

**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**

<b>PHYSICIAN INFORMATION</b>			
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 (x6)	ASCA (Anti- <i>Saccharomyces cerevisiae</i> ) ELISA, IgA specific
	ASCA (Anti- <i>Saccharomyces cerevisiae</i> ) ELISA, IgG specific
	Anti-OmpC ELISA, IgA specific
	Anti-CBir1 ELISA
	Anti-A4-Fla2IgG ELISA
	Anti-FlaX IgG ELISA
86140	CRP
88346	pANCA; Indirect Immunofluorescent assay IgG specific
88350	DNase sensitivity; Indirect Immunofluorescent assay IgG specific; DNase digested slide
82397 (x4)	ICAM-1 by Chemiluminescent Assay
	VEGF 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.**

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**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 \_\_\_\_\_