

PRE-AUTHORIZATION FORM
PHYSICIAN INFORMATION

ATTN: Pre-Authorization Department

DATE: _____

Insurance Company: _____ Fax: _____

PHYSICIAN INFORMATION

Account Name: _____

Physician Name: _____ UPIN/License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Group: _____ Group/Provider #: _____

Phone #: _____ Extension: _____ Best time to Call: _____

Contact: _____ Fax#: _____ Email: _____

This fax is to respectfully request an authorization for laboratory services at Prometheus Laboratories Inc.
in San Diego, CA for my patient: _____ DOB: ____ / ____ / ____.

I consider this test a medically necessary step in the diagnosis and treatment of my patient. Please approve full coverage for my patient. I look forward to receiving your response within two business days. Please contact my office with additional questions.

Sincerely,

X _____

ATTACHMENTS

Page 2, Test and Patient Information.

Letter of Medical Necessity

Chart Notes

Other: _____

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® CROHN'S PROGNOSTIC TEST**

Page 2 (Test and Patient Information)

CPT CODES as applied by Prometheus*	PROMETHEUS® Crohn's Prognostic
83520 (x5)	ELISA; antibody specific for each bio-marker
	ASCA IgA ELISA: <20.5 EU/mL
	ASCA IgG ELISA: <22.2 EU/mL
	Anti-OmpCa IgA ELISA: <28.8 EU/mL
	Anti-CBir1a ELISA: <34.9 EU/mL
88347 (x2)	IBD Specific pANCA; Indirect Immunofluorescent assays, IgG specific & DNase sensitivity.
83891	Isolation or extraction of highly purified nucleic acid
83896 (x6)	Nucleic acid probe, each DNA marker
83898 (x3)	Amplification of patient nucleic acid, each DNA marker
83912	Interpretation and report

***Facilities Description**

- Prometheus is located in San Diego, CA. **Tax ID#** 33-0685754 **NPI #** 1073642641.
- Prometheus Laboratories Inc. is a CAP-accredited CLIA laboratory. This test was developed and its performance characteristics determined by Prometheus Laboratories Inc. It has not been cleared or approved by the U.S. Food and Drug Administration.

Product Description

PROMETHEUS Crohn's Prognostic test is the first and only test that combines proprietary serologic and genetic (serogenetic) markers in a logistic regression model to provide individualized probabilities for developing disease complications after diagnosis in patients with Crohn's disease. This test may allow physicians to stratify their CD patients according to their risks of developing complications over time and personalize the disease treatment plan for the patients.

PLEASE PRINT CLEARLY

PATIENT INFORMATION

Patient Name: _____ Patient DOB: ____/____/____ Sex: () M () F

Social Security # _____ Medical Record #: _____ Daytime Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Care Physician: _____ Phone #: _____

Patient History:

Diagnosis Code(s): _____, _____, _____ Description: _____

INSURANCE INFORMATION

Insurance Carrier: _____ Medical Group: _____

Policy holder: _____ DOB: ____/____/____ Relationship to insured: _____

Insurance ID: _____ Group #: _____ Group / Employer Name: _____

Additional Information: _____