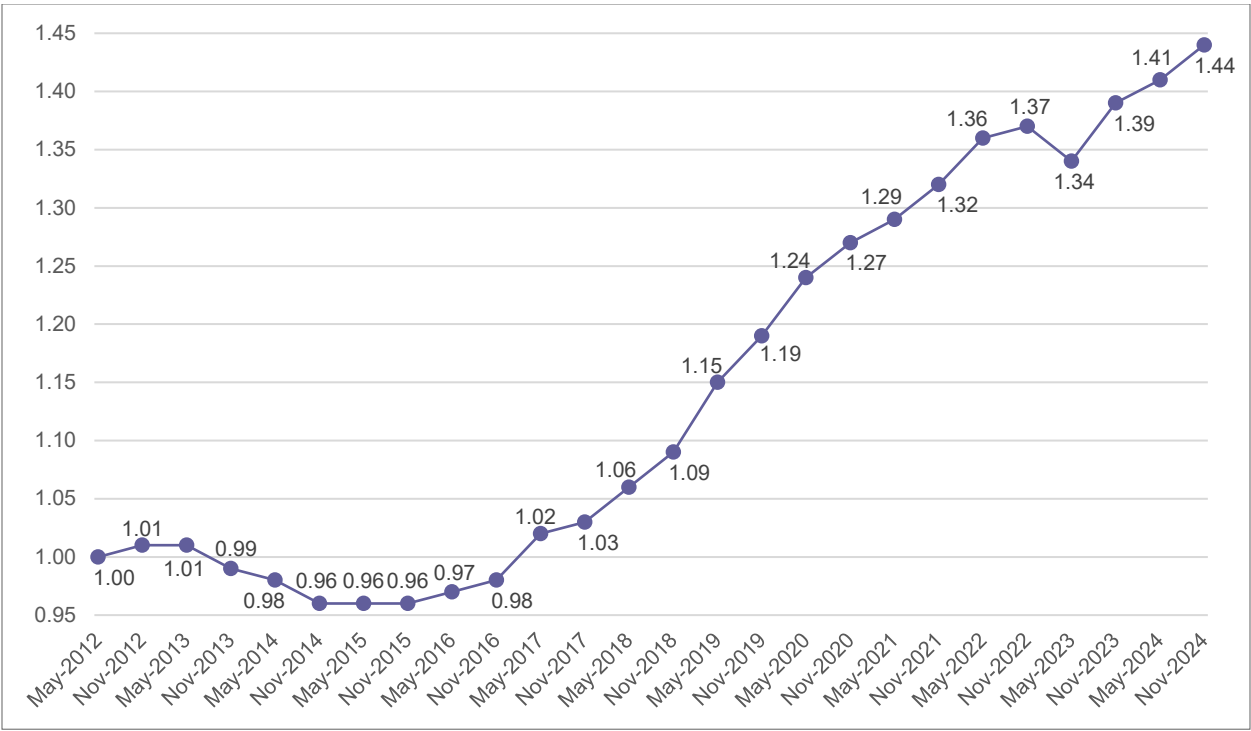


Figure 38. Surgery allowed amount index

Pathology and Laboratory

The pathology and laboratory indices include the CPT code range 80047 through 89398, which identifies such procedures as organ- or disease-oriented panels, drug testing, therapeutic transfusion medicine, microbiology, anatomic pathology (postmortem), cytopathology and in vivo laboratory procedures. Technical (e.g., equipment) and professional costs are included, but not facility fees.

The pathology and laboratory charge amount index continued the quick pace of growth that started in 2019 (figure 39). The index increased from 1.40 in November 2023 to 1.48 in November 2024, a six percent change. This was the greatest increase in charge amount index among the six categories.

