

**SAMPLE LETTER OF MEDICAL NECESSITY  
FOR PROMETHEUS® CROHN'S PROGNOSTIC TEST**

*(Please customize based on your patient's medical history, treatment experience, and/or claims adjudication. Please notify Prometheus' Billing Department at (888) 892-8391 when filing an appeal as we may be able to assist.)*

<DATE>

John Smith, Medical Director  
Red Cross Red Shield  
P.O. Box 12345  
Los Angeles, CA 90060

Regarding Patient: Jane Doe  
Date of Birth : February 25, 1969  
ID Number: XXXX123456789  
Date of service: July 4, 2007  
Provider: Ulysses Grant, MD  
Claim Number: 111111 (If available)

Dear Dr. Smith:

I am writing to request full coverage or at least in-network benefit coverage for the PROMETHEUS® Crohn's Prognostic test panel for my patient, Jane Doe. I am Ms. Doe's gastroenterologist practicing at Sunnyvale Community Hospital in San Diego, CA. I consider this test a medically necessary step in the diagnosis and treatment of my patient. My patient has a history of *(lower abdominal pain, diarrhea, constipation, bloating, urgency, abdominal distention, and nausea)*.

***(List information relevant to the patient's current symptoms, treatment and test results if applicable. If a claim for this test has already been processed, address each reason for denial or unacceptable payment listed on the EOB. Include a copy of the patient's chart notes when applicable.)***

This is the first and only test that combines proprietary serologic and genetic (serogenetic) markers in a logistic regression model to provide individualized probabilities for developing disease complications after diagnosis in patients with Crohn's disease. This test may allow physicians to stratify their CD patients according to their risks of developing complications over time and personalize the disease treatment plan for the patients. ***(AND)*** There is no in-network laboratory near my patient willing to refer this test to Prometheus or able to provide comparable testing. I've included information about the PROMETHEUS Crohn's Prognostic test.

Please approve full coverage for the PROMETHEUS Crohn's Prognostic test or at least apply in-network benefit coverage waiving all out of network deductibles for laboratory testing. If necessary, please review these services for any "wrap around benefits" provided under her plan.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks. Please contact me at XXX-XXX-XXXX if you require any additional medical information concerning Ms. Doe.

Sincerely,

Ulysses Grant, MD  
Sunnyvale Community Hospital  
12345 Sunnyvale Road  
San Diego, CA 92121  
XXX-XXX-XXXX

**Attachments:**

1. PROMETHEUS Crohn's Prognostic test
2. Patient Chart Notes
3. Lab Results
4. Other

For additional information about or procedure code descriptions, contact Prometheus Laboratories Inc. at 1-888-892-8391.