

CPT Codes Billed on 50+ Claims from 10-01-2025 – 09-30-2026

*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	\$259.53
99203	New Patient Office or other Outpatient Visit	\$385.34
99204	New Patient Office or other Outpatient Visit	\$562.80
Procedure	Established Patient Office Visits	InterMed Fee
99212	Established Patient Office or other Outpatient Visit	191.70
99213	Established Patient Office or other Outpatient Visit	\$307.44
99214	Established Patient Office or other Outpatient Visit	\$433.51
99215	Established Patient Office or other Outpatient Visit	\$609.23
Procedure	New Patient Preventive Visit, Physical	InterMed Fee
99382	Initial Physical Exam, (age 1 through 4 years)	\$386.23
99383	Initial Physical Exam, (age 5 through 11 years)	\$400.98
99384	Initial Physical Exam, (age 12 through 17 years)	\$449.10
99385	Initial Physical Exam, (age 18 through 39 years)	\$436.61
99386	Initial Physical Exam, (age 40 through 64 years)	\$502.92
99387	Initial Physical Exam, (age 65 years and older)	\$545.91
Procedure	Established Patient Preventive Visit, Physical	InterMed Fee

99392	Periodic Physical Exam, (age 1 through 4 years)	\$353.46
99393	Periodic Physical Exam, (age 5 through 11 years)	\$352.33
99394	Periodic Physical Exam, (age 12 through 17 years)	\$384.93
99395	Periodic Physical Exam, (age 18 through 39 years)	\$408.00
99396	Periodic Physical Exam, (age 40 through 64 years)	\$418.28
99397	Periodic Physical Exam, (age 65 years and older)	\$450.27
Procedure	Behavioral Health	InterMed Fee
90832	Psychotherapy, 30 minutes with patient	\$308.65
90834	Psychotherapy, 45 minutes with patient	\$407.32
90837	Psychotherapy, 60 minutes with patient	\$603.38
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes	\$520.43
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes	\$473.49
99494	Initial or Subsequent Psychiatric Collaborative Care Management, Each Additional 30 Minutes	\$201.10
Procedure	Physical Therapy	InterMed Fee
97162	Physical Therapy Evaluation: Moderate Complexity	\$365.54
97110	Therapeutic Exercises	\$108.45
97112	Neuromuscular Reeducation	\$121.97
97140	Manual Therapy Techniques	\$93.28

Procedure	Office Procedures/Diagnostic Tests	InterMed Fee
11102	Biopsy of Skin Tag	\$389.85
17000	Destruction of premalignant Lesions, First Lesion	\$269.99
17003	Second through 14 Lesions	\$26.33 each
17110	Destruction of Benign Lesions, up to 14 Lesions	\$447.81
20611	Drain/Inject Major Joint/Bursa with Ultrasound	\$392.49
92551	Pure Tone Hearing Test, Air	\$50.04
93000	Electrocardiogram, Complete	\$67.90
93015	Cardiovascular Stress Test, Complete	\$293.47
93306	Echocardiography, Transthoracic	\$978.86
93351	Stress Test, Complete	\$1,164.59
Procedure	Imaging Services	InterMed Fee
71046	X-Ray Exam Chest, 2 Views	\$88.58
73030	X-Ray Exam, Shoulder Complete	\$136.98
76811	Ultrasound, Pregnant Uterus, Fetal and Maternal Evaluation	\$739.18
76819	Ultrasound, Fetal Biophysical profile w/o NST	\$360.29
76830	Ultrasound, Transvaginal, Non-OB	\$464.93
77067TC	Screening Mammography, Bilateral	\$388.89
77080	Bone Density Study (DXA), Axial	\$155.42

Procedure	Lab Services	InterMed Fee
80053	Comprehensive Metabolic Panel	\$36.85
80061	Lipid Panel	\$46.71
81002	Urinalysis Nonautomated W/O Microscope	\$10.52
85025	Complete CBC	\$27.11