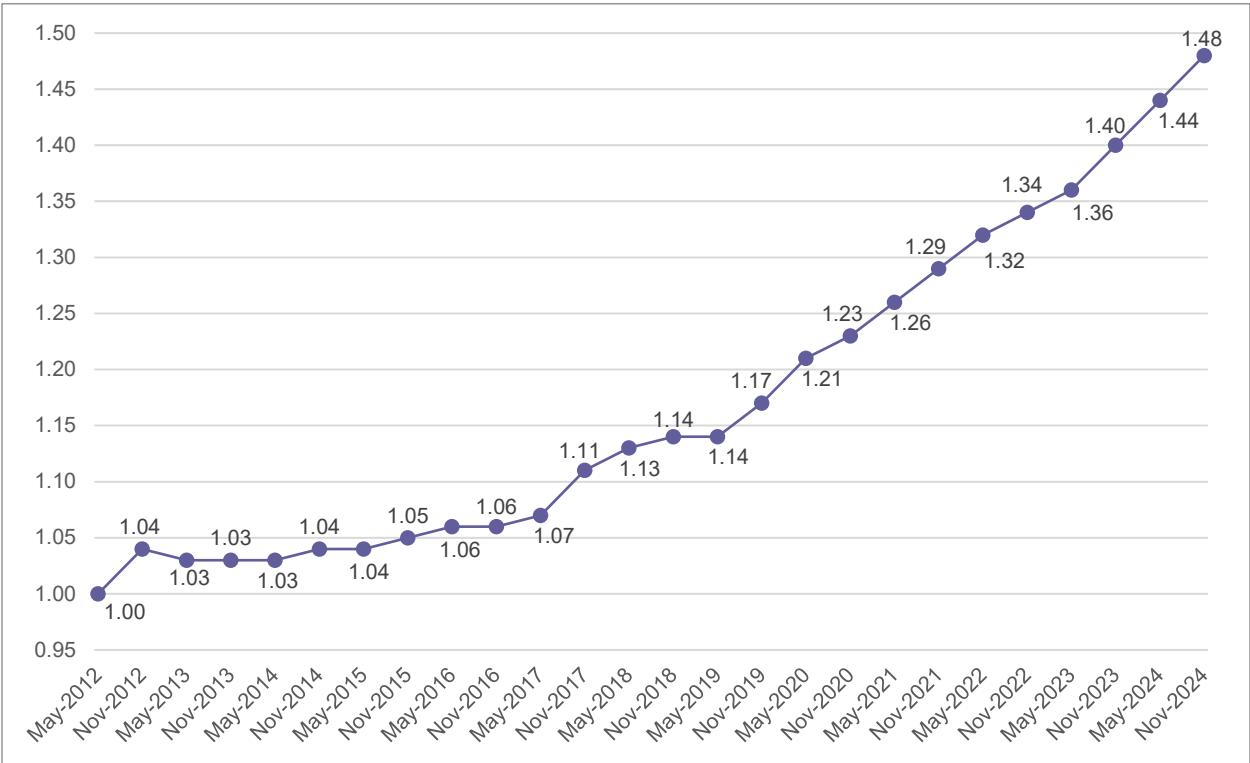


Figure 39. Pathology and laboratory charge amount index

The pathology and laboratory allowed amount index continued its steady increase after flattening from November 2022 to May 2023 (figure 40). The index increased from 1.27 in November 2023 to 1.31 in November 2024, a three percent change.

