




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

Ophthalmology

- 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.

Ophthalmology Consultations

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

Procedure (Referral Reason) Service Ranges:

Blepharoplasty: (15822)

Procedure Standard Code Range Included

15820, 15821, 15822, 15823, 67800, 67810, 67825, 67840, 67850, 67900, 67903, 67904, 67908, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67961, 67971, 68815

Brow Ptosis Repair: (67900)

Procedure Standard Code Range Included

15820, 15821, 15823, 17000, 17003, 17004, 17106, 17107, 17108, 17110, 21280, 21282, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67930, 67935, 67938, 67961, 67966, 67971, 67973, 67974, 67975, 68320, 68325, 68326, 68328, 68330, 68335, 68340

Cataract Surgery: (66984)

Procedure Standard Code Range Included

66820, 66821, 66825, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988, V2632, V2785

Collagen Cross-Linking for the Treatment of Keratoconus: (0402T)

0402T, J2787



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

Ophthalmology

Dacryocystorhinostomy: (68720)

Procedure Standard Code Range Included

68520, 68530, 68720, 68815, 68816

Eye Exam Visits – 6 visits: (92012)

Procedure Standard Code Range Included

11200, 11201, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 65205, 65210, 65220, 65222, 65260, 65235, 65265, 65400, 65410, 65420, 65426, 65430, 65435, 65436, 65450, 65600, 67005, 67010, 67015, 67025, 67027, 67028, 67030, 67031, 67105, 67107, 67108, 67110, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67225, 67227, 67228, 67229, 67515, 67700, 67800, 67801, 67805, 67808, 67810, 67820, 67825, 67830, 67835, 67840, 67850, 67930, 67935, 67938, 68020, 68040, 68100, 68110, 68115, 68130, 68135, 68200, 68760, 68761, 68801, 68810, 68840, 92002, 92004, 92012, 92014, 92015, 92018, 92019, 92020, 92060, 92065, 92071, 92072, 92081, 92082, 92083, 92100, 92132, 92133, 92134, 92136, 92145, 92201, 92202, 92227, 92228, 92229, 92230, 92235, 92240, 92242, 92250, 92260, 92265, 92270, 92283, 92284, 92285, 92286, 92287, 92310, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92325, 92326, 92340, 92341, 92342, 92352, 92353, 98966, 98967, 98968, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99418, 99421, 99422, 99423, 99424, 99425, 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, Q3014

Eyelid Lesion Treatment: (67840)

Procedure Standard Code Range Included

11102, 11103, 11104, 11105, 11106, 11107, 11200, 11201, 11440, 11441, 11442, 11443, 11444, 11446, 11900, 11901, 12051, 12052, 15260, 17110, 67800, 67840, 67850

Iridotomy/iridectomy: (66761)

Procedure Standard Code Range Included

66600, 66605, 66625, 66630, 66635, 66680, 66682, 66700, 66710, 66711, 66720, 66740, 66761, 66762, 66770

Keratoplasty (Corneal Transplant): (65710)

Procedure Standard Code Range Included

65435, 65710, 65730, 65750, 65755, 65756, 65757, 65780, 67005, 67010, 67710, 68200, V2785

Photodynamic Therapy with Visudyne (PDT): (67221)

Procedure Standard Code Range Included

67220, 67221, 67225, 92132, 92133, 92134, 92235, 92240, 92242, 92250

Probe Nasolacrimal Duct: (68810)

Procedure Standard Code Range Included

68810, 68811, 68815, 68816, 68525, 68720, 68801, 68840



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

Ophthalmology

Reconstruction Eyelid less than 10 sq cm: (14060)

