

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[®] Celiac PLUS**

Page 2 (Test and Patient Information)

CPT Codes as applied by Prometheus*	PROMETHEUS[®] Celiac PLUS
83520 (x1)	Anti-Gliadin ELISA, IgA specific
83520 (x1)	Anti-Gliadin ELISA, IgG specific
83520 (x1)	Anti-Human Tissue Transglutaminase (Hu-tTG) ELISA, IgA Recombinant antigen
88347 (x1)	Anti-Endomysial (EMA) IgA antibody by IFA
82784 (x1)	Total Serum IgA, by Nephelometry
83891 (x1)	Isolation or extraction of highly purified nucleic acid
83900 (x1)	Amplification of patient nucleic acid, multiplex, first two nucleic acid sequences for DQA1
83900 (x1)	Amplification of patient nucleic acid, multiplex, first two nucleic acid sequences for DQB1
83896 (x72)	Nucleic acid probes, DQA1 and DQB1 (x72)
83912 (x1)	Interpretation and Report

REFERENCE LABORATORY

*Prometheus Laboratories Inc., 9410 Carroll Park Drive, San Diego, CA 92121 Tax ID# 33-0685754
Additional information can be obtained by calling client services at (888) 423-5227. Coding decisions are the responsibility of the billing entity.

TEST DESCRIPTION

PROMETHEUS Celiac PLUS includes both PROMETHEUS[®] Celiac Serology and PROMETHEUS[®] Celiac Genetics.

PROMETHEUS Celiac Serology is a comprehensive serum antibody panel. If testing detects positive Anti-gliadin IgA, Anti-Endomysial IgA, and/or Anti-Tissue Transglutaminase IgA markers, celiac disease is likely. If the Anti-gliadin IgG markers are detected and the patient has a Total Serum IgA deficiency, celiac disease is also suspect.

PROMETHEUS Celiac Genetics analyzes a patient's genetic profile for genes specifically associated with celiac disease. The result can predict with a greater than 95% to 100% chance that the patient does not have celiac disease. It could also show that the patient is very unlikely ever to develop the disease. Alternatively, the results may show that a patient does have genes associated with celiac disease and that they are at increased risk of developing symptoms, even if your serology (antibody) levels are low.

PROMETHEUS Celiac PLUS 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 applicable agencies.

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: _____