

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® Celiac Serology**

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: _____ 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: _____

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CPT Codes as applied by Prometheus*	<u>PROMETHEUS® Celiac Serology</u>
83520	Anti-Gliadin ELISA, IgA specific
83520	Anti-Gliadin ELISA, IgG specific
83520	Anti-Human Tissue Transglutaminase (Hu-tTG) ELISA, IgA Recombinant antigen
88346	Anti-Endomysial (EMA) IgA antibody by IFA
82784	Total Serum IgA, by Nephelometry

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 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.

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

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: _____