

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® TPMT Enzyme**

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: _____

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® TPMT Enzyme**

CPT CODES as applied by Prometheus*	PROMETHEUS® TPMT Enzyme (TPMT enzyme activity-phenotype)
82657	TPMT (thiopurine S-methyltransferase) enzyme activity in peripheral RBC
82542	Quantitative HPLC (High Pressure Liquid Chromatography) for 6-methyl-thioguanine

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® TPMT Enzyme testing provides a quantitative analysis of a patient's thiopurine methyltransferase (TPMT) enzyme activity level. Because each patient metabolizes thiopurines differently, the efficacy and toxicity of thiopurines can vary widely from patient to patient. Knowledge of the TPMT enzyme phenotype may: reduce time to response, allow physicians to individualize dosing, identify patients in whom thiopurine therapy should be avoided and help reduce the risk of leukopenia.

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: _____