

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™ TPMT Genetics**

Page 2 (Test and Patient Information)

CPT CODES as applied by Prometheus*	PROMETHEUS™ TPMT Genetics (genotype)
83891 (x1)	Isolation or Extraction of highly purified nucleic acid
83898 (x3)	Amplification of patient nucleic acid for three different DNA sequences
	PCR, DNA Marker G238C
	PCR, DNA Marker G460A
83896 (x6)	PCR, DNA Marker A719G
	Nucleic Acid Probe G238C FAM MGB probe
	Nucleic Acid Probe G238C VIC MGB probe
	Nucleic Acid Probe G460A FAM MGB probe
	Nucleic Acid Probe G460A VIC MGB probe
	Nucleic Acid Probe A719G FAM MGB probe
83912 (x1)	Nucleic Acid Probe A719G VIC MGB probe
	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™ TPMT Genetics classifies patients as one of three genotypes: homozygous normal (wild type), heterozygous or homozygous mutant. Because each patient metabolizes thiopurines differently, the efficacy and toxicity of thiopurines can vary widely from patient to patient. Knowledge of the TPMT genotype may: reduce time to response, allow physicians to individualize dosing, identify patients in whom thiopurine therapy should be avoided and help reduce the risk of leukopenia.

PROMETHEUS™ TPMT Genetics is performed 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. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

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: _____