

**PRE-AUTHORIZATION FORM  
FOR PROMETHEUS<sup>®</sup> Celiac Genetics**

This form is provided for your convenience; however, your patient's health care plan may require their own form.

**ATTN: Pre-Authorization Department**

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

**Insurance Company:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**PHYSICIAN INFORMATION**

Account Name \_\_\_\_\_

Physician Name \_\_\_\_\_ NPI/License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Group \_\_\_\_\_ Group/Provider # \_\_\_\_\_

Phone # \_\_\_\_\_ Extension: \_\_\_\_\_ Best time to Call \_\_\_\_\_

Contact \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Phone #: \_\_\_\_\_

**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 \_\_\_\_\_

**PRE-AUTHORIZATION FORM  
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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:**

- Letter of Medical Necessity
- Chart Notes
- Other: \_\_\_\_\_

CPT CODES (as applied by Prometheus)	PROMETHEUS Celiac Genetics
<b>81382 (x2)</b>	HLA-DQA1
	HLA-DQB1

**Laboratory Description**

Prometheus Laboratories Inc. (Tax ID# 33-0685754 NPI# 1073642641) is located in San Diego, CA and licensed in several states including New York and California. This test was developed and its performance characteristics determined by Prometheus Laboratories Inc. It has not been cleared or approved by the U.S. Food and Drug Administration. Prometheus Laboratories Inc. is a CAP-accredited CLIA laboratory.

**Test Description**

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.

**It is recommended that you provide all specific, applicable diagnostic codes. Specific diagnostic codes assist the payer in coverage determination.**