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Maternal Fetal

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.

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

Maternal Fetal Consultations

[Evaluate & Treat – 3 visits or 6 visits \(99214\) Consult Only \(99202\), Second Opinion \(99203\), or Standard Code Range for Procedures included with all Procedure \(non-consultation\)](#)

Procedure (Referral Reason) Service Ranges:

Amniocentesis: (59000)

59000, 59001, 59012, 59015

Cervical Cerclage, Vaginal or Abdominal: (59320)

59320, 59325

Cesarean Delivery: (59510)

58600, 58605, 58611, 58615, 58670, 58671, 59510, 59514, 59515, 59525, 59610, 59618, 59620, 59622

Echocardiography: (93306)

93000, 93005, 93010, 93015, 93016, 93017, 93018, 93024, 93040, 93041, 93042, 93050, 93224, 93225, 93226, 93227, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93318,



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93319, 93320, 93321, 93325, 93350, 93351, 93352, 93355, C8921, C8922, C8923, C8924, C8925, C8926, C8927, C8928, C8929, C8930, Q9950, Q9954, Q9955, Q9956, Q9957, Q9958, Q9959, Q9960, Q9961, Q9962, Q9963, Q9964, Q9965, Q9966, Q9967

Genetic Counseling: (96040)

96040, S0265

High Risk Fetal Non-Stress Test: (59025)

59020, 59025

Vaginal Delivery: (59400)

12001, 12002, 12041, 12042, 12044, 13131, 13132, 13133, 56605, 56606, 56800, 58600, 58605, 58611, 58615, 58670, 58671, 59160, 59200, 59300, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59510, 59610, 59612, 59614, S8415

Date	Description
10/20/2021	Removed 93299 from Echocardiography.
03/21/2022	Reformatted Consultation section added a Standard Procedure Service Range section.
03/23/2022	Removed 78414, 93268, 93270, 93271, 93272, 93279, 93280, 93281, 93282, 93283, 93284, 93285, 93286, 93287, 93288, 93289, 93290, 93291, 93292, 93293, 93294, 93295, 93296, 93297, 93298, 93724, 93745 from Echocardiography.
04/07/2022	Added Missing codes to Eval & treat Added Missing codes to Standard Code Range for Procedures
04/15/2022	Added Q9950, Q9954, Q9955, Q9956, Q9957, Q9958, Q9959, Q9960, Q9961, Q9962, Q9963, Q9964, Q9965, Q9966, Q9967 to Echocardiography.
05/02/2022	Removed J1442, J1447, J1930, Q5101 and Q5110 from the Eval & Treat and Standard Code Range for Procedures due these now have review requirement.
05/12/2022	Removed 76946 from Amniocentesis. Added 12041, 12042, 13101, 13102, 59160, 59618, 59871 and removed 59612, 59614 from Cesarean Delivery. Added 12001, 12002, 12041, 12042, 12044, 13131, 13132, 13133, 56605, 56606, 56800, 59160, 59200, 59300, S8415 to Vaginal Delivery.
05/16/2022	Added 58600, 58605, 58611, 58615, 58670, 58671 to Cesarean Delivery and Vaginal Delivery.
05/19/2022	Added J9318, and J9319 to Evaluate & Treat – 3 visits or 6 visits Standard Code Range for Procedures.
06/07/2022	Updated header statement to clarify language around deleted codes.
06/28/2022	Added 0591T, 0592T, 0593T, 96112, 96164, 96165, 96167, 96168, 96170, 96171, A9590, G2058, G2064 to Eval & Treat.



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	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, 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.
07/28/2022	Removed 12041, 12042, 13101, 13102, 59160, 59871 from Cesarean Delivery.
08/15/2022	Added 90736, 90750, 90759, C9088, C9089, C9092 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section. Added 99424, 99425, 99426, 99427, 99437 to Consult Only, Second Opinion, Evaluate & Treat – 3 visits or 6 visits
08/17/2022	Added 93319 to Echocardiography.
08/26/2022	Added C8921, C8922, C8923, C8924, C8925, C8926, C8927, C8928, C8929, C8930 to Echocardiography.
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.
01/31/2023	Removed 99201 from Consult Only and Second Opinion. Removed Q5107, J2791, J2792, C9257 and G2064 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures. 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.
03/16/2023	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 99494 and to Evaluate & Treat – 3 visits or 6 visits. Added J7169 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/10/2023	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,



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	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.
06/02/2023	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.
06/09/2023	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.