

# Prior Authorization Quick Reference Guide

**Submission process:** Please submit prior authorization/referral form to the following respective department listed below or you can submit online via the Online Affiliate link: [http://providers.kaiserpermanente.org/html/cpp\\_hi/kponlineaffiliate.html](http://providers.kaiserpermanente.org/html/cpp_hi/kponlineaffiliate.html)

## Examples of referrals that can be ordered:

<p><b>Kaiser Authorization Dept. for Plan Referral Phone at:</b>  <b>Phone: (808) 432-5687</b>  <b>Fax: (808) 432-5691</b>  <b>Alt Fax: (808) 432-5667</b></p>
Durable medical equipment (DME) and medical
Hearing aid
Breast pump (rental beyond six months and all purchases)
Radiology/lab/other diagnostic services: Specialty procedures require prior authorization
Dialysis
Prior authorization is required for all rehabilitation services except for the initial evaluation
Referral External Sleep Study
Transplant
Contact lenses
Hospice

<p><b>Prior Authorization: Call the Kaiser QUEST Integration Service Coordinator at: 432-5330 or 1-800-651-2237 (toll-free). Fax: 432-5260</b></p>
Adult Day Care Center (ADC)
Adult Day Health Center (ADH)
Assisted Living Facility (ALF) Community Care Management Agency (CCMA)
Community Care Foster Family Home (CCFFHH)
Counseling and Training
Environmental Accessibility Adaptations (EAA)
Residential Care Services or Type 1 or Type II Expanded Adult Residential Care Home (E-ARCH)
Home Delivered Meals
Home Maintenance
Moving Assistance
Non-Emergent Only Transportation
Personal Assistance Service Level I (PA1)
Personal Assistance Service Level II (PA2)
Personal Emergency Response Systems (PERS)
Skilled (or Private Duty) Nursing
Respite Care
Specialized Medical Equipment and Supplies (SMES)
Nursing facility
Lactation counseling beyond six months