




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

EMG (Electromyography)

- 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:

Autonomic Function Testing: (95921)

93660, 93922, 93923, 93924, 95812, 95813, 95816, 95819, 95921, 95922, 95923, 95924

Electromyography (EMG): (95863)

Procedure Standard Code Range Included

95860, 95861, 95863, 95864, 95865, 95866, 95867, 95868, 95869, 95885, 95886, 95887 95907, 95908, 95909, 95910, 95911, 95912, 95913

Evoked Potential/Reflex Testing: (95925)

Procedure Standard Code Range Included

51785, 95717, 95718, 95719, 95720, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95822, 95860, 95861, 95867, 95868, 95870, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95928, 95929, 95930, 95937, 95938, 95939, 95940, 95941, 95955, G0453

Intraoperative Neurophysiological Monitoring (IONM): (95940)

95822, 95860, 95861, 95867, 95868, 95870, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95928, 95929, 95930, 95937, 95938, 95939, 95940, 95941, 95955, G0453



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Muscle/Range of Motion Testing: (95851)

Procedure Standard Code Range Included

95851, 95852, 95857

Nerve Conduction Studies (NCS): (95905)

Procedure Standard Code Range Included

95860, 95861, 95867, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95926, 95937, 95938, 95939

Neurostimulator Analysis: (95970)

Procedure Standard Code Range Included

95970, 95971, 95972, 95976, 95977, 95980, 95981, 95982, 95983, 95984, 96127, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99418, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, G0318, G0508, G0509, G2010, G2011, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014

Date	Description
03/16/2020	Created
06/27/2022	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.
08/15/2022	Added 99424, 99425, 99426, 99427, 99437 to Neurostimulator Analysis. Added 90736, 90750, 90759, C9088, C9089, C9092 Standard Code Range for Procedures section.
12/01/2022	Removed J7336 from Standard Code Range for Procedures as code now has Review requirement.
12/02/2022	Added 95860, 95861, 95867, 95868, 95869, 95870, 95872, 95885, 95886, 95887, 95907, 95908, 95909, 95910, 95911, 95912, 95913 Electromyography (EMG)
01/27/2023	Removed Q5107, J2791, J2792 and C9257 from Standard Code Range for Procedures.
03/15/2023	Removed 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99251, 99252, 99253, 99254, 99255 from Neurostimulator Analysis.
04/17/2023	Added J7169 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,



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	<p>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 Standard Code Range for Procedures.</p> <p>Removed J2400 and J9044 rom Standard Code Range for Procedures.</p>
05/22/2023	Removed J9041 from Standard Code Range for Procedures.
06/02/2023	<p>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 Standard Code Range for Procedures section.</p> <p>Added 0121A, 0141A, 0142A, 0151A, 0171A, 0172A to Standard Code Range for Procedures section.</p>
06/09/2023	<p>Removed reason Standard Code Range for Procedures.</p> <p>Added link for list of codes for Standard Code Range for Procedures.</p>
07/12/2023	Removed termed code 99241 from Neurostimulator Analysis
02/26/2024	<p>Removed 92585 and 92586 from Intraoperative Neurophysiological Monitoring (IONM).</p> <p>Added 99418, 99439, 99441, 99442, 99443,99446, 99447, 99448, 99449, 99450, 99451, 99452,99495, 99496, G0318 to Neurostimulator Analysis</p> <p>Removed 95870 and 95872 from Electromyography (EMG) as codes are part of Standard Code Range for Procedures.</p>
06/20/2024	<p>Reformatted page and added Procedure Standard Code Range link under each reason that includes the additional codes listed within the link.</p> <p>Added Important information section.</p>
08/08/2024	<p>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.</p>
02/27/2025	Removed termed codes 99441 99442 99443 and G2012 from Neurostimulator Analysis.



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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.