



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


OB/GYN

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.

OB/GYN 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:

Abortion: (59840)

59100, 59200, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857

Amniocentesis: (59000)

59000, 59001, 59012, 59015

Biopsy, Cervical or Endometrial: (58100)

57454, 57455, 57456, 57460, 57461, 57500, 57505, 57510, 57511, 57513, 57520, 57522, 58100, 58110, 58120, G0101, Q0091

Birthing Center: (59409)

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



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

OB/GYN

Cesarean Delivery: (59510)

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

Colporrhaphy: (57240)

57200, 57210, 57240, 57250, 57260, 57265, 57267, 57295

Colposcopy: (57420)

56820, 56821, 57420, 57421, 57423, 57425, 57426, 57452, 57454, 57455, 57456, 57460, 57461, 58100, 58110, 64486, 64487, 64488

Cystometrogram: (51726)

51600, 51700, 51701, 51702, 51703, 51705, 51710, 51715, 51720, 51725, 51726, 51727, 51728, 51729, 51736, 51741, 51784, 51785, 51792, 51797, 51798, 52000, 52001, 52005, 52007, 52010, 52204, 52214, 52224, 52234, 52235, 52240, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52310, 52315, 52317, 52318, 52332, 53600, 53601, 53605, 53620, 53621, 53660, 53661, 53665, 53855, 54050, 54055, 54056, 54057, 54060, 54065, 57160, 57288, 57500, 58100, 91120, 91122, 97032, A4310, A4311, A4312, A4313, A4314, A4315, A4316, A4320, A4321, A4322, A4326, A4327, A4328, A4333, A4334, A4344, A4346, A4349, A4351, A4352, A4353, A4357, A4358, A4561, A4562

Cystourethroscopy with Chemodenervation: (52287)

52287

Cystourethroscopy Other: (52000)

51100, 51102, 51600, 51610, 51700, 51701, 51702, 51703, 51720, 51725, 51728, 51729, 51736, 51741, 51784, 51797, 51798, 51860, 51865, 52000, 52001, 52005, 52007, 52010, 52204, 52214, 52224, 52234, 52235, 52240, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52282, 52283, 52285, 52290, 52300, 52301, 52305, 52310, 52315, 52317, 52318, 52320, 52325, 52327, 52330, 52332, 52334, 52341, 52342, 52343, 52344, 52345, 52346, 52351, 52352, 52353, 52354, 52355, 52356, 52400, 52402, A9589

Diagnostic Laparoscopy: (49320)

15734, 22900, 22901, 22902, 22903, 36555, 36556, 36557, 36560, 38570, 38571, 38572, 38573, 49320, 49321, 49322, 49323, 49324, 49325, 49326, 49327, 49422

Home Birth: (59410)

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

Hysterectomy: (58150)

45126, 51925, 57280, 57282, 57283, 58150, 58152, 58180, 58200, 58210, 58240, 58285, 58293, 58548, 58552, 58951, 58953, 58954, 58956, 59525, 62322, 62323, 64486, 64487, 64488, 64489

Hysterectomy Laparoscopic: (58541)

58541, 58542, 58543, 58544, 58550, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 62322, 62323, 64486, 64487, 64488, 64489



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

OB/GYN

Hysterectomy Vaginal: (58260)

58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 62322, 62323, 64486, 64487, 64488, 64489

Hysteroscopy: (58555)

57452, 57454, 57455, 57456, 57460, 57461, 57500, 57520, 57522, 58100, 58110, 58120, 58555, 58558, 58559, 58560, 58561, 58562, 58563, 58565

Intrauterine device (IUD), insertion or removal: (58300)

11200, 11424, 11976, 56605, 56700, 57160, 57421, 57452, 57454, 57455, 57460, 57500, 57520, 57522, 57800, 58100, 58120, 58300, 58301, 58340, 99070, 99385, 99386, 99394, 99395, 99396, 99401, 99402, A4266, G0101, Q0091, Q0111, S0612, S4989

Laparoscopic Myomectomy: (58545)

58545, 58546

Laparoscopic Ovarian Cystectomy: (58925)

49320, 49321, 49322, 58301, 58800, 58805, 58820, 58822, 58825, 58900, 58925

Miscarriage Treatment/Care: (59812)

59812, 59820, 59821, 59830

Myomectomy: (58140)