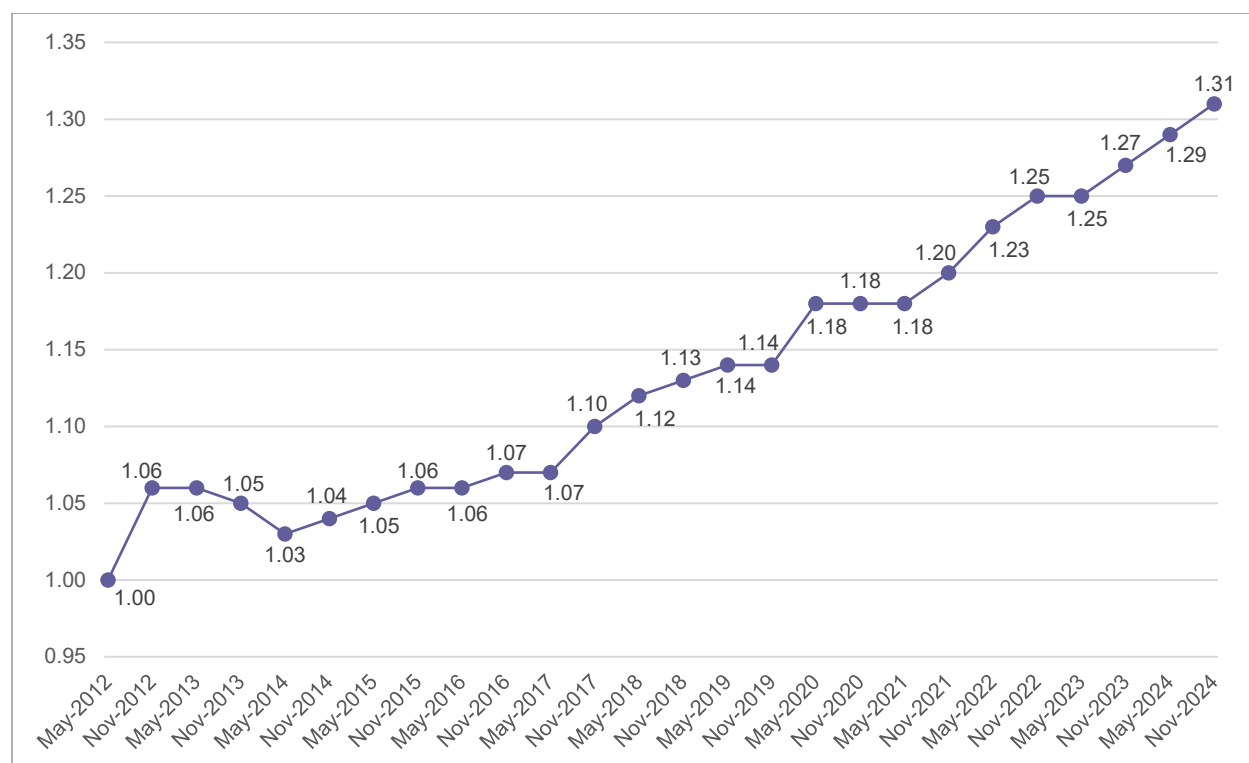


Figure 40. Pathology and laboratory allowed amount index

Radiology

The radiology indices include CPT codes from 70010 to 79999, representing a variety of imaging techniques to diagnose or treat diseases. X-rays, radiographs, ultrasounds, positron emission tomography (PET), CT and nuclear medicine are included in this category. Both technical and professional components are included, but not facility fees.

The radiology charge amount index continued to increase after remaining flat from November 2021 to May 2023 (figure 41). The index increased from 1.11 in November 2023 to 1.13 in November 2024, a two percent change.

