



Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., referred to as Kaiser Permanente Washington.

Pharmacy

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.

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Refer to the Pre-Authorization Code Check tool on the provider web site to determine if the drug requires a separate authorization.

- **Preauth required and No medical review required:** The code is already included as part of an [‘Evaluate & Treat’](#) authorization and does not require a separate authorization.
- **No Preauth required and Medical Review required:** You may request a coverage determination prior to the service. If you do not request a coverage determination the review will be performed when the claim is received.

To request a coverage determination: Submit your request through Affiliate Link and the following codes will be included with an approved authorization:

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, J1200, J2920, J2930, J7040, J7050, J8540

Date	Description
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06/07/2022	Updated header statement to clarify language around deleted codes.
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