

**SAMPLE PATIENT APPEAL LETTER**  
**FOR PROMETHEUS<sup>®</sup> LactoTYPE<sup>®</sup>**

*(Please edit appropriately based upon your own information and medical history)*

**Note to Patient:** If coverage was denied by your Medical Group rather than your Insurance Carrier, this letter should be addressed to the Medical Director at the Medical Group with a copy to your Insurance Carrier.

<DATE>

Red Cross Red Shield  
P.O. Box 12345  
Los Angeles, CA 90060

Dear Medical Appeals Reviewer:

I am writing to appeal your decision about medical coverage for the PROMETHEUS<sup>®</sup> LactoTYPE<sup>®</sup> diagnostic test that my gastroenterologist, Dr. Ulysses Grant at Sunnyvale Hospital in San Diego, CA ordered. Dr. Grant and I felt that this test was a medically necessary step in the diagnosis of my symptoms.

**PATIENT INFORMATION**

I am 20 years old, and because of my symptoms of diarrhea and bloating, my doctor ordered the PROMETHEUS LactoTYPE test to assist in determining whether I have primary lactase nonpersistence.

***(List information relevant to your symptoms and treatment)***

Name: Jane Doe  
Date of Birth: November 12, 1985  
Insurance ID: XXX123456789  
Policy Holder: Mr. John Doe  
Claim #: 111111  
Date of service: July 4, 2005  
Original Claim: \$296.00  
Date of EOB: December 31, 2005  
Explanation of Benefits (EOB):

1. Out-of-network deductibles/rates applied
2. Laboratory services available through a capitated laboratory
3. Laboratory testing not considered medically necessary

***(List information provided on the insurance EOB)***

I would like to address these coverage issues hoping that you will reconsider your decision given the new information listed below.

**TEST DESCRIPTION**

PROMETHEUS LactoTYPE is a genetic test to identify genetic variant C/T<sub>13910</sub> which is highly associated with adult-type hypolactasia. Testing assists physicians with stratifying patients with suspected lactose intolerance in to those with a genetic predisposition and those whose underlying cause may be due to other disease potentially requiring further diagnostic work up.

PROMETHEUS LactoTYPE is offered only at Prometheus Laboratories Inc., a clinical reference laboratory in San Diego, California. Prometheus is CLIA certified and CAP accredited. All laboratory tests have been validated in accordance with the guidelines established by these and other agencies. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

## **NETWORK PROVIDER SERVICES**

Doctor Grant and I chose Prometheus to perform PROMETHEUS<sup>®</sup> LactoTYPE<sup>®</sup> instead of alternative in-network laboratory testing because Prometheus is the only laboratory offering genetic testing for lactose intolerance.

### **>AND/OR<**

My in-network physician ordered the test and directed me to an in-network laboratory which does not offer PROMETHEUS LactoTYPE. I have made a good-faith attempt to follow insurance guidelines and was unaware of the referral to an out-of-network provider.

## **LABORATORY AND PHYSICIAN INFORMATION**

For additional information about PROMETHEUS LactoTYPE contact Prometheus Laboratories Inc. at 1-888-423-5227. If you require additional medical information, please contact Dr. Grant at XXX-XXX-XXXX.

## **REFERENCE MATERIALS**

- Enattah NS, Sahi T, Savilahti E, et al. Identification of a variant associated with adult-type hypolactasia. *Nat Genet.* 2002;30(2):233-7.

Please approve full coverage for PROMETHEUS LactoTYPE or at least apply in-network benefit coverage for this test.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks.

Sincerely,

Jane Doe  
1234 Main Street  
Los Angeles, CA 90210  
XXX-XXX-XXXX

cc: Dr. Ulysses Grant

cc: [YOUR STATE DEPARTMENT OF INSURANCE OR EQUIVALENT]