

**SAMPLE LETTER OF MEDICAL NECESSITY**  
**FOR PROMETHEUS® IBD sgi Diagnostic™**

*(Please customize based on your patient's medical history, treatment experience, and/or claims adjudication)*

<DATE>

Medical Director  
Insurance name  
Insurance address  
Insurance city, state zip code

Patient: Patient Name  
Date of Birth : Patient Date of Birth  
ID Number: XXXXXXXXXXXXX  
Date of service: XX/XX/XXXX  
Provider: Physician Name, MD  
Claim Number: 111111 (If available)

Dear [Medical Director]:

I am writing to request full coverage or at least in-network benefit coverage for the diagnostic test PROMETHEUS® IBD sgi Diagnostic™ for my patient [patient name]. I am [patient name] physician practicing at [facility name] in [city, state]. I consider this test a medically necessary step in the diagnosis and treatment of my patient. My patient has a history of [diarrhea, GI bleeding, and nonspecific enteritis].

***(List information relevant to the patient's symptoms, treatment and test results if applicable. Address each reason for denial or unacceptable payment listed on the EOB. Reasons may include:***

- *Laboratory testing considered experimental*
- *Out-of-network deductibles/rates applied*
- *Laboratory services available through a capitated laboratory*
- *Laboratory testing not considered medically necessary*

***Include a copy of the patient's chart notes when applicable.)***

I chose Prometheus to perform the IBD sgi diagnostic test instead of an alternative in-network laboratory test because Prometheus is the only laboratory that offers a diagnostic test that combines serologic, genetic, and inflammation markers. It also uses a proprietary Smart Diagnostic Algorithm to assist me in differentiating between IBD vs. non-IBD and CD vs. UC in one comprehensive blood test.

**Other potential reasons:**

- I directed my patient to utilize an in-network laboratory, but [his/her] blood sample was referred to Prometheus without our knowledge.
- There is not an in-network laboratory near my patient that refers this test or is able to provide comparable testing. I've included information about Prometheus and several scientific references validating the performance and value of PROMETHEUS® IBD sgi Diagnostic™.

Please approve full coverage for the PROMETHEUS® IBD sgi Diagnostic™ or at least apply in-network benefit coverage waiving all out of network deductibles for laboratory testing.

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 patient name.

Sincerely,

Physician name, MD  
Facility name  
Facility address  
Facility city, state zip code  
Facility phone number

**Attachments:**

**SAMPLE LETTER OF MEDICAL NECESSITY**  
**FOR PROMETHEUS® IBD sgi Diagnostic™**

*(Please customize based on your patient's medical history, treatment experience, and/or claims adjudication)*

1. PROMETHEUS® IBD sgi Diagnostic™ Product Detail Sheet
2. Patient Chart Notes
3. Lab Results
4. Other

For additional information about PROMETHEUS® IBD sgi Diagnostic™ or procedure code descriptions, contact Prometheus Laboratories Inc. at 1-888-892-8391.

SAMPLE