

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® CROHN'S PROGNOSTIC TEST**

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: _____

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® CROHN'S PROGNOSTIC TEST**

CPT CODES as applied by Prometheus*	PROMETHEUS® CROHN'S PROGNOSTIC TEST
83520 (x5)	ASCA IgA ELISA: <20.5 EU/mL
	ASCA IgG ELISA: <22.2 EU/mL
	Anti-OmpCa IgA ELISA: <28.8 EU/mL
	Anti-CBir1a ELISA: <34.9 EU/mL
	Anti-I2 ELISA: <368 EU/mL
88346	pANCA; Indirect Immunofluorescent assay IgG specific
88350	DNase sensitivity; Indirect Immunofluorescent assay IgG specific, DNase digested slide
81401	NOD2 (SNP 8, SNP 12, SNP 13) molecular pathology procedure

LABORATORY DESCRIPTION

Prometheus Laboratories Inc. is located in San Diego, CA. (Tax ID# 33-0685754 NPI# 1073642641) 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® Crohn's Prognostic test 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 (CD). 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.

*The AMA-CPT® Editorial Panel, at its October 2012 meeting, added PROMETHEUS® NOD2/CARD15 to the list of assays to be reported using 81401.

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

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 _____