



CPT Code Volumes for Urgent Cares & Expresses
10/1/24 - 9/30/25 Service Dates(Posted as of 10/2/25)

CPT	Description	Number of times provided	Modifier	Charges	Commercial Average	Indiana Medicare	Kentucky Medicare	Indiana Medicaid	Kentucky Medicaid	Cash Pay	Self Pay with
											Financial Assistance
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	81665		170.00	95.44	83.88	83.30	84.31	42.63	85.00	\$59.50 to \$0.00
J1100	PR DEXAMETHASONE SODIUM PHOS 1MG	76181		5.00	1.08	0.09	0.09	0.05	0.09	2.50	\$1.75 to \$0.00
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	51223		248.00	137.64	118.14	117.60	119.13	67.10	124.00	\$86.80 to \$0.00
99051	PR SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	49764		39.00	26.63	0.00	0.00	0.00	0.00	19.50	\$13.65 to \$0.00
87637	CHG IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	35159		395.00	100.78	142.63	142.63	142.63	142.63	197.50	\$138.25 to \$0.00
87651	CHG IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	30778		140.00	41.27	35.09	35.09	35.09	35.09	70.00	\$49.00 to \$0.00
J8540	PR ORAL DEXAMETHASONE	11777		1.00	0.21	0.02	0.02	0.00	0.02	0.50	\$0.35 to \$0.00
96372	PR THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	11411		46.00	27.25	13.11	12.89	13.27	18.10	23.00	\$16.10 to \$0.00
81003	CHG URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	9819		18.00	2.67	2.25	2.25	2.25	2.25	9.00	\$6.30 to \$0.00
J1010	PR INJ, METHYLPRED ACETATE 1 MG	8540		0.40	0.16	0.12	0.12	0.10	0.12	0.20	\$0.14 to \$0.00
J1885	PR KETOROLAC TROMETHAMINE INJ	7263		18.00	3.83	0.30	0.30	0.24	0.30	9.00	\$6.30 to \$0.00
J0696	PR CEFTRIAXONE SODIUM INJECTION	5142		36.00	7.52	0.43	0.43	0.25	0.43	18.00	\$12.60 to \$0.00
71046	CHG RADIOLOGIC EXAM CHEST 2 VIEWS	3852	TC	126.00	23.71	20.74	19.87	20.99	14.34	63.00	\$44.10 to \$0.00
S9083	PR URGENT CARE CENTER GLOBAL	3527		155.00	45.00	0.00	0.00	0.00	0.00	77.50	\$54.25 to \$0.00
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	3268		249.00	142.80	102.28	102.15	102.93	79.04	124.50	\$87.15 to \$0.00
J7613	PR ALBUTEROL UNIT	2963		13.00	2.65	0.08	0.08	0.07	0.08	6.50	\$4.55 to \$0.00
90471	PR IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	2822		40.00	27.78	18.78	18.28	19.01	27.49	20.00	\$14.00 to \$0.00
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	2321		369.00	209.07	153.78	153.88	154.76	112.27	184.50	\$129.15 to \$0.00
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	1506		327.00	183.74	166.04	165.42	167.63	98.39	163.50	\$114.45 to \$0.00
94640	PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	1444		52.00	26.65	7.02	6.82	7.10	11.19	26.00	\$18.20 to \$0.00
87905	CHG INFECTIOUS AGENT ENZYMATI ACTV OTH/THN VIRUS	1425		63.00	15.77	12.22	12.22	12.22	12.22	31.50	\$22.05 to \$0.00
95117	PR PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	1268		39.00	21.68	10.89	10.51	11.03	13.37	19.50	\$13.65 to \$0.00
69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	1263		55.00	22.32	13.88	13.34	14.35	9.29	27.50	\$19.25 to \$0.00
81025	CHG URINE PREGNANCY TEST VISUAL COLOR CMPRNS METHS	1231		35.00	8.57	8.61	8.61	8.61	8.61	17.50	\$12.25 to \$0.00
81002	CHG URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	1193		18.00	3.47	3.48	3.48	3.48	3.48	9.00	\$6.30 to \$0.00
J2405	PR ONDANSETRON HCL INJECTION	1086		13.00	2.69	0.09	0.09	0.06	0.09	6.50	\$4.55 to \$0.00
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	1046		60.00	43.05	37.37	37.37	18.89	27.94	30.00	\$21.00 to \$0.00
90656	PR IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	1019		43.00	24.42	23.22	23.22	20.73	22.35	21.50	\$15.05 to \$0.00
93000	PR ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	869		82.00	35.87	12.97	12.90	13.13	21.79	41.00	\$28.70 to \$0.00