58140, 58145, 58146, 58545, 58546

Neurostimulator Implantation, Revision or Removal: (64555)

64555, 64575, 64580, 64585, 64590, 64595, 95971, 95972

Ovary and/or Fallopian Tube Non-Complex Excision or Removal: (58662)

38570, 38571, 38572, 38573, 38900, 58660, 58661, 58662

Ovary and/or Fallopian Tube Complex Excision or Removal: (58700)

38570, 38571, 38572, 38573, 38900, 58660, 58700, 58720

Sling Surgery Complex for Incontinence;(57280)

57280, 57282, 57283, 57284, 57285, 57287

Incontinence Surgery Other: (51840)

51840, 51841, 51845

Sling Surgery Non- Complex for Incontinence: (57288)

51990, 51992, 57288, 57289

Tubal Ligation, Sterilization: (58600)

58565, 58600, 58605, 58611, 58615, 58670, 58671

Vaginal Delivery: (59400)

12001, 12002, 12041, 12042, 12044, 13131, 13132, 13133, 56605, 56606, 56800, 58600, 58605, 58611,



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

OB/GYN

58615, 58670, 58671, 59160, 59200, 59300, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59510, 59610, 59612, 59614, S8415

Date	Description
03/16/2020	Created
12/23/2021	Added 51600, 51700, 51701, 51702, 51703, 51705, 51715, 52000, 52001, 52005, 52007, 52010, 52204, 52214, 52224, 52234, 52235, 52240, 52250, 52260, 52265, 52270, 52275, 52276, 52277, 52281, 52287, 52310, 52315, 52317, 52318, 52332, 52441, 52442, 53600, 53601, 53605, 53620, 53621, 53660, 53661, 53665, 53855, 54050, 54055, 54056, 54057, 54060, 54065, 54100, 54235, 55700, 56420, 56605, 56606, 56820, 57160, 57288, 57500, 58100, 71046, 74018, 74021, 74420, 74430, 74455, 76000, 76705, 76770, 76775, 76856, 76857, 76870, 76872, 76942, 80053, 80061, 81000, 81001, 81002, 81003, 81015, 81025, 82272, 82962, 84153, 84154, 84703, 87077, 87086, 87088, 87184, 87186, 87205, 87210, 90471, 90662, 90686, 90714, 90715, 90911, 90912, 90913, 91120, 91122, 93000, 93005, 93010, 94640, 95813, 95861, 95864, 95869, 95870, 95885, 95886, 95887, 95907, 95909, 95911, 95926, 95929, 95937, 95938, 95939, 95941, 95955, 95970, 95971, 95972, 96127, 96360, 96361, 96365, 96367, 96372, 96374, 96375, 96402, 97032, 97140, 97750, 99000, 99024, 99053, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99236, 99243, 99244, 99245, 99283, 99284, 99285, 99291, 99385, 99396, 99397, 99406, 99443, A4310, A4311, A4312, A4313, A4314, A4315, A4316, A4320, A4321, A4322, A4326, A4327, A4328, A4333, A4334, A4335, A4344, A4346, A4349, A4351, A4352, A4353, A4357, A4358, A4550, A4561 and A4562 to Cystometrogram.
12/28/2021	Added 51100, 51102, 51600, 51610, 51700, 51701, 51702, 51703, 51720, 51725, 51728, 51729, 51736, 51741, 51784, 51797, 51798, 51860, 51865 to Cystourethroscopy Other. Removed 64553, 95976, 95977, 95980, 98981, 95982 from Neurostimulator Implantation, Revision or Removal
02/02/2022	Removed termed 90911 from Cystometrogram
02/03/2022	Removed Termed Code 59135 from Hysterectomy Added A9589 to Cystourethroscopy Other and Cystometrogram
03/21/2022	Reformatted Consultation section added a Standard Procedure Service Range section.
03/31/2022	Added 11200, 11424, 11976, 56605, 56700, 57160, 57421, 57452, 57454, 57455, 57460, 57500, 57520, 57522, 57800, 58100, 58120, 58340, 99070, 99072, 99385, 99386, 99394, 99395, 99396, 99401, 99402, A4266, G0101, Q0091, Q0111, S0612 to Intrauterine device (IUD), insertion or removal.
04/05/2022	Added Missing codes to Eval & treat Added Missing codes to Standard Code Range for Procedures
04/19/2022	Added 57455, 57456, 57460, 57461, 57500, 57505, 57510, 57511, 57513 to Biopsy, Cervical or Endometrial.



