

CPT Codes Billed on 50+ Claims from 10-01-2024 – 09-30-2025

*These are InterMed Fees for the procedures listed. Your cost may be different depending on your insurance plan/benefit.

Procedure	New Patient Office Visits	InterMed Fee
99202	New Patient Office or other Outpatient Visit	\$261.00
99203	New Patient Office or other Outpatient Visit	\$383.00
99204	New Patient Office or other Outpatient Visit	\$559.00
Procedure	Established Patient Office Visits	InterMed Fee
99212	Established Patient Office or other Outpatient Visit	\$166.00
99213	Established Patient Office or other Outpatient Visit	\$265.00
99214	Established Patient Office or other Outpatient Visit	\$374.00
99215	Established Patient Office or other Outpatient Visit	\$524.00
Procedure	New Patient Preventive Visit, Physical	InterMed Fee
99382	Initial Physical Exam, (age 1 through 4 years)	\$398.00
99383	Initial Physical Exam, (age 5 through 11 years)	\$414.00
99384	Initial Physical Exam, (age 12 through 17 years)	\$467.00
99385	Initial Physical Exam, (age 18 through 39 years)	\$455.00
99386	Initial Physical Exam, (age 40 through 64 years)	\$523.00
99387	Initial Physical Exam, (age 65 years and older)	\$567.00
Procedure	Established Patient Preventive Visit, Physical	InterMed Fee

99392	Periodic Physical Exam, (age 1 through 4 years)	\$365.00
99393	Periodic Physical Exam, (age 5 through 11 years)	\$364.00
99394	Periodic Physical Exam, (age 12 through 17 years)	\$399.00
99395	Periodic Physical Exam, (age 18 through 39 years)	\$408.00
99396	Periodic Physical Exam, (age 40 through 64 years)	\$434.00
99397	Periodic Physical Exam, (age 65 years and older)	\$467.00
Procedure	Behavioral Health	InterMed Fee
90832	Psychotherapy, 30 minutes with patient	\$312.00
90834	Psychotherapy, 45 minutes with patient	\$412.00
90837	Psychotherapy, 60 minutes with patient	\$607.00
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes	\$679.00
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes	\$543.00
99494	Initial or Subsequent Psychiatric Collaborative Care Management, Each Additional 30 Minutes	\$281.00
Procedure	Physical Therapy	InterMed Fee
97162	Physical Therapy Evaluation: Moderate Complexity	\$400.00
97110	Therapeutic Exercises	\$117.00
97112	Neuromuscular Reeducation	\$135.00
97140	Manual Therapy Techniques	\$102.00

Procedure	Office Procedures/Diagnostic Tests	InterMed Fee
11102	Biopsy of Skin Tag	\$401.00
17000	Destruction of premalignant Lesions, First Lesion	\$271.00
17003	Second through 14 Lesions	\$27.00 each
17110	Destruction of Benign Lesions, up to 14 Lesions	\$456.00
20611	Drain/Inject Major Joint/Bursa with Ultrasound	\$397.00
92551	Pure Tone Hearing Test, Air	\$51.00
93000	Electrocardiogram, Complete	\$68.00
93015	Cardiovascular Stress Test, Complete	\$292.00
93306	Echocardiography, Transthoracic	\$972.00
93351	Stress Test, Complete	\$1157.00
Procedure	Imaging Services	InterMed Fee
71046	X-Ray Exam Chest, 2 Views	\$152.00
73030	X-Ray Exam, Shoulder Complete	\$130.00
76811	Ultrasound, Pregnant Uterus, Fetal and Maternal Evaluation	\$734.00
76819	Ultrasound, Fetal Biophysical profile w/o NST	\$358.00
76830	Ultrasound, Transvaginal, Non-OB	\$451.00
77067TC	Screening Mammography, Bilateral	\$487.00
77080	Bone Density Study (DXA), Axial	\$148.00

Procedure	Lab Services	InterMed Fee
80053	Comprehensive Metabolic Panel	\$37.00
80061	Lipid Panel	\$47.00
81002	Urinalysis Nonautomated W/O Microscope	\$11.00
85025	Complete CBC	\$27.00