Procedure Standard Code Range Included

11042, 11043, 11044, 11045, 11046, 11047, 11102, 11103, 11104, 11105, 11106, 11107, 11200, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 11770, 11771, 11772, 11900, 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13100, 13101, 13102, 13120, 13121, 13122, 13131, 13132, 13133, 13151, 13152, 13153, 13160, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15100, 15101, 15110, 15111, 15115, 15115, 15116, 15120, 15121, 15130, 15131, 15135, 15136, 15150, 15151, 15152, 15155, 15156, 15157, 15200, 15201, 15220, 15221, 15240, 15241, 15260, 15261, 15570, 15572, 15574, 15576, 15600, 15610, 15620, 15630, 15650, 15730, 15731, 15733, 15733, 15734, 15736, 15738, 15740, 15750, 15756, 15757, 15758, 15760, 15777, 15840, 15841, 15842, 15845, 15860, 17000, 17003, 17004, 17260, 17261, 17262, 17263, 17264, 17266, 17270, 17271, 17272, 17273, 17274, 17276, 17280, 17281, 17282, 17283, 17284, 17286, 21012, 21013, 21014, 21015, 21016, 67810, 67840, 67961, 67966, 67971, 67973, 67974, 67975, C9290

Retinal Detachment Repair: (67107)

Procedure Standard Code Range Included

65235, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67141, 67145, 92250

Strabismus Surgery: (67311)

Procedure Standard Code Range Included

67311, 67312, 67314, 67316, 67318, 67320, 67331, 67332, 67334, 67335, 67340, 67345

Trabeculectomy: (65855)

Procedure Standard Code Range Included

65855

Vitrectomy: (67039)

Procedure Standard Code Range Included

66180, 67005, 67010, 67015, 67036, 67039, 67040, 67041, 67042, 67043

YAG laser capsulotomy: (66821)

Procedure Standard Code Range Included

66820, 66821, 66982, 66983, 66984, 67036, 67039, 67040, 67041, 67042, 67043, 92133, 92134, 98966, 98967, 98968, 98970, 98970, 98971, 98972, 99202, 99203, 99504, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99418, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99444, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, G0318, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014



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

Ophthalmology

Date	Description
03/11/2020	Created
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, L1907, 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>
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>
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
01/25/2023	<p>Added 67028 to Evaluate & Treat – 3 visits or 6 visits.</p> <p>Added 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 98966, 98967, 98968, 98970, 98971, 98972, 99417, 99420, 99421, 99422, 99423, 99424, 99425, 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, Q3014 to Eye Exam Visits – 6 visits.</p>
02/02/2023	<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.</p> <p>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>
03/24/2023	Added 92286 and 92287 to Evaluate & Treat – 3 visits or 6 visits and Eye Exam Visits – 6 visits.
04/18/2023	<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>
05/11/2023	<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,</p>



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

Ophthalmology

	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.
05/22/2023	Removed J9041 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures.
05/31/2023	Added 92018, 92019 and 92020 Eye Exam Visits – 6 visits. 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 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. Removed J9318 and J9319 from Evaluate & Treat – 3 visits or 6 visits and Standard Code Range for Procedures section due to codes now have criteria effective 06/01/23.
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.
08/24/2023	Added CPT code 92352, 92353 to Eye Exam Visits – 6 visits: (92012).
03/07/2024	Added 67850 to Blepharoplasty Added 98966 98967, 98968, 98970, 98970, 98971, 98972, 99202, 99203, 99504, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99418, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99444, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, G0318, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014 to YAG laser capsulotomy.
03/27/2024	Added Reconstruction Eyelid less than 10 sq cm 11200, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11770, 11771, 11772, 11900, 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 13100, 13101, 13102, 13120, 13121, 13122, 13131, 13132, 13133, , 15100, 15101, 15110, 15111, 15115, 15130, 15131, 15135, 15136, 15150, 15151, 15152, 15155, 15156, 15157, 15200, 15201, 15220, 15221, 15240, 15241, 15570, 15572, 15574, 15600, 15610, 15620, 15650, 15730, 15731, 15733, 15734, 15736, 15738, 15740, 15750, 15756, 15757, 15758, 15760, 15777, 15840, 15841, 15842, 15845, 15860, 17000, 17003, 17004, 17260, 17261, 17262, 17263, 17264, 17266, 17270, 17271, 17272, 17273, 17274, 17276, 17280, 17281, 17282, 17283, 17284, 17286, 21012, 21013, 21014, 21015, 21016 to Reconstruction Eyelid less than 10 sq cm.
06/20/2024	Reformatted page and added Procedure Standard Code Range link under each reason that includes the additional codes listed within the link.



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

Ophthalmology

	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.