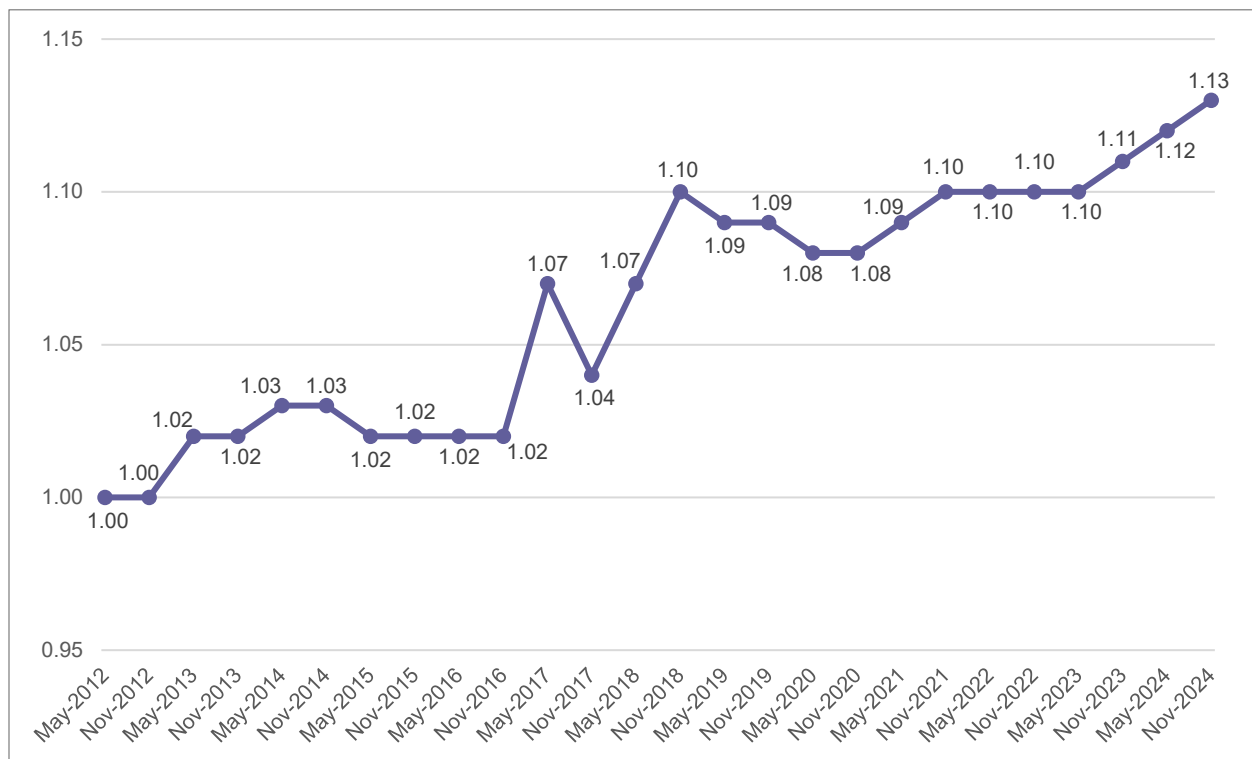


Figure 41. Radiology charge amount index

The radiology allowed amount index showed little growth after a large decrease in May 2023 (figure 42). The index increased from 1.15 in November 2023 to 1.16 in November 2024, a one percent change. This was the smallest increase in allowed amount index among the six categories.