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

OB/GYN

	<p>Added 57240, 57250, 57260, 57265, 57267, 57280, 57282, 57283, 57288, 58293 and removed 45126, 51597, 51925, 58541, 58542, 58543, 58544, 58548, 58571, 58572, 58573, 58575, 58951, 58952, 58953, 58954, 58956, 59525 from Hysterectomy.</p> <p>Added 58350, 58825, 58925 and removed 58672, 58673, 58925, 49321 from Laparoscopic Ovarian Cystectomy.</p>
05/02/2022	<p>Removed J1442, J1447, J1930, Q5101 and Q5110 from the Eval & Treat and Standard Code Range for Procedures due these now have review requirement.</p>
05/12/2022	<p>Removed 76946 from Amniocentesis</p> <p>Added 12041, 12042, 13101, 13102, 59160, 59618, 59871 and removed 59612, 59614 from Cesarean Delivery.</p> <p>Added 12001, 12002, 12041, 12042, 12044, 13131, 13132, 13133, 56605, 56606, 56800, 59160, 59200, 59300, S8415 to Vaginal Delivery.</p>
05/16/2022	<p>Added 58600, 58605, 58611, 58615, 58670, 58671 to Cesarean Delivery and Vaginal Delivery.</p>
05/17/2022	<p>Added 12001, 12002, 12041, 12042, 12044, 13131, 13132, 13133, 59160, S8415 and removed 58300, 58605, 59000, 59001, 59020, 59050, 59051 from Birthing Center.</p> <p>Removed 12041, 12042, 13101, 13102, 59160, 59610 and 59871 from Cesarean Delivery.</p> <p>Added 58100 to Colposcopy.</p> <p>Added 59160, S8415 and removed 58300, 59000, 59001, 59020, 59050, 59051 from Home Birth.</p> <p>Added 57452, 57454, 57455, 57456, 57460, 57461, 57500, 57520, 57522, 58100, 58110, 58120 to Hysteroscopy.</p> <p>Removed 59100 from Miscarriage Treatment/Care.</p>
05/19/2022	<p>Added J9318, and J9319 to Evaluate & Treat – 3 visits or 6 visits Standard Code Range for Procedures.</p> <p>Added 45126, 51925, 58541, 58542, 58543, 58544, 58548, 58571, 58572, 58575, 58951, 58953, 58954, 58956, 59525 to Hysterectomy.</p>
06/07/2022	<p>Updated header statement to clarify language around deleted codes.</p>
06/16/2022	<p>Added 62322, 62323 and 64488 to Hysterectomy.</p>
06/28/2022	<p>Added 0591T, 0592T, 0593T, 96112, 96164, 96165, 96167, 96168, 96170, 96171, A9590, G2058, G2064 to Eval & Treat.</p> <p>Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, 1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Eval & Treat.</p> <p>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.</p>
07/28/2022	<p>Removed 12041, 12042, 13101, 13102, 59160, 59871 from Cesarean Delivery.</p>



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

OB/GYN

08/02/2022	<p>Added 15734, 22900, 22901, 22902, 22903, 36555, 36556, 36557, 36558, 36560, 36561, 38570, 38571, 38572, 38573, 49422 to Diagnostic Laparoscopy.</p> <p>Added 51710, 51720 to Cystometrogram.</p> <p>Removed 52287, 52441, 52442, 54100, 54235, 55700, 56420, 56605, 56606, 56820, 71046, 74018, 74021, 74420, 74430, 74455, 76000, 76705, 76770, 76775, 76856, 76857, 76870, 76872, 76942, 80053, 80061, 81000, 81001, 81002, 81003, 81015, 81025, 82272, 82962, 84153, 84154, 84703, 87077, 87086, 87088, 87184, 87186, 87205, 87210, 90471, 90662, 90686, 90714, 90715, 90912, 90913, 93000, 93005, 93010, 94640, 95813, 95861, 95864, 95869, 95870, 95885, 95886, 95887, 95907, 95909, 95911, 95926, 95929, 95937, 95938, 95939, 95941, 95955, 95970, 95971, 95972, 96127, 96360, 96361, 96365, 96367, 96372, 96374, 96375, 96402, 97140, 97750, 99000, 99024, 99053, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99236, 99243, 99244, 99245, 99283, 99284, 99285, 99291, 99385, 99396, 99397, 99406, 99443</p> <p>A4335, A4550, A9589 from Cystometrogram posted in error.</p>
08/09/2022	<p>Added 49320, 49321, 49322, 58301, 58800, 58805, 58820, 58822, 58900, 58920 and removed 58350 from Laparoscopic Ovarian Cystectomy</p> <p>Added 38570, 38571, 38572, 38573 to Ovary and/or Fallopian Tube Excision or Removal</p>
08/16/2022	<p>Added 90736, 90750, 90759, C9088, C9089, C9092 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section.</p> <p>Added 99424, 99425, 99426, 99427, 99437 to Consult Only, Second Opinion, Evaluate & Treat – 3 visits or 6 visits.</p>
10/03/2022	<p>Laparoscopic Ovarian Cystectomy Trigger code changed from 58661 to 58925.</p>
12/01/2022	<p>Removed J7336 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures as code now has Review requirement.</p>
01/31/2023	<p>Removed 99201 from Consult Only and Second Opinion.</p> <p>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.</p>
03/16/2023	<p>Removed 99239 and 99255 from Evaluate & Treat – 3 visits or 6 visits.</p> <p>Added 99418 and G0318 to Evaluate & Treat – 3 visits or 6 visits.</p> <p>Added 59200 to Abortion.</p>
04/17/2023	<p>Added 15853 15854 99484 99492 99493 99494 to Evaluate & Treat – 3 visits or 6 visits</p> <p>Added J7169 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p>
05/01/2023	<p>Added 99395, 99396, 99397 to Evaluate & Treat – 3 visits or 6 visits.</p>

OB/GYN

05/11/2023	<p>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, U0001, U0002, U0003, U0004, U0005 to Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p> <p>Removed J2400 and J9044 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p> <p>Removed 99072 from Intrauterine device (IUD), insertion or removal.</p>
05/22/2023	<p>Removed J9041 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.</p>
05/26/2023	<p>Added 64486, 64487 and 64489 to Hysterectomy.</p>
05/31/2023	<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 Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section.</p> <p>Added 0121A, 0141A, 0142A, 0151A, 0171A, 0172A Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section.</p>
06/09/2023	<p>Removed reasons Consult Only, Second Opinion Eval & treat sections and Standard Code Range for Procedures.</p> <p>Added link for list of codes for Consult Only, Second Opinion Eval & treat and Standard Code Range for Procedures.</p>
08/21/2023	<p>Added 58573 to Hysterectomy.</p>
12/05/2023	<p>Removed codes 57240, 57250, 57260, 57265, 57267, 57288, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58553, 58554, 58570, 58571, 58572, 58573, from Hysterectomy.</p> <p>Added New Reasons Hysterectomy Laparoscopic and Hysterectomy Vaginal. Name change from Ovary and/or Fallopian Tube Excision or Removal to Ovary and/or Fallopian Tube Non-Complex Excision or Removal.</p> <p>Removed codes 58700, 58720 from Ovary and/or Fallopian Tube Non-Complex Excision or Removal.</p> <p>Added New Reason Ovary and/or Fallopian Tube Complex Excision or Removal.</p> <p>Removed code 58660 58661 58662 from Laparoscopic Ovarian Cystectomy.</p> <p>Added New Reason Laparoscopic Myomectomy.</p>



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

OB/GYN

	Name change from Sling Surgery for Incontinence to Sling Surgery Non-Complex for Incontinence. Added New Reasons Sling Surgery Complex for Incontinence and Incontinence Surgery Other. Removed codes 57280, 57282, 57283, 57284, 57285, 57287 from Sling Surgery Non- Complex for Incontinence
02/06/2024	Added codes 64486, 64487 and 64488 to Colposcopy.
03/01/2024	Removed 36558 and 36561 from Diagnostic Laparoscopy as codes is part of Standard Code Range for Procedures included with all Procedure (non-consultation). Added G0101 and Q0091 to Biopsy, Cervical or Endometrial Removed 58575 from Hysterectomy. Removed 58920 from Laparoscopic Ovarian Cystectomy.