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Mental Health

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.

Ranges for types of authorization requests for Mental Health:

Eating Disorder Evaluation: (90837)

90785, 90791, 90832, 90834, 90837, 90839, 90840, 90845, 90846, 90847, 90853, 99050, G2010, G2012, G2061, G2062, G2063

Eating Disorder Intensive Outpatient Treatment: (90833)

90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853, 90785, 90791, 90792, 97802, 97803, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014

ECT Outpatient: (90870)

90870, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99211, 99212, 99213, 99214, 99215, 99417, 99421, 99422, 99423, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014

Esketamine(Sprovato): (G2082)

G2082, G2083, S0013



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MH Counseling Evaluation: (90791)

90791

MH Intensive Outpatient Evaluation:

MH Intensive Outpatient Treatment: (905)

905, S9480

MH Medication Evaluation: (90791)

90791, 90792, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99417, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014

MH Medication Management: (90836)

90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90885, 90887, 96127, 98966, 98967, 98968, 98970, 98971, 98972, 99050, 99051, 99053, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99345, 99347, 99348, 99349, 99350, 99358, 99367, 99368, 99417, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99444, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, G0463, G0508, G0509, G2012, G2061, G2062, G2063, G2212, G2250, G2251, G2252, Q3014

MH Outpatient Counseling: (90837)

90785, 90791, 90832, 90834, 90837, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 96202, 96203, 99050, 99051, 99053, C7900, C7901, C7902, G2010, G2012, G2061, G2062, G2063

Neuropsychological Testing: (96132)

96132, 96133, 96136, 96137, 96138, 96139, 90791, 90792, 96116, 96121, 96146, 96125, 90832, 90833, 90834, 90837, 90846, 90847, 92507, 92511, 92512, 92516, 92520, 92521, 92522, 92523, 92524, 92526, 92610, 96105, 96110, 96112, 96113, 97803, 96130, 96131

Psychological Testing Evaluation: (90791)

90791, 90792

Psychological Testing: (96130)

96130, 96131, 90791, 90792, 96116, 90832, 90833, 90834, 90837, 90846, 90847, 96105, 96110, 96112, 96113, 96125

rTMS (Repetitive Transcranial Magnetic Stimulation): (90868)

90867, 90868, 90869, 96127



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Date	Description
08/07/2020	Created
03/01/2021	Updated per full review of Reason MH Outpatient Counseling 90834 (45 minutes), Eating disorder Evaluation, MH Outpatient Counseling 90837 (55 minutes), MH Medication Mgmt, Eval and Trtmt.
03/31/2021	03/31/21 Updated MH Outpatient Counseling (45 minutes): (90834) and MH Outpatient Counseling (55 minutes): (90837) added 96154, 96155, 99051 and 99053
08/11/2021	Removed Termed codes 96101 96102 96102 96103 96111 from Neuropsychological Testing and Psychological Testing Removed Termed code 96118 96119 96120 from Neuropsychological Testing
10/18/21	Removed G0505 from Neuropsychological Testing
02/02/2022	Removed 96150, 96151, 96152, 96153, 96154, 96155 from MH Outpatient Counseling (45 minutes): (90834) And MH Outpatient Counseling (55 minutes): (90837) and MH Medication Mgmt, Eval and Trtmt: (90836). Removed 96150 from Neuropsychological Testing: (96132) Removed 96150, 96151, 96152, 96153 from Eating Disorder Evaluation: (90834).
02/04/2022	Removed 96372 from MH Medication Mgmt, Eval and Trtmt Added 90792 90840 98972 99367 99439 99447 99448 99449 99450 99495 99496 G0508 G0509 G2012, G2061, G2062, G2063, G2250, G2251, G2252 To MH Medication Mgmt, Eval and Trtmt. Added 90792 to MH Outpatient Counseling (45 minutes): (90834)
05/09/2022	Updated Eating Disorder Evaluation trigger from 90834 to 90837. Removed Eating Disorder Treatment. Changed Eating Disorder Treatment OP to Eating Disorder Intensive Outpatient Treatment. Removed ECT Evaluation. Changed ECT Treatment to ECT Outpatient. Added New Reason Esketamine(Sprovato). Removed In Home Mental Health Service. Changed Mental Medication Management Evaluation to MH Medication Evaluation. Removed MH Outpatient Counseling (45 minutes). Changed MH Medication Mgmt, Eval and Trtmt to MH Medication Management. Removed Neuropsychological Testing Removed 96136, 96137, 96138, 96139, 96121, 96146, 96136 from Psychological Testing. Removed rTMS (Repetitive Transcranial Magnetic Stimulation) Evaluation. Added codes 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99417, 99421, 99422, 99423, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014 to Eating Disorder



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	Treatment, Eating Disorder Intensive Outpatient Treatment, ECT Outpatient, Mental MH Medication Management. Added MH Intensive Outpatient Treatment.
06/07/2022	Updated header statement to clarify language around deleted codes.
08/15/2022	Added 99424, 99425, 99426, 99427, 99437 to Eating Disorder Intensive Outpatient Treatment, MH Medication Evaluation and MH Medication Management.
01/25/2023	Added 90849 to MH Outpatient Counseling.
01/31/2023	Removed 99201 from MH Medication Evaluation and MH Medication Management.
05/24/2023	Added 96202, 96203, C7900, C7901 and C7902 to MH Outpatient Counseling Added Reason Neuropsychological Testing.
07/12/2023	Removed termed code 99241 from Eating Disorder Intensive Outpatient Treatment. Removed termed codes 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99343, 99344, 99354, 99355, 99356, 99357 from MH Medication Management. Removed termed codes 99354 and 99354 from Neuropsychological Testing and Psychological Testing.