

Permanente Advantage Pre-Certification Request Form

For Maryland and Virginia members, there is a two (2) business day review timeframe for non-urgent pre-certification requests. For example, if all documentation is submitted on Thursday, review will be completed and the requester will be notified of the determination by end-of-business on the following Monday.

For California, Hawaii, Colorado, Georgia and DC members, there is a five (5) day review timeframe for non-urgent requests.

Requests marked “urgent” must qualify as medically urgent and will be processed in 24 hours. Failure to include any required information will delay review. For retrospective reviews, please contact the appropriate claims department.

Complete the top portion of the form with your name, phone and fax numbers, and what office you are from. Include patient’s name, date of birth, and Kaiser Medical Record Number (MRN) from the patient’s insurance card. Note: each member, including children and dependents, has his/her own unique Medical Record Number.

Recent supporting history and physical (H&P), clinical notes, and physician’s order are required before review can begin. Failure to provide these documents in a legible format (i.e. dictated/typed) will delay review. Please also include pricing for all requests for Durable Medical Equipment (DME), prosthetics, and orthotics.

Diagnosis Codes (must use ICD-10 as of 10/01/2015) and **Procedure Codes** (CPT or HCPCS) are required.

Requesting Provider (Physician) refers to the provider who is ordering the procedure or service and is following patient’s care for this condition. Physician’s specialty, mailing address, and phone number are required. Please include the best phone number for contacting the physician, as well as best days and times for peer-to-peer phone call.

Place of Service/Service Provider refers to the facility or provider who is actually performing the procedure or providing the service (e.g. hospital/facility or home health agency). Mailing address, phone number, **Tax ID number** and **NPI** are required.

Please fax completed form with supporting documentation to 1-866-338-0266. Pre-certification requests must be submitted by a healthcare provider. If you have any questions about the pre-certification request form, the pre-certification process, or what services require pre-certification, please call us at the appropriate phone number below.

Permanente Advantage, LLC

5855 Copley Drive, Suite 250
San Diego, CA 92111

California Members: 1-888-251-7052

Colorado Members: 1-888-525-1553

Hawaii Members: 1-888-529-1553

Mid-Atlantic Members: 1-888-567-6847

Georgia Members: 1-855-265-0311

Fax: 1-866-338-0266

www.kp.org/permanenteadvantage