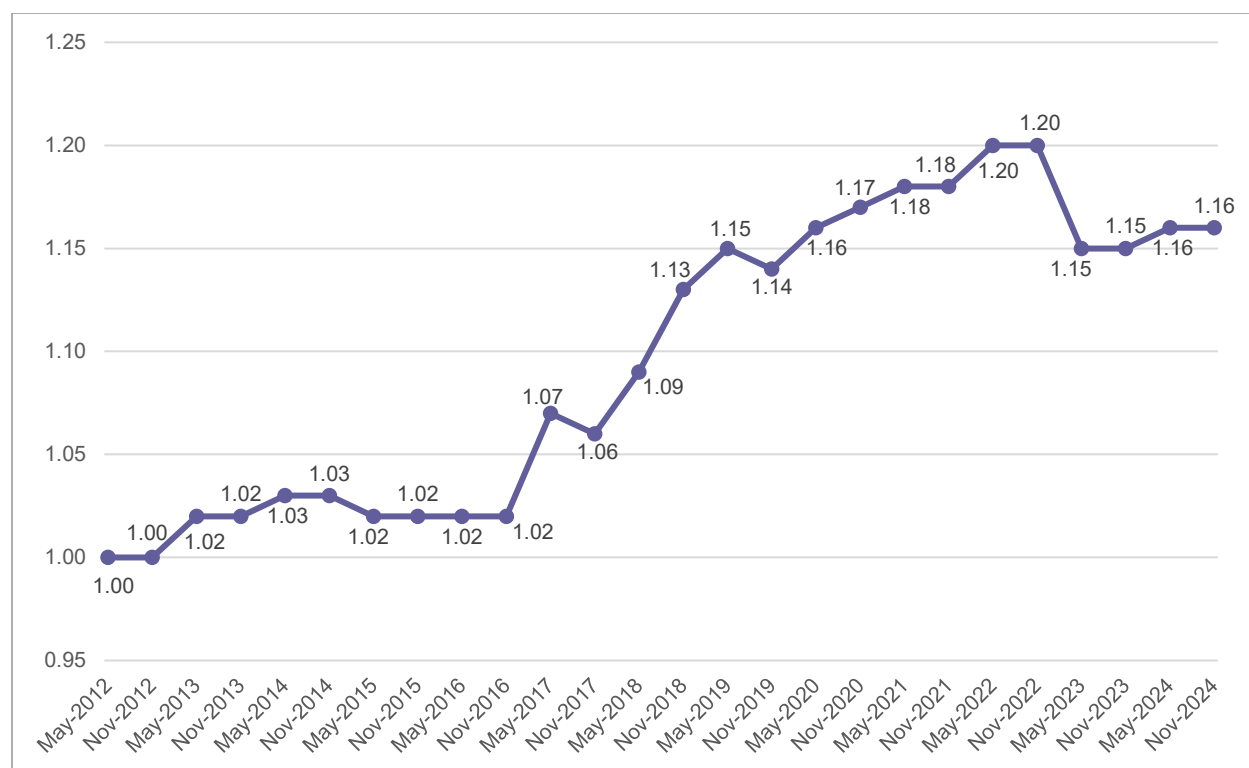


Figure 42. Radiology allowed amount index

Conclusion

This year's edition of FH Healthcare Indicators showed that, from 2022 to 2023, utilization decreased in retail clinics (12 percent), urgent care centers (12 percent), ASCs (7 percent) and telehealth (3 percent), but increased 4 percent in ERs. Of these places of service, ERs held the highest percentage of medical claim lines in 2023, with 4.3 percent of all medical claim lines nationally. The comparable percentages for the other places of service were 3.8 percent for telehealth, 1.9 percent for urgent care centers, 1.0 percent for ASCs and 0.2 percent for retail clinics.

In 2023 as in previous years, more claim lines were submitted for females than males in most age groups in these places of service. In 2023, Georgia was one of the top five states for retail clinics and urgent care centers, as measured by the percentage of medical claim lines accounted for by those places of service, but it was not among the top five states for telehealth. In 2023, COVID-19 remained on the list of most common diagnostic categories in retail clinics, urgent care centers and telehealth, but fell off the list in ERs (for individuals over the age of 22).

In the FH Medical Price Index for charge amounts, pathology and laboratory increased six percent from November 2023 to November 2024, the greatest percent increase in charge amount index among the six procedure categories. Hospital E&M was the only category to remain flat in charge amount index.

In the FH Medical Price Index for allowed amounts, hospital E&M, medicine and surgery each increased four percent from November 2023 to November 2024, the greatest percent increase in allowed amount index among the six categories. Radiology had the smallest percent increase in allowed amount index, one percent.

Because of its importance to the US economy and the lives of Americans, understanding the trends and shifts in the healthcare sector is vital. By issuing this new edition of FH Healthcare Indicators and FH Medical Price Index, FAIR Health seeks to provide insights that can inform decision making by stakeholders throughout the healthcare sector, including consumers, payors, providers, government officials, policy makers and others. As part of its mission, FAIR Health will continue to issue these reports annually. In addition, FAIR Health makes available customized indicators and indices that offer specific data subsets (e.g., based on clinical category, geographic region, time period) of particular interest to stakeholders. Contact FAIR Health at info@fairhealth.org or 855-301-3247 to learn more about such customized studies.

About FAIR Health

FAIR Health is a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information through data products, consumer resources and health systems research support. FAIR Health qualifies as a public charity under section 501(c)(3) of the federal tax code. FAIR Health possesses the nation's largest collection of commercial healthcare claims data, which includes over 50 billion claim records and is growing at a rate of over 3 billion claim records a year. FAIR Health licenses its commercial data and data products—including benchmark products, data visualizations, custom analytics and market indices—to commercial insurers and self-insurers, employers, providers, hospitals and healthcare systems, government agencies, researchers and others. Certified by the Centers for Medicare & Medicaid Services (CMS) as a national Qualified Entity, FAIR Health also receives data representing the experience of all individuals enrolled in traditional Medicare Parts A, B and D, which accounts for a separate collection of over 50 billion claim records; FAIR Health includes among the commercial claims data in its database, data on Medicare Advantage enrollees. FAIR Health can produce insightful analytic reports and data products based on combined Medicare and commercial claims data for government, providers, payors and other authorized users. FAIR Health's free, award-winning, national consumer websites are fairhealthconsumer.org and fairhealthconsumidor.org. For more information on FAIR Health, visit fairhealth.org.

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