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Anesthesiology

- To verify coverage, contracted providers can use the [Eligibility Inquiry tool](#) .
- To see prior authorization requirements or medical necessity review criteria, see the [Pre authorization Code Check](#) tool.
- Non-contracted providers can contact the Provider Assistance Unit at 1-888-767-4670.

Important information

- Procedure authorizations do not include the standard E&M code range
- All codes that are underlined under each reason name include the same range as code in parentheses.
- For procedures that include additional codes beyond the ones listed below the individual reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.

Procedure (Referral Reason) Service Ranges

Monitored Anesthesia for Colonoscopy: (00812)

00811, 00812, 00813

Monitored Anesthesia for EGD (Esophagogastroduodenoscopy): (00731)

00731, 00732

Dental Anesthesia: (00170)

00170, 96360, 96361, 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96373, 96374, 96375, 96376, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 99070, 99071, J1200, J2920, J2930, J7040, J7050, J8540

Facet Neurotomy: (64636)

[Procedure Standard Code Range Included](#)

64633, 64634, 64635, 64636

Facet Joint Diagnostic or Medial Branch Injection Diagnostic: (64490)

[Procedure Standard Code Range Included](#)

64490, 64491, 64492, 64493, 64494, 64495, 77003



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Facet Joint Therapeutic or Medial Branch Injection Therapeutic: (64490)

Procedure Standard Code Range Included

64490, 64491, 64492, 64493, 64494, 64495, 77003

Moderation Sedation Services: (99152)

99151, 99152, 99153, 99155, 99156, 99157, G0500

Nerve Block: (64461)

Procedure Standard Code Range Included

64461, 64462, 64463, 64464, 77003

Sacroiliac Joint Injection w/Arthrography: (27096)

Procedure Standard Code Range Included

27093, 27095, 27096, 27097, 73525, G0259, G0260

Steroid Epidural Injections: (64483)

Procedure Standard Code Range Included

62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, 64484, 77003

Steroid Non-Epidural Injections: (64400)

Procedure Standard Code Range Included

20550, 20551, 20552, 20553, 64400, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64451, 64455, 64486, 64487, 64488, 64489, 64505, 64510, 64517, 64520, 64530, 77003

Date	Description
07/22/2020	Created
08/14/2023	Removed ESI, Nerve Block or Steroid Injections reason. Added new reasons Facet Joint Diagnostic or Medial Branch Injection Diagnostic, Facet Joint Therapeutic or Medial Branch Injection Therapeutic, Nerve Block, Steroid Epidural Injections and Steroid Non-Epidural Injections.
02/22/2024	Removed 00731 from Monitored Anesthesia for Colonoscopy Removed 00811 00812 00813 from Monitored Anesthesia for EGD (Esophagogastroduodenoscopy).
06/20/2024	Reformatted page and added Procedure Standard Code Range link under each reason that includes the additional codes listed within the link. Added Important information section.
08/08/2024	For Clarification Under Important information- Removed statement- All Codes listed under each individual reason name and within the procedure Standard Code Range are included. And added new bullet -For procedures that include additional codes beyond the ones listed below the individual



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	reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.
03/05/2025	Added 64466 to Nerve Block.
05/01/2025	Removed 0213T, 0214T, 0215T, 0216T, 0217T, 0218T from Facet Neurotomy, Facet Joint Diagnostic or Medial Branch Injection Diagnostic and Facet Joint Therapeutic or Medial Branch Injection Therapeutic.

Information on this site is for informational purposes only and does not guarantee coverage or payment. All services must be considered medically necessary and certain services may be subject to additional clinical review criteria. All benefits are subject to the patient's medical coverage agreement including visit, quantity, and/or dollar limits.

The Kaiser Permanente Published Range page was developed to assist in administering plan benefits. For information concerning whether a specific service or benefit is covered, please refer to the patient's medical coverage agreement, the Provider Manual, your Provider contract, or call the Kaiser Permanente Provider Assistance Unit at 1-888-767-4670.

The Kaiser Permanente Published Range page results reflect the range information at the time of the inquiry only. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change the Published Ranges, at Kaiser Permanente's sole discretion.

CPT codes deleted by the American Medical Association or HCPC codes deleted by Centers for Medicare & Medicaid Services will remain eligible for payment for valid dates of service for 24 months to allow time for claims submission.