

Permanente Advantage Authorization Request Form

Instructions

There is a two (2) business day review time-frame for non-urgent pre-authorization 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.

Requests that qualify as medically urgent will be processed in one (1) business day. 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 and **Procedure Codes** (CPT or HCPCS) are required.

Requesting Provider (Physician) refers to the provider who is recommending or ordering the procedure or service. Mailing address, phone number, and Tax ID or NPI number are required.

Place of Service/Servicing Provider refers to the facility or provider who is actually performing the procedure or providing the service. Mailing address, phone number, and Tax ID number are required.

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

California Members: 1-888-251-7052

Hawaii Members: 1-888-529-1553

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

Northwest Members: 1-800-822-3399

Permanente Advantage, LLC
 5855 Copley Drive, Suite 250
 San Diego, CA 92111
 California members: 1-888-251-7052
 Hawaii members: 1-888-529-1553
 Mid-Atlantic members: 1-888-567-6847
 Northwest members: 1-800-822-3399
 Fax: 1-866-338-0266

For Official Use Only:

Determination/Date

DOS

Authorization Request Form

From: _____ Phone: _____

Office: _____ Fax: _____

Date: _____ Pages: _____

Patient: _____ MRN: _____

Note: There is a 2 business day pre-auth time-frame for non-urgent pre-authorization. To avoid delays, please complete form in its entirety and fax all information at least 2 business days prior to scheduled procedure or service to **866-338-0266**.

- **Include recent H&P, clinical & any information to support medical necessity. (required)**

- Diagnostic ICD-9 Code(s): _____

- Procedure CPT/HCPCS Code(s): _____

- Outpatient ___
 - Inpatient ___
 - DME ___
 - Home Health ___

- Requested Date of Service: _____

- Requesting Provider (Physician)

Name _____

Address _____

City, State, Zip _____

Phone # _____

Tax ID # _____ NPI _____

- Place of Service / Servicing Provider

Name _____

Address _____

City, State, Zip _____

Phone # _____

Tax ID # _____

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