

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® Thiopurine Metabolites

Page 2 (Test and Patient Information)

CPT CODES as applied by Prometheus*	PROMETHEUS® Thiopurine Metabolites (thiopurine metabolite level monitoring)
82491 (x2)	Quantitative HPLC (High Pressure Liquid Chromatography) for 6-thioguanine (6-TGN) in peripheral RBC, separate stationary and mobile phase
	Quantitative HPLC (High Pressure Liquid Chromatography) for 6-methyl-mercaptopurine (6-MMPN) in peripheral RBC, separate stationary and mobile phase

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 Thiopurine Metabolites testing assists physicians in optimizing ongoing dosing of thiopurine immunosuppressant therapy to reach and maintain therapeutic goal. Thiopurine metabolite testing also helps to identify drug metabolite levels that may lead to toxicity and some of the reasons for treatment failure.

PROMETHEUS Thiopurine Metabolites 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. Extensive studies have been performed. 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: _____