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Laboratory

- 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.

Laboratory:

Procedure (Referral Reason) Service Ranges:

Anti-Coagulation Consult- (99211) [Evaluate & Treat- 3 visits or 6 visits](#)

Refer to 99214 for codes on link above.

Quantitation of therapeutic drug, not elsewhere classified: (80299)

[80299](#)

Unlisted urinalysis procedure: (81099)

[81099](#)

Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score: (81490)

[81490](#)

Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score: (81539)

[81539](#)

Unlisted multianalyte assay with algorithmic analysis: (81599)

[81599](#)



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Galactin-3: (82777)

82777

Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use: (83037)

83037

Lipoprotein-associated phospholipase A3 (Lp-PLA2):83698)

83698

Unlisted chemistry procedure: (84999)

84999

Unlisted hematology and coagulation procedure: (85999)

85999

Unlisted immunology procedure: (86849)

86849

Unlisted transfusion medicine procedure: (86999)

86999

Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise classified: (87899)

87899

Unlisted microbiology procedure: (87999)

87999

Unlisted necropsy (autopsy) procedure: (88099)

88099

Unlisted cytopathology procedure: (88199)

88199

Unlisted in vivo (efm transcutaneous) laboratory service: (88749)

88749

Unlisted miscellaneous pathology: (89240)

89240

Unlisted reproductive medicine laboratory procedure: (89398)

89398

Breath hydrogen or methane test: (91065)

36400, 36405, 36406, 36410, 36415, 36416, 36420, 36425, 36430, 36440, 36450, 91065, 99000, 99001, 99070



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Demonstration, prior to initiation of home INR Monitoring, for patient with either mechanical heart valves, chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician: (G0248)

G0248

Date	Description
03/16/2020	Created
08/15/2022	Added 99424, 99425, 99426, 99427, 99437 to Anti-Coagulation Consult.
03/16/2023	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 Anti-Coagulation Consult.
07/12/2023	Removed termed code 99241 from Anti-Coagulation Consult
02/08/2024	Removed 90632, 90633, 90634, 90636, 90644, 90649, 90650, 90651, 90670, 90690, 90691, 90696, 90697, 90698, 90700, 90702, 90707, 90710, 90713, 90714, 90715, 90716, 90723, 90732, 90733, 90734, 90738, 90739, 90740, 90743, 90744, 90746, 90747, 90748, from Breath hydrogen or methane test
03/04/2024	Removed codes 36400, 36405, 36406, 36410, 36415, 36416, 36420, 36425, 36430, 36440, 36450, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99000, 99001, 99070, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014 from Anti-Coagulation Consult- (99211) and added link Evaluate & Treat- 3 visits or 6 visits with note Refer to 99214 for codes on link above.
06/20/2024	Reformatted page and 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 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.



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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.