

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® IBS Diagnostic**

Page 2 (Test and Patient Information)

CPT CODES as applied by Prometheus*	PROMETHEUS® IBS Diagnostic
82397 (x6)	BDNF (Brain-Derived Neurotrophic Factor), Chemiluminescent Assay
	NGAL (Neutrophil Gelatinase-Associated Lipocalin), Chemiluminescent Assay
	IL-1 β (Interleukin-1 Beta), Chemiluminescent Assay
	TIMP-1 (Tissue Inhibitor of Metalloproteinase-1), Chemiluminescent Assay
	TWEAK (TNF-related Weak Inducer of Apoptosis), Chemiluminescent Assay
	GRO α (Growth-Regulated Oncogene Alpha (CXCL1), Chemiluminescent Assay
83520 (x4)	ANCA (Anti-Human Neutrophil Cytoplasmic Antibody) ELISA, IgG specific
	ASCA (Anti- <i>Saccharomyces cerevisiae</i>) ELISA, IgA specific
	Anti-Cbir1 ELISA, IgG specific
	Anti-Human Tissue Transglutaminase (hu-tTG) ELISA, IgA Recombinant Antigen

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 IBS Diagnostic performed by Prometheus.

Product Description

PROMETHEUS® IBS Diagnostic is the first blood-based biomarker test for Irritable Bowel Syndrome (IBS). Utilizing proprietary and patented markers and incorporating sophisticated pattern recognition technology PROMETHEUS IBS Diagnostic can aid clinicians in the diagnosis of IBS. PROMETHEUS IBS Diagnostic was validated using well-characterized IBS samples collected from recognized IBS experts and GI clinics. The samples were either Rome II or Rome III positive and the patients had a diagnosis of IBS for greater than one year. The test has a sensitivity of 50%, specificity of 88% with an overall accuracy of 70%.

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: _____
