PRE-AUTHORIZATION FORM
FOR PROMETHEUS® Celiac PLUS

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 #: _____

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: _____

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CPT CODES as applied by Prometheus*	**PROMETHEUS® Celiac PLUS**
83520 (x3)	Anti-Gliadin ELISA, IgA specific
	Anti-Gliadin ELISA, IgG specific
	Anti-Human Tissue Transglutaminase (Hu-tTG) ELISA, IgA Recombinant antigen
88346	Anti-Endomysial (EMA) IgA antibody by IFA
82784	Total Serum IgA, by Nephelometry
81382 (x2)	HLA-DQA1
	HLA-DQB1

Laboratory Description

Prometheus Laboratories Inc. (**Tax ID#** 33-0685754, **NPI#** 1073642641) is located in San Diego, CA. and is 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 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.

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

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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_____