




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

Nephrology

- 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 listed under each individual reason name and within the procedure Standard Code Range are included.
- All codes that are underlined under each reason name include the same range as code in parentheses.

Nephrology Consultations

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

Procedure (Referral Reason) Service Ranges:

Ambulatory Blood Pressure Monitoring: (93784)

93784, 93786, 93788, 93790

Central Venous Access Device, Catheter or PICC: (36566)

Procedure Standard Code Range Included

32550, 32551, 32556, 32557, 36000, 36005, 36010, 36011, 36012, 36013, 36014, 36015, 36140, 36215, 36216, 36217, 36218, 36245, 36246, 36247, 36248, 36251, 36252, 36253, 36254, 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36572, 36573, 36575, 36576, 36640, 36660, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, A4301, C1788

Dialysis Circuit Intervention: (36901)

Procedure Standard Code Range Included

34111, 36000, 36002, 36005, 36010, 36011, 36012, 36013, 36014, 36015, 36100, 36140, 36160, 36200, 36215, 36216, 36217, 36218, 36221, 36222, 36223, 36224, 36225, 36226, 36227, 36228, 36245, 36246, 36247, 36248, 36251, 36252, 36253, 36254, 36260, 36261, 36262, 36555, 36556, 36557, 36560, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36572, 36573, 36575, 36576, 36578, 36580, 36640, 36660, 36680, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36823, 36825, 36830, 36831, 36832, 36833, 36835, 36838, 36860, 36861, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, 37184, 37185, 37186, 37187, 37188, 37191, 37192, 37193, 37195, 37197, 37200, 37211, 37212, 37213, 37214, 37215, 37216, 37217, 37218, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229,



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37230, 37231, 37232, 37233, 37234, 37235, 37236, 37237, 37238, 37239, 37241, 37244, 37246, 37247, 37248, 37249, 37252, 37253, 37607, 49422, G0500

Dialysis Management: (90960)

Procedure Standard Code Range Included

36514, 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36572, 36573, 36800, 50200, 90935, 90937, 90940, 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90970, 90989, 90997, 96360, 96361, 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96373, 96374, 96375, 96376, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, 99421, 99422, 99423, 99424, 99425, 99426, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, J0171, J0881, J0882, J0884, J0885, J0887, J0888, J0890, J0892, J1200, J2920, J2930, J7040, J7050, J8540, Q3014, Q4081

Duplex Scan – Trunk/Body, Other: (93975)

93975, 93976, 93978, 93979, 93980, 93981, 93985, 93986, 93990

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, 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

Renal Biopsy: (50200)

Procedure Standard Code Range Included

50200, 50205, 50593, 58957

Date	Description
06/23/2020	Created
06/28/2022	Added 0591T, 0592T, 0593T, 96112, 96164, 96165, 96167, 96168, 96170, 96171, A9590, G2058, G2064 to Eval & Treat. Removed 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.
08/02/2022	Updated 50596 not a valid code to 50593 Renal Biopsy.



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08/16/2022	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
01/01/2023	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 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.
02/16/2023	Added 96360, 96361, 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96373, 96374, 96375, 96376, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, J0171, J0881, J0882, J0885, J1200, J2920, J2930, J7040, J7050, J8540, Q4081 to Dialysis Management. Removed 99217, 99218, 99219, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99253, 99254, 99255, 99291, 99292 from Dialysis Management.
02/23/2023	Added J0884 J0887 J0888, J0890 and J0892 to Dialysis Management.
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 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, J2403, J9196, J9294, J9296, J9297, M0201, M0249, M0250, Q0249,



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	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.
05/31/2023	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
03/05/2024	Removed 36558, 36561, 36581, 36582, 36583, 36584, 36585, 36589, 36590, 36591, 36592, 36593, 36595, 36596, 36597, 36598 from Dialysis Circuit Intervention as codes are induced in the Standard Code Range for Procedures included with all Procedure (non-consultation).
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.

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.