




Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., (Kaiser Permanente).

Cardiac Surgery

- 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.

Cardiac Surgery Consultations

[Evaluate & Treat – 3 visits or 6 visits \(99214\) Consult Only \(99202\), Second Opinion \(99203\)](#)

Procedure (Referral Reason) Service Ranges:

Aortic Valve Repair/Replacement: (33405)

[Procedure Standard Code Range Included](#)

32551, 33257, 33258, 33259, 33322, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33471, 33474, 33475, 33476, 33496

Coronary Artery Bypass Grafting: (33533)

[Procedure Standard Code Range Included](#)

33031, 33120, 33257, 33258, 33259, 33315, 33390, 33391, 33405, 33406, 33410, 33411, 33422, 33425, 33426, 33427, 33430, 33463, 33464, 33508, 33509, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536, 33572, 33641, 33859, 33866, 33967, 33868, 33970, 35500, 35600

Mitral Valve Repair/Replacement: (33430)

[Procedure Standard Code Range Included](#)

33120, 33257, 33258, 33259, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33508, 33510, 33511,



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33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536, 33641, 33967, 34714, 35600

Open Left Atrial Appendage Closure: (33267)

Procedure Standard Code Range Included

33267, 33268, 33269

Percutaneous Left Atrial Appendage Closure: (33340)

Procedure Standard Code Range Included

33340

Thoracoscopy: (32650)

Procedure Standard Code Range Included

31622, 31623, 31624, 31625, 31627, 31628, 31629, 31630, 31631, 31632, 31633, 31634, 31635, 31636, 31637, 31638, 31640, 31641, 31645, 31646, 31647, 32151, 32220, 32480, 32484, 32505, 32550, 32551, 32601, 32604, 32606, 32607, 32608, 32609, 32650, 32651, 32652, 32653, 32654, 32655, 32656, 32658, 32659, 32661, 32662, 32663, 32664, 32665, 32666, 32667, 32668, 32669, 32670, 32671, 32672, 32673, 32674, 38746, 62324, 62325

| Date | Description |
|------------|--|
| 07/24/2020 | Created |
| 06/27/2022 | Added 0591T, 0592T, 0593T, 96112, 96164, 96165, 96167, 96168, 96170, 96171, A9590, G2058, G2064 to Eval & Treat. Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, L1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Eval & Treat. Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, L1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Standard Code Range for Procedures. |
| 07/01/2022 | Added 38746, 62324 62325 to Thoracoscopy. |
| 08/15/2022 | Added 90736, 90750, 90759, C9088, C9089, C9092 to Eval & Treat, and Standard Code Range for Procedures Added 99424, 99425, 99426, 99427, 99437 to Consult Only, Second Opinion, Evaluate & Treat – 3 visits or 6 visits. |
| 08/17/2022 | Added 93319 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Added 33509 to Coronary Artery Bypass Grafting. |
| 12/01/2022 | Removed J7336 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures as code now has Review requirement. |
| 01/27/2023 | Removed 99201 from Consult Only and Second Opinion. |

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| | Removed Q5107, J2791, J2792, C9257 and G2064 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Added C9101, C9144, J0134, J0136, J0173, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2401, J2402, J3244, J3371, J3372, J9314, J9393, J9394 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. |
| 03/15/2023 | Removed 99239 and 99255 from Evaluate & Treat – 3 visits or 6 visits. Added 99418 and G0318 to Evaluate & Treat – 3 visits or 6 visits. |
| 04/17/2023 | Added 15853 15854 99484 99492 99493 and 99494, to Evaluate & Treat – 3 visits or 6 visits. Added J7169 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. |
| 05/09/2023 | Added 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 87913, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91312, 91313, 91314, 91315, 91316, 91317, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 0174A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, C1943, C9803, D0604, D0605, D0606, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D1708, D1709, D1710, D1711, D1712, D1713, D1714, G2023, G2024, J0612, J0613, J2403, J9196, J9294, J9296, J9297, M0201, M0249, M0250, Q0249, U0001, U0002, U0003, U0004, U0005 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. Removed J2400 and J9044 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. |
| 05/22/2023 | Removed J9041 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. |
| 06/01/2023 | Removed 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, J9318 and J9319 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section. Added 0121A, 0141A, 0142A, 0151A, 0171A, 0172A Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section. |
| 06/07/2023 | Removed reasons Consult Only, Second Opinion Eval & treat sections and Standard Code Range for Procedures. Added link for list of codes for Consult Only, Second Opinion Eval & treat and Standard Code Range for Procedures. |
| 02/22/2024 | Added 33968 to Coronary Artery Bypass Grafting. |
| 05/06/2024 | Added Mitral Valve Repair/Replacement. |



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| 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. Updated Evaluate& Treat- 3 visits or 6 visits (99214) Consult Only (99202), Second Opinion (99203) link. |
| 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 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. |

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.