

**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® IBD Serology 7**

**Page 2 (Test and Patient Information)**

<b>CPT CODES</b> as applied by Prometheus*	<b>PROMETHEUS® IBD Serology 7</b>
<b>83520 (x5)</b>	ASCA (Anti-Saccharomyces cerevisiae) ELISA, IgA specific
	ASCA (Anti-Saccharomyces cerevisiae) ELISA, IgG specific
	ANCA (Anti-Human Neutrophil Cytoplasmic Antibody) ELISA, IgG specific
	αOmpC ELISA, IgA specific <sup>a</sup>
	Anti-Cbir1 ELISA, IgG specific <sup>a</sup>
<b>88347 (x2)</b>	Neutrophil-Specific Nuclear Autoantibodies Indirect Immunofluorescent assay IgG specific
	Neutrophil-Specific Nuclear Autoantibodies Indirect Immunofluorescent assay IgG specific; DNase digested slide

**\*Facilities Description**

- Prometheus is located in San Diego, CA. **Tax ID#** 33-0685754 **NPI#** 1073642641.
- Licensed in several states including New York and California.
- Prometheus is CLIA certified and CAP accredited. All laboratory tests have been validated in accordance with the guidelines established by these and other applicable agencies. Currently, Food and Drug Administration (FDA) approval is not required for IBD Serology 7 performed by Prometheus.

**Product Description**

PROMETHEUS IBD Serology 7 is the most comprehensive inflammatory bowel disease (IBD) test available. Utilizing several proprietary and patented markers and incorporating sophisticated pattern recognition technology, results may help physicians diagnose IBD and differentiate between ulcerative colitis (UC) and Crohn's disease (CD). Knowledge of serologic markers may help determine more severe disease phenotypes, and help predict disease behavior.

**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: \_\_\_\_\_

\_\_\_\_\_

a. Patented