

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® IBD sgi Diagnostic®**

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® IBD sgi Diagnostic®**

CPT CODES (as applied by Prometheus)	PROMETHEUS® IBD sgi Diagnostic®
83520 (x8)	ASCA (Anti-Saccharomyces cerevisiae) ELISA, IgA specific
	ASCA (Anti-Saccharomyces cerevisiae) ELISA, IgG specific
	pANCA (Anti-Human Neutrophil Cytoplasmic Antibody) ELISA, IgG specific
	Anti-OmpC ELISA, IgA specific
	Anti-CBir1 ELISA
	Anti-A4-Fla2 IgG ELISA
	Anti-FlaX IgG ELISA
	VEGF ELISA
86140	CRP
88346	pANCA; Indirect Immunofluorescent assay IgG specific
88350	DNase sensitivity; Indirect Immunofluorescent assay IgG specific; DNase digested slide
82397 (x3)	ICAM-1 by Chemiluminescent Assay
	VCAM-1 A by Chemiluminescent Assay
	SAA by Chemiluminescent Assay
81479 (x4)	ATG16L1 SNP rs2241880
	ECM1 SNP rs3737240
	NKX2-3 SNP rs10883365
	STAT3 SNP rs744166

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

The PROMETHEUS® IBD sgi Diagnostic® test is the first and only test that combines serologic, genetic, and inflammation markers in a proprietary Smart Diagnostic Algorithm to provide added IBD diagnostic clarity. This test will help physicians differentiate IBD vs. non-IBD and CD vs. UC in one comprehensive blood test. (NOTE: The SNPs that are used in the IBD sgi Diagnostic test have been shown to be associated with IBD, however the presence of these mutations do not indicate that the patient has IBD. Use of these SNPs in association with the serology and inflammation markers allows for improved differentiation between UC and CD.)

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

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® IBD sgi Diagnostic®**

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 _____