




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

OB/GYN

- 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.

OB/GYN Consultations

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

Procedure (Referral Reason) Service Ranges:

Abortion: (59840)

Procedure Standard Code Range Included

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

Amniocentesis: (59000)

Procedure Standard Code Range Included

59000, 59001, 59012, 59015

Biopsy, Cervical or Endometrial: (58100)

Procedure Standard Code Range Included

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

Birth Center: (59409)

Procedure Standard Code Range Included

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)

Procedure Standard Code Range Included

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

Colporrhaphy: (57240)

Procedure Standard Code Range Included

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

Colposcopy: (57420)

Procedure Standard Code Range Included

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

Cystometrogram: (51726)

Procedure Standard Code Range Included

51600, 51700, 51701, 51702, 51703, 51705, 51710, 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)

Procedure Standard Code Range Included

52287

Cystourethroscopy Other: (52000)

Procedure Standard Code Range Included

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)

Procedure Standard Code Range Included

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

Diagnostic services to Evaluate Potential Infertility: (74740)

Procedure Standard Code Range Included

54500, 54505, 54800, 55200, 55300, 55550, 58340, 58345, 58350, 58540, 58560, 58700, 58740, 58752, 58770, 58920, 74712, 74740, 76831, 89300, 89310, 89320, 89321, 89322, 89325, 89329, 89330, 89331, G0027, Q0115, S3655

Home Birth: (59410)

Procedure Standard Code Range Included



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

OB/GYN

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)

Procedure Standard Code Range Included

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)

Procedure Standard Code Range Included

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

Hysterectomy Vaginal: (58260)

Procedure Standard Code Range Included

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

Hysteroscopy: (58555)

Procedure Standard Code Range Included

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)

Procedure Standard Code Range Included

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)

Procedure Standard Code Range Included

58545, 58546

Laparoscopic Ovarian Cystectomy: (58925)

Procedure Standard Code Range Included

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

Miscarriage Treatment/Care: (59812)

Procedure Standard Code Range Included

59812, 59820, 59821, 59830

Myomectomy: (58140)

Procedure Standard Code Range Included

58140, 58145, 58146, 58545, 58546

Neurostimulator Implantation, Revision or Removal: (64555)

Procedure Standard Code Range Included

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



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

OB/GYN

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

Procedure Standard Code Range Included

38570, 38571, 38572, 38573, 38900, 58660, 58661, 58662, 64486, 64487, 64488, 64489

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

Procedure Standard Code Range Included

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

Sling Surgery Complex for Incontinence:(57280)

Procedure Standard Code Range Included

57280, 57282, 57283, 57284, 57285

Incontinence Surgery Other: (51840)

Procedure Standard Code Range Included

51840, 51841, 51845

Sling Surgery Non- Complex for Incontinence: (57288)

Procedure Standard Code Range Included

51990, 51992,53440, 53442, 57288, 57289

Other Incontinence Surgery: (51840)

Procedure Standard Code Range Included

51840, 51841, 51845

Sling Surgery Removal or Revision: (57287)

Procedure Standard Code Range Included

57287

Tubal Ligation, Sterilization: (58600)

Procedure Standard Code Range Included

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

Urethral Bulking Agent: (51715)

Procedure Standard Code Range Included

51715, L8603, L8604, L8606

Vaginal Delivery: (59400)

Procedure Standard Code Range Included

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
03/16/2020	Created
06/28/2022	Added 0591T, 0592T, 0593T, 96112,96164, 96165, 96167, 96168, 96170, 96171, A9590, G2058, G2064 to Eval & Treat.



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

OB/GYN

	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. 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.
07/28/2022	Removed 12041, 12042, 13101, 13102, 59160, 59871 from Cesarean Delivery.
08/02/2022	Added 15734, 22900, 22901, 22902, 22903, 36555, 36556, 36557, 36558, 36560, 36561, 38570, 38571, 38572, 38573, 49422 to Diagnostic Laparoscopy. Added 51710, 51720 to Cystometrogram. 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 A4335, A4550, A9589 from Cystometrogram posted in error.
08/09/2022	Added 49320, 49321, 49322, 58301, 58800, 58805, 58820, 58822, 58900, 58920 and removed 58350 from Laparoscopic Ovarian Cystectomy Added 38570, 38571, 38572, 38573 to Ovary and/or Fallopian Tube Excision or Removal
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.
10/03/2022	Laparoscopic Ovarian Cystectomy Trigger code changed from 58661 to 58925.
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. 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.



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

OB/GYN

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. Added 59200 to Abortion.
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.
05/01/2023	Added 99395, 99396, 99397 to Evaluate & Treat – 3 visits or 6 visits.
05/11/2023	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, 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. Removed 99072 from Intrauterine device (IUD), insertion or removal.
05/22/2023	Removed J9041 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/26/2023	Added 64486, 64487 and 64489 to Hysterectomy.
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.
08/21/2023	Added 58573 to Hysterectomy.
12/05/2023	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. Added New Reasons Hysterectomy Laparoscopic and Hysterectomy Vaginal.



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

OB/GYN

	<p>Name change from Ovary and/or Fallopian Tube Excision or Removal to Ovary and/or Fallopian Tube Non-Complex Excision or Removal. Removed codes 58700, 58720 from Ovary and/or Fallopian Tube Non-Complex Excision or Removal. Added New Reason Ovary and/or Fallopian Tube Complex Excision or Removal. Removed code 58660 58661 58662 from Laparoscopic Ovarian Cystectomy. Added New Reason Laparoscopic Myomectomy. 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</p>
02/06/2024	Added codes 64486, 64487 and 64488 to Colposcopy.
03/01/2024	<p>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.</p>
05/16/2024	Added New Reason Diagnostic services to Evaluate Potential Infertility.
05/20/2024	Added 64486, 64487, 64488, 64489 to Ovary and/or Fallopian Tube Non-Complex Excision or Removal.
06/10/2024	<p>Removed 57287 from Sling Surgery Complex for Incontinence. Added 57287 to Sling Surgery Non-Complex for Incontinence.</p>
06/20/2024	<p>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.</p>
07/31/2024	<p>Removed 51715 from Cystometrogram. Removed 57287 from Sling Surgery Complex for Incontinence. Added 53440 and 53442 to Sling Surgery Non-Complex for Incontinence. Added new reason Sling Surgery Removal or Revision. Added new reason Urethral Bulking Agent. Added new reason Other Incontinence Surgery: (51840) 51840, 51841, 51845.</p>
08/08/2024	For Clarification Under Important information- Removed statement- All Codes listed under each individual reason name and within the procedure Standard Code Range are included. And 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.



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.