

Permanente Advantage, LLC

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

PA CMS/RN Name:

Date Sent:

Website: www.kp.org/providers/kppa

Fax: 1-866-338-0266

Email: PermAdvantageTeam-KPPA@kp.org

For Non-Urgent pre-certification requests there is a 2-business day turnaround for VA / MD members; 5-business day turnaround for CA / CO / HI members; and a 15-business day turnaround for DC / GA members.

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH SUPPORTING CLINICAL DOCUMENTATION and MUST BE submitted at least 5 business days prior to the scheduled procedure/service to 1-866-338-0266 or send by email to:

PermAdvantageTeam-KPPA@kp.org

IF ANY INFORMATION RECEIVED IS INCOMPLETE (PRE-CERT FORM OR CLINICALS), PROCESSING OF YOUR REQUEST WILL BE DELAYED.

Request Submitted By		Patient Information			
Name:		Patient Name:			
Office Name:		Medical Rec #:			
Phone #:		Birth date:			
Fax #:		Region:	MAS	CA	GA HI CO
Secure Email:		Product:			
Priority:	URGENT or ROUTINE	RETRO:	YES	or	NO

Service Requested				
Service Type: (Select one)	<input type="radio"/> Outpatient	<input type="radio"/> Inpatient	<input type="radio"/> DME	<input type="radio"/> Home Health
Diagnostic ICD-10 Code(s):				
Procedure CPT/HCPCS Code(s):				
Requested Date of Service:				

Physician (Physician who is performing or ordering the services. i.e., Surgery = Performing MD & Imaging = Ordering MD)				
Physician Name:				
Title (Select One):	<input type="radio"/> MD	<input type="radio"/> PA	<input type="radio"/> NP	<input type="radio"/> DO Other: (please specify)
Physician NPI & Specialty:	NPI:		Specialty:	
Mailing Address:				
City, State, Zip Code:				
Physician Phone #:				
Physician Fax #:				
Peer-to-Peer Dates & Time:				

Place of Service [POS] / Location (Servicing Provider) (NOTE: CAN NOT BE MEMBER'S ADDRESS)				
POS/Facility Name:				
Tax ID and NPI (REQUIRED):	TIN:		NPI:	
Mailing Address:				
City, State, Zip Code:				
POS Phone#:				
POS Fax #:				

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.

Permanente Advantage Pre-Certification Request Form

For Non-Urgent pre-certification requests there is a 2-business day turnaround for VA / MD members; 5-business day turnaround for CA / CO / HI members; and a 15-business day turnaround for DC / GA members.

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH SUPPORTING CLINICAL DOCUMENTATION and MUST BE submitted at least 5 business days prior to the scheduled procedure/service to 1-866-338-0266 or send by email to: PermAdvantageTeam-KPPA@kp.org

IF ANY INFORMATION RECEIVED IS INCOMPLETE (PRE-CERT FORM OR CLINICALS), PROCESSING OF YOUR REQUEST WILL BE DELAYED.

Complete the top portion of the form with your name, phone, fax and/or email address, and which office you are from. Include patient's name, date of birth, Kaiser Medical Record Number (MRN) from the patient's insurance card and the region the member is located under. Note: Each member, including children and dependents, has his/her own unique Medical Record Number.

URGENT PRIORITY: Urgent requests will be reviewed based on the definition under Kaiser Permanente Insurance Company Certificate of Insurance, NOT by Scheduled Date. If qualified as medically urgent, request will be processed within 24 hours.

RETRO: Requests will be reviewed on a case-by-case basis. Case will be determined by Sr Director or Lead.

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. Note: Supporting Documentation must be NO later than 6 months of Date of Service.

Diagnosis Codes (must use ICD-10 as of 10/01/2015) and **Procedure Codes** (CPT or HCPCS) are required. (**J Codes** Require Admin Code. **Physical Therapy** Eval Code must be **included** with Treatment Codes with submitted request)

Physician (Physician who is performing or ordering the services. i.e.: Surgery = Performing MD & Imaging = Ordering MD) 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 [POS] / Location (Servicing 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). Mailing address, phone number, **Tax ID number** and **NPI** are required. **NOTE: For DME & HH don't not include member's demographics, requesting servicing vendor information.**

Please submit completed form with supporting documentation to fax 1-866-338-0266 or by email: PermAdvantageTeam@kp.org. Pre-certification requests should 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
8954 Rio San Diego Drive, Ste 406
San Diego, CA 92108

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