

Permanente Advantage, LLC
Permanente Advantage (PA) Precertification Request Form

Regional Phone Numbers

California Members: 1-888-251-7052
 Colorado Members: 1-888-525-1553
 Georgia Members: 1-855-265-0311
 Hawaii Members: 1-888-529-1553
 Mid-Atlantic Members: 1-888-567-6847

General Contact Information

Fax: 1-866-338-0266
 Email: PermAdvantageTeam-KPPA@kp.org
 Website: www.kp.org/providers/kppa

Fax the completed form to 1-866-338-0266 or submit by email to PermAdvantageTeam-KPPA@kp.org. Call the regional phone number if you have questions. Please fill in every field; requests cannot be processed without Clinical Information, CPT, or ICD codes. This form is available online po.pacertificationform.pdf (kaiserpermanente.org).

1. Submission Information		2. Patient Information				
Date:		KP Medical Record Number (MRN):				
Completed By:		First Name:				
Office Name:		Last Name:				
Phone:		Date of Birth:				
Fax:		Phone:				
3. Priority						
Routine		Urgent				
Pre-service		Concurrent		Retrospective		
4. Service Information						
Service Type:		Outpatient		Inpatient	Other	
Diagnostic ICD-10 Code(s):						
Procedure CPT/HCPCS Code(s):						
Start and End Date of Service: (If known)						
5. Requesting Provider						
Provider Name:						
Provider Title:		MD	DO	NP	PA	Other
Provider NPI & Specialty:		NPI:		Specialty:		
Provider Mailing Address:						
Provider City, State, Zip Code:						
Provider Phone:		Provider Fax:		Provider Secure Email:		
6. Treating Provider						
Provider Name:						
Facility Name:						
Facility Tax ID and NPI:		TIN:		NPI:		
Facility Mailing Address:						
Facility City, State, Zip Code:						
Facility Phone:		Facility Fax:				
7. Comments						

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address listed on the next page via the U.S. Postal Service.

Complete the form with your name, phone number, fax number, secure email address, and office name. Include the member's name, date of birth, and the Kaiser Medical Record Number (MRN) from the member's insurance card. Note: Each member, including dependents, has their own unique MRN.

Please submit the completed form with supporting documentation via Fax at 1-866-338-0266 or by email at: PermAdvantageTeam-KPPA@kp.org. If you have any questions about the precertification request form or what services require precertification, please call us at the appropriate regional phone number listed on the first page.

Recent supporting history and physical (H&P), clinical notes, and physician's orders are required to begin the review. If these documents are not in a legible format (i.e., dictated/typed) it could delay the review. Supporting documentation must be relevant to the patient's condition at the requested time.

Diagnosis codes (must use ICD-10 Codes) and procedure codes (CPT or HCPCS) are required. J codes require an associated administration code. When submitting a request for physical therapy, evaluation codes must be included with treatment codes.

Requesting Provider indicates who is requesting/ ordering the procedure or service and following the patient's care for the condition noted. Include the provider specialty, NPI, mailing address, phone, and fax number.

Treating Provider refers to the facility or provider who is performing or providing the procedure or ordering the service (e.g., hospital/facility or home health agency). Include the facility or provider address, phone, fax number, Tax ID number, and NPI. NOTE: For DME & HH, do not include member's demographics. The requesting DME and/or HH vendor information is required.

Permanente Advantage does not provide precertification for services that obtain pharmacy-related medications. Pharmacy-related services including oral medications or self-injectables, please contact the Pharmacy Benefit Manager: MedImpact. MedImpact phone number is 1-800-788-2949. MedImpact fax number is 1-858-621-5147.

Kaiser Region	Routine Turnaround Time	Urgent Turnaround Time	Concurrent Turnaround Time	Retrospective Turnaround Time
Maryland (MD)	Within 2- working days	Within 24 hours (including weekend/holidays) of receipt of the request.	1 business day	30 calendar days
Virginia (VA)	Within 2- business days	Within two (2) business days, not to exceed 72 hours (including weekend/holidays) of receipt of the request.	24 hours	
District of Columbia (DC)	Within 5- business days	Within 24 hours after receipt of the information necessary to make the request.		
California (CA)	Within 5- calendar days	Within 72 hours (including weekend/holidays) of receipt of the request.		
Colorado (CO)	Within 5- business days	Within 72 hours (including weekend/holidays) of receipt of the request.		
Georgia (GA)	Within 7- calendar days	No later than seventy-two (72 hours) after receipt of the information necessary to make the request.		
Hawaii (HI)	Within 15- calendar days	Within 72 hours (including weekend/holidays) of receipt of the request.		

Precertification form revised 2/26/2024

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