

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 of receipt of request.	24 hours	
District of Columbia (DC)	Within 5- business days	Within 24 hours after receiving all required information to make its decision.		
California (CA)	Within 5-calendar days	Within 72 hours (including weekend/holidays) of receipt of request.		
Colorado (CO)	Within 5- business days	Within 72 hours (including weekend/holidays) of receipt of request.		
Georgia (GA)	Within 7-calendar days	No later than seventy-two (72 hours) after receipt of the information necessary to make the determination.		
Hawaii (HI)	Within 15- calendar days	Within 72 hours (including weekend/holidays) of receipt of request.		

Precertification form revised 04/10